Migraine diary

Month _____ Year _____ Name _____

One row for each date. Put a dash under Pain on days without a headache, so a blank row means you did not fill it in.

Date	Day	Start	End	Pain 1-10	M	Symptoms (circle)	Period	Acute medicine and time	Helped?	Notes and possible triggers
1						N V L S A				
2						N V L S A				
3						N V L S A				
4						N V L S A				
5						N V L S A				
6						N V L S A				
7						N V L S A				
8						N V L S A				
9						N V L S A				
10						N V L S A				
11						N V L S A				
12						N V L S A				
13						N V L S A				
14						N V L S A				
15						N V L S A				
16						N V L S A				
17						N V L S A				
18						N V L S A				
19						N V L S A				
20						N V L S A				
21						N V L S A				
22						N V L S A				
23						N V L S A				
24						N V L S A				
25						N V L S A				
26						N V L S A				
27						N V L S A				
28						N V L S A				
29						N V L S A				
30						N V L S A				
31						N V L S A				

Pain: 1 is barely noticeable, 10 is the worst pain you can imagine. M: tick if the headache had migraine features, such as one-sided or throbbing pain, moderate or severe pain, pain made worse by routine activity, nausea, or sensitivity to light and sound. Symptoms: N nausea, V vomiting, L light sensitivity, S sound sensitivity, A aura. Period: tick the days of a period, if this applies to you. Times: write ~ for an estimate, and cont. if an attack runs on to the next date.

End of month

Count dates, not doses.

Attacks	Headache days	Migraine days	Acute medicine days	Triptan days