

# Migraine Diary

31-Day Symptom Chart: FROM  TO

Migraine can interfere with your daily activities. Understanding your symptoms can help you and your doctor treat your headache. Hormones, diet, sensory stimuli, stress and other changes in your routine may contribute to the onset of headache. Keeping a diary can help in your treatment.

day 1	day 2	day 3	day 4	day 5	day 6	day 7
day 8	day 9	day 10	day 11	day 12	day 13	day 14
day 15	day 16	day 17	day 18	day 19	day 20	day 21
day 22	day 23	day 24	day 25	day 26	day 27	day 28
day 29	day 30	day 31	<p><b>Use the following codes to chart</b></p> <p><b>Headache Pattern and Impact:</b>  M = days with migraine (circle if severe)  W = work missed  A = activity missed  T = treatment days  OTC = over-the-counter (OTC) medications used  Rx = prescription medications used  MC = menstrual cycle medication used</p> <p><b>Headache Symptoms:</b>  N = nausea  V = vomiting  S = sound sensitive  L = light sensitive  PM = pain with movement</p>			

# Migraine Medications

Record your migraine medications below.

<b>Date of Headache</b> _____ / _____ / _____	
Medication:	
What time did your headache start?	
What time did you take something?	
What did you take? What dosage?	
How severe was your headache when you began treatment? (1 = mild, 5 = severe)	1 2 3 4 5
Describe your headache 30 minutes after medication. (1= mild, 5 = severe)	1 2 3 4 5
Did you take anything else? (Rescue)	yes no
If yes, what did you take and at what time?	

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**Notes:** \_\_\_\_\_

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**Questions for my doctor:** \_\_\_\_\_

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**Notes:** \_\_\_\_\_

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