

Migraine Action Plan

FILL IN ON A GOOD DAY

So nobody has to guess, and nobody has to ask. Stick one on the fridge.

WHEN ONE STARTS, I WANT

- | | |
|---|---|
| ☐ To be left alone | ☐ The room dark and cool |
| ☐ Someone to check in once | ☐ Door shut |
| ☐ Help getting to bed | ☐ Door left ajar |

PLEASE DON'T

- | | |
|--|--|
| ☐ Turn on the main light | ☐ Run the washing machine |
| ☐ Ask how I'm doing repeatedly | ☐ Make me decide things |
| ☐ Cook anything strong-smelling | ☐ Apologise on my behalf |

WHERE THINGS ARE

MEDICATION · ICE PACK · BASIN · WATER

MY MEDICATION

WHAT I TAKE AND WHEN — AS AGREED WITH MY DOCTOR. WRITE THE TIME IT WAS HANDED OVER.

HANDLE FOR ME

- | | |
|--|--|
| ☐ Cancel plans | ☐ Take the kids out |
| ☐ Answer my phone | ☐ Tell work |

WHO TO CONTACT

THE DAY AFTER

WHAT I'LL NEED WHILE I'M FOGGY AND FLAT

GET URGENT MEDICAL HELP IF

Write here what your own doctor has told you to watch for. Don't guess this from the internet.

A plan, not medical advice. Agree the contents with your GP or neurologist.

migrainejournal.app

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