THE Beyond Pain FOUNDATION

My migraine diary

A simple diary for one month

Name _____ **Month** _____ **Year** _____

How to use this diary

- Fill in a line every day, even on days with no headache. Write “none” so you can see your good days too.
- Write it down as soon as you can, while you still remember.
- Use the month at a glance on the right to see your pattern quickly.
- Take the diary to your GP, pharmacist or headache clinic. It helps them choose the right treatment.
- Applying for funding? Use our 8-week diary for funding applications instead: it gives the trustees the detail they need.

Headache or migraine?

Count it as a migraine if the headache was throbbing or on one side, got worse when you moved, or came with feeling sick, or being bothered by light or sound. If you're not sure, write “headache” and describe it in Notes.

Key

Worst pain: 1 = mild 2 = moderate 3 = severe

Helped? Y = yes S = a bit N = no

Triggers: sleep, missed meal, stress, screens, light, period, alcohol, weather

Questions for my doctor

_____

_____

Month at a glance

In each day's square write H for a headache, M for a migraine, a tick if you took medicine for it, and W if you missed work.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Call 999 for a sudden, very severe headache, or a headache with weakness, confusion or loss of sight.

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Days 1 to 16

Day	Date	Headache or migraine?	Time it started	How long it lasted	Worst pain 1 to 3	Medicine taken and time	Helped? Y / S / N	Possible triggers	Notes
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

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Days 17 to 31

Day	Date	Headache or migraine?	Time it started	How long it lasted	Worst pain 1 to 3	Medicine taken and time	Helped? Y / S / N	Possible triggers	Notes
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									

This month in total

Headache days _____ **Migraine days** _____ **Days I took medicine for an attack** ___ **Days off work** _____