

Migraine Diary

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Symptoms (Aura? Location? Type? Pain level? Time of day? Other symptoms)							
Medications tried Name and dose Relief amount #							
Meals Breakfast Lunch Dinner Snacks							
Drinks (Water, caffeine, alcohol, other) #drinks or total oz							
Sleep Habits (Hours, good/poor)							
Mood: Happy, sad/depressed, anxious, stressed)	😊😭😞😫	😊😭😞😫	😊😭😞😫	😊😭😞😫	😊😭😞😫	😊😭😞😫	😊😭😞😫
Weather changes	☀️⚡️🌳❄️🌧️	☀️⚡️🌳❄️🌧️	☀️⚡️🌳❄️🌧️	☀️⚡️🌳❄️🌧️	☀️⚡️🌳❄️🌧️	☀️⚡️🌳❄️🌧️	☀️⚡️🌳❄️🌧️

Notes: Add any notes or suspected triggers for a day you experienced your headache. Consider other factors such as menstrual cycle, schedule change, physical activity (busy, sedentary, exercise), or life stressors (a loss, separation, family crisis, job change, move)

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Guidance on filling out your migraine diary:

Try and fill out the bottom portion of this chart daily regardless of headache occurrence. Since you do not know when you are going to experience migraine, this information can help us identify triggers.

Clarification and examples for filling in chart:

1. Symptoms
 - Aura: a sensory change often occurring immediately prior to pain; i.e. change in vision, flashing lights, bright spots, numbness/tingling of lips, tongue, face, or fingers.
 - Location: one sided, bifrontal, all around, base of head
 - Type of pain: Dull, sharp, steady, throbbing Pain level: 0=no pain, 10=excruciating pain.
 - Additional symptoms such as nausea, vomiting, light or sound sensitivity, diarrhea, menstrual cycle
2. Medications: Write any over the counter or prescription meds, including timing (how soon after the pain started) and relief (0=no relief, 1= slight, 2=moderate, 3=complete) (i.e. 1000 mg Tylenol, 1 hour after onset, relief: 2)
3. Meals: note if you skipped a meal, general record of what you ate. Focus more detail here if possible
4. Drinks: Document # of each (i.e. Coffee: regular x1, decaf x 2, Water: 24oz, Other: Energy drink/Coke x1)
5. Sleep: Duration (10pm-6am), Quality (restful/poor). Decreased amount, poor quality, or change in schedule can all be triggers
6. Mood: Circle any appropriate feelings (i. e. may circle both sad/depressed and stressed) Feel free to add any comments
7. Weather triggers: Circle for notable days with: extreme heat or cold, winds or storms, high pollen
 - Other weather-related triggers: Bright light, Barometric changes (quick drop or rise in temperature from one day to another, approaching storm system), high humidity