

Phone (410) 573-9191

Migraine Diary

The key to successful migraine treatment is YOU! The more involved you become in your treatment, the more likely you are to get relief from your migraine pain. The Migraine Diary is your most important tool. It helps you and your doctor track your migraines and how well your treatment is working. It will also help you identify migraine triggers that may be causing your migraines.

Record your information as accurately and completely as you can. Then bring your Migraine Diary to your next doctor visit.

How to Use the Migraine Diary

The following instructions will explain how to complete each diary section.

Migraine severity

In this section, each day is broken down into morning, afternoon, and evening. On the days you have migraine pain, write a number in the appropriate box from I to 3 that describes your pain: "I" = mild; "2" = moderate; "3" = severe.

Triggers

There are many things that can cause (trigger) a migraine. The key on the next 2 pages assigns a number to each trigger. For example, chocolate is No. 6 and strong light is No. 23. Record the numbers of the triggers you have been exposed to on the day of your migraine.

For women only: menstrual period

Some women tend to get migraines around the time of their period. Place an "X" on the days you have your period.

Medicines

Write the names of any medicines, including over-the-counter and prescription, that you take to relieve your migraine pain—including the dose. Below each medicine, use numbers 0 to 3 to indicate the overall level of relief you got from the

"I"=slight relief; "2"=moderate relief;

medicine. For example, "0" = no relief;

and "3" = complete relief.

Migraine Triggers

Use this key to complete the trigger section of the migraine diary

Hormones

- 1. Menses (period)
- 2. Ovulation
- 3. Hormone replacement therapy
- 4. Oral contraceptives

Diet

- 5. Alcohol
- 6. Chocolate
- 7. Aged cheeses
- 8. Monosodium glutamate (MSG)
- 9. Artificial sweeteners
- 10. Caffeine
- 11. Nuts
- Nitrates and Nitrites (found in hot dogs, bologna, and other processed meats)
- 13. Citrus fruits
- 14. Other



Changes

- 15. Weather
- 16. Seasons
- 17. Travel (crossing a time zone)
- 18. Altitude
- 19. Schedule change
- 20. Sleeping patterns (erratic or changes in normal patterns)
- 21. Diet
- 22. Skipping meals

Sensory stimuli

- 23. Strong light
- 24. Flickering light
- 25. Odors

Stress

- 26. Let-down periods (vacations, weekends, after a major event)
- 27. Times of intense activity
- 28. Loss (death, separation, divorce)
- 29. Relationship difficulties
- 30. Job stress, loss, or change
- 31. Crisis
- 32. Other

Migraine Diary

MIGRAINE SEVERITY										ach desc															ere						
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Morning																															
Afternoon																															
Evening/Night																															
	•			•	•	•				•	•		•	•	•	•		•			•	•		•	•	•	•		•	•	
Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
TRIGGERS [‡]																															
MENSTRUAL PERIOD§																															

MEDICINES TAKEN

‡Triggers

(Record all medicines, including over-the-counter and prescription, used to treat migraine pain and related symptoms)

Each trigger has been assigned a number. Record the numbers of the

triggers you may have been exposed to on the day of your migraine.

§Menstrual Period

Place an "X" on the days you have your period.

On the days you take medicines to relieve your migraine pain, write the names of the medicines and the doses in the appropriate box. Place a check (\checkmark) for each dose you take. Also, record in the appropriate box a number from 0 to 3 that describes the amount of overall relief you got from that medicine: **0=no relief; 1=slight relief; 2=moderate relief; 3=complete relief.**

Day of Month		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Medicine:	Dose:																															
	Overall Relief																															
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