Migraine Diary

One row per day. Fill it in the same day, including days with no attack — a diary that only records bad days can't show a rate. Takes about fifteen seconds.

MONTH / YEAR

NAME

MY 5 OUT OF 10 MEANS

MY 9 OUT OF 10 MEANS

DAY	ATTACK Y / N	START TIME	PEAK SEV. /10	DURATION HOURS	MEDICATION & TIME TAKEN	SLEEP HOURS	NOTES — ANYTHING UNUSUAL IN THE LAST 24H
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
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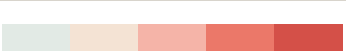
Severity  none · mild · moderate · severe · debilitating

Anchor your scale in the boxes above before you start — a 7 in month one drifts to a 5 by month three.

Attack Detail

Print several. Fill one in after the worst has passed — not during. Record the *time* of anything you suspect, because a factor in the hours before onset may be the attack starting rather than causing it.

DATE _____ STARTED _____ ENDED _____ TOTAL HOURS _____

PEAK SEVERITY — CIRCLE ONE

1 2 3 4 5 6 7 8 9 10

SYMPTOMS

- ☐ Aura
- ☐ Nausea
- ☐ Vomiting
- ☐ Light sensitivity
- ☐ Sound sensitivity
- ☐ Smell sensitivity
- ☐ Dizziness
- ☐ Fatigue
- ☐ Blurred vision
- ☐ Neck stiffness
- ☐ Tingling
- ☐ Confusion

OTHER

WHERE THE PAIN SAT

- ☐ Forehead
- ☐ Left / right temple
- ☐ Top of head
- ☐ Behind eyes
- ☐ Back of head
- ☐ Neck
- ☐ Jaw
- ☐ Sinus / cheek
- ☐ Whole head

THE 24 HOURS BEFORE IT STARTED

MEALS · SLEEP · WORKLOAD · TRAVEL · ANYTHING OUT OF ROUTINE, WITH TIMES

POSSIBLE TRIGGERS

LIFESTYLE

- ☐ Poor sleep
- ☐ Stress
- ☐ Dehydration
- ☐ Skipped meal
- ☐ Exercise

FOOD & DRINK

- ☐ Caffeine
- ☐ Alcohol
- ☐ Chocolate
- ☐ Aged cheese
- ☐ Processed meat

ENVIRONMENT

- ☐ Weather change
- ☐ Bright light
- ☐ Loud noise
- ☐ Screen time

HORMONAL

- ☐ Hormonal cycle

TIME EACH SUSPECTED TRIGGER HAPPENED

MEDICATION

WHAT / DOSE / TIME TAKEN / DID IT HELP

WHAT HELPED, WHAT DIDN'T

DARK ROOM · ICE · SLEEP · FOOD · ANYTHING YOU'D REPEAT

THE DAY AFTER

ENERGY, CONCENTRATION, MOOD — THE RECOVERY DAY COUNTS

Sleep the night before: _____ hours · Stress that day: low / medium / high

Appointment Summary

Fill this in from pages 1 and 2 before you go, and hand over this sheet rather than the whole diary. Average the four figures over the last three months.

MIGRAINE DAYS PER MONTH

Days, not attacks. One attack spanning two days counts as two.

TOTAL HEADACHE DAYS PER MONTH

Includes the ordinary ones, not just migraine.

ACUTE MEDICATION DAYS PER MONTH

Count per drug type. Report it accurately — it changes the plan.

DISABILITY SCORE

MIDAS or HIT-6, with the date. Keep old scores to show the trend.

TREATMENT HISTORY — THE SECTION CLINICIANS NEED MOST

MEDICATION	HIGHEST DOSE REACHED	HOW LONG ON IT	WHY STOPPED / EFFECT

MY TYPICAL ATTACK

WARNING SIGNS · WHERE THE PAIN SITS · OTHER SYMPTOMS · HOW LONG · THE DAY AFTER

OTHER CONDITIONS & MEDICATIONS

INCLUDE CONTRACEPTION, MOOD AND SLEEP MEDICATION

QUESTIONS TO ASK

- [ ] What type of headache disorder is this, and why?
- [ ] Am I a candidate for preventive treatment?
- [ ] How long before we decide this isn't working?
- [ ] Which side effects mean stop rather than push through?
- [ ] How many days a month can I safely take my acute medication?
- [ ] What would make you want to see me sooner?
- [ ] What should I track before the next appointment?

MINE

A diary is a record, not a diagnosis. Anything it seems to show belongs in a conversation with your GP or neurologist.