

my migraine tracker

A tool for helping you monitor and
manage your migraines

The background features a gradient of blue tones with soft, out-of-focus circular bokeh lights scattered across the left side. On the right, there are several curved, overlapping lines in shades of blue and white that sweep across the page.

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An important part of a migraine management program is monitoring your migraines when they occur. Keeping a migraine diary can help you and your doctor or health care professional learn about your migraines and develop an effective management plan. Your migraine diary is your written record of events before, during, and after each migraine.

So, keep your Migraine Tracker handy, complete the questions as soon as you can after each migraine headache, and be sure to bring your Migraine Tracker along when you have an appointment with your health care professional.

My migraine headache began

Date: (mm/dd/yyyy) ____/____/____

Time: ____:____ AM PM

My migraine headache ended

Date: (mm/dd/yyyy) ____/____/____

Time: ____:____ AM PM

Symptoms before my migraine headache

Visual disturbances or aura? Yes No

Motor disturbances? Yes No

Numbness/tingling? Yes No

Other _____

My migraine headache symptoms

Pain severity 1 2 3 4 5
(1=not severe, 5=most severe)

Description of pain
(throbbing, stabbing, pounding, dull ache, or pulsating)

Location of pain

Other symptoms
(nausea, sensitivity to light, vomiting, or sensitivity to smells or sound)

My migraine headache treatment

Medications I took, including dosages

Treatment effectiveness 1 2 3 4 5
(1=not effective, 5=most effective)

Time it took for treatment to work

Nonmedical treatments
(sleep, darkness, heat, cold compresses, ice, or relaxation techniques)

Did your migraine headache return after treatment?

If so, describe how soon it returned and what your symptoms were

My possible Migraine Headache Triggers

Changes in eating patterns

Food/drink

Environmental
(lights, odors, noises, or weather)

Emotion
(stress, anger, depression, fatigue, or anxiety)

Activity

Medications

Hormonal
(birth control, estrogen supplements, or association with menstruation)

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