

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 1 to 3 that describes your pain: “1” = 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 medicine. For example, “0” = no relief; “1” = slight relief; “2” = moderate 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
12. 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

