



MIGRAINE DIARY

Your 8-week diary for a funding application

Keep this diary every day for at least 8 weeks, or for 3 menstrual cycles if your attacks may be linked to your periods. It shows our trustees how often you have migraine, how it affects your work and daily life, and what you have already tried.



About you

Your name _____

Date you started this diary _____ Date you finished _____

Your diagnosis (for example chronic migraine) _____

Diagnosed by (GP, neurologist or clinic) and when _____

Your GP surgery or headache clinic _____

Medicine you take every day to prevent attacks, if any _____

Medicine you take when an attack starts _____

Are you waiting for NHS treatment or a referral? What for, and since when? _____

Sending it with your application

- When you apply, upload a clear photo or scan of every page in the documents section, under “Anything else”.
- Keep the paper copy. Take it to your GP or specialist too, as it helps them choose the right treatment.
- A diary is not required to apply, but it makes your application much stronger.
- Questions about the diary or applying? Email info@beyond-pain-foundation.org or use the contact form on our website.



Every day

- Fill in one line for every day, including days with no headache. Tick “None” on good days: they matter as much as the bad ones.
- Write it down the same day if you can. If you missed a day, fill in what you remember and say so in Notes.
- For medicine, write the name and the time you took it. Only take medicine as your doctor or pharmacist advised.
- At the end of each week, add up the totals at the bottom of the page.

Worst pain (0 to 3)

- 0** No headache
- 1** Mild: I could carry on as normal
- 2** Moderate: I had to slow down
- 3** Severe: I had to stop and rest

Symptoms (write the letters)

- A** Aura (sight, feeling or speech changes)
- N / V** Nausea / being sick
- L / S** Light / sound bothered me
- D** Dizziness or vertigo
- O** Other: say what in Notes

Possible triggers (write the letters)

- SL** Poor or too much sleep
- ME** Missed or late meal, or not enough to drink
- ST** Stress, or relaxing after stress
- SC** Long time at a screen
- LI** Bright, flickering or glaring light
- PO** Posture, chair or desk set-up
- PE** My period
- AL** Alcohol
- WE** Weather changes

Work and daily life (one code a day)

- OK** Worked or did my day as normal
- SL** Worked or carried on, but slower
- EA** Left work early or stopped what I was doing
- OFF** Missed the day of work or study
- WFH** Worked from home because of migraine
- NW** Not a working day

Call 999 for a sudden, very severe headache, or a headache with weakness, numbness, confusion, a fit or loss of sight. Call NHS 111 if your attacks change or you are worried.



Day and date	Headache today?	Started and ended	Worst pain 0-3	Symptoms	Medicine for the attack: name and time	Relief after 2 hours	Possible triggers	Work code	Period day?	Notes
Mon	☐ None ☐ Headache ☐ Migraine					☐ None ☐ Some ☐ Full			☐ Y ☐ N	
Tue	☐ None ☐ Headache ☐ Migraine					☐ None ☐ Some ☐ Full			☐ Y ☐ N	
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Sun	☐ None ☐ Headache ☐ Migraine					☐ None ☐ Some ☐ Full			☐ Y ☐ N	

This week: Headache days _____ Migraine days _____ Days with medicine for an attack _____ Work days missed _____ Work days affected _____



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Your job _____ Hours a week _____

Where you work: ☐ At a workplace ☐ From home ☐ Both ☐ Not working at the moment

Does your workspace make your migraine worse? Tick any that apply

- | | |
|--|---|
| ☐ My chair doesn't support my lower back or neck | ☐ Long hours at a screen without breaks |
| ☐ My desk is too small to set my screen at the right distance | ☐ Noise |
| ☐ My screen is too low, too high or too close | ☐ Strong smells (perfume, cleaning products, food) |
| ☐ Glare or reflections on my screen | ☐ Too hot, too cold or stuffy |
| ☐ Flickering, harsh or overhead lighting | ☐ Nowhere quiet and dark to rest during an attack |
| ☐ No blinds, or too much bright daylight | ☐ Other (say what below) |

Changes your employer has already made to help

What still makes work hard

Equipment or help that would make the biggest difference, and roughly what it costs

Tip: if your employer can't provide equipment, Access to Work may help. Tell us in your application what you have already asked for.



Treatments you have tried

Include treatments from before this diary too

Treatment or medicine	Who prescribed it	Started	Stopped	How well did it work? Not at all / a little / well	Side effects	Why did you stop?

NHS referrals and waiting lists

Referred to (for example a headache clinic)	Date referred	Expected wait	What you were told



Copy the weekly totals here

Week	Headache days	Migraine days	Days with medicine	Work days missed	Work days affected	Worst pain that week
1						
2						
3						
4						
5						
6						
7						
8						
Total						

Over these 8 weeks, on how many days did migraine mean you...

missed work, college or university?

worked or studied, but got half as much done or less?

couldn't do housework, shopping or caring for others?

missed time with family or friends, or things you enjoy?

In your own words: how does migraine affect your life and work?

I confirm this diary is a true record of my migraine.

Signed

Date