

Migraine Diaries

This is a general guide about the ways you can record your migraine attacks.
To learn more about migraine and its management visit www.migrainetrust.org

Recording details of your migraine attacks can be useful in:

- helping the doctor make a firm diagnosis
- helping you recognise triggers and warning signs
- assessing if your acute or preventative medication is working

The records may include information on:

- when the head pains started
- how often they happen
- if there are other symptoms (such as being sick or having vision problems)
- how long the attacks last
- where the pain is
- whether the pain is throbbing, piercing

It is helpful to record as many aspects of daily life as possible, such as:

- what and when you eat
- your medication
- vitamins or health products you take
- any exercise you take
- how much sleep you have
- other factors such as the weather.

Women should record details of their menstrual cycle. It is often useful noting if you did anything different prior to the attack. The 6-8 hours before the migraine attack are particularly important to record.

Monthly Diary

By keeping this diary over a period of 2 or 3 months you may see a pattern to your migraines and headaches. The effect of different aspects of your lifestyle on your migraine may also become clear, and you may identify new triggers. **(Attached)**

Migraine Attack Record

This is useful if you want to keep more detailed information about each attack you have. You can use this in conjunction with the monthly record to give more detailed information about each migraine attack. **(Attached)**

Record of Drugs

With any drug treatment you should keep a record of the drugs you are taking. This will give you an idea about the type of drug that work best for you. **(Attached)**

Migraine attack record

Date:

Wake/ Sleep	Food and drink	Activities or events (e.g. weather, work, social, bowel movement, menstrual cycle)	Medication (What + dose)	Headaches and other symptoms
0.00				
1.00				
2.00				
3.00				
4.00				
5.00				
6.00				
7.00				
8.00				
9.00				
10.00				
11.00				
12.00				
13.00				
14.00				
15.00				
16.00				
17.00				
18.00				
19.00				
20.00				

21.00				
22.00				
23.00				

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Migraine Diary

Date	Day	Time	Severity	Sickness Vomit	Medication Name Dose	Time Taken	Side Effects	Notes: re activities/ events e.g. weather, work, Social, bowel movement, menstrual cycle
1								
2								
3								
4								
5								
6								
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