

# Track Your Migraine Attacks

Your **Migraine & Treatment Journal** can help you and your doctor get a better understanding of your migraine triggers and symptoms to help ensure the best treatment plan.

Not all migraine attacks are the same: they can vary from episode to episode. Identifying patterns of frequency, duration, and pain severity may help your doctor find the treatment plan that's best for you. It may be helpful to keep track of the following and bring this with you to your next appointment.

## GENERAL TIPS TO HELP YOU AVOID MIGRAINES

- Try to keep a regular sleep schedule
  - Aim to go to bed and get up the same time every day
- Look for ways to manage stress and anxiety
- Maintain a healthy diet, drink plenty of water, and avoid skipping meals
  - Avoid foods that trigger your migraines
  - Avoid alcohol and nicotine
- If lights bother you, do your best to dim them—even at work





## IDENTIFY YOUR TRIGGERS

- Bright lighting
- Loud noises
- Odors
- Menstrual cycle (if applicable)
- Caffeine
- Alcohol
- Food additives
- Chocolate
- Certain foods

Like what? \_\_\_\_\_

Other \_\_\_\_\_

# Your Migraine & Treatment Journal

DATE, TIME, & PLACE OF ATTACK	SYMPTOMS EXPERIENCED (check all that apply)	PAIN SEVERITY	MEDICATION USED (fill in the blank, list all)	SECOND DOSE TAKEN?	AMOUNT OF TIME UNTIL PAIN RELIEF
	<input type="checkbox"/> Headache pain <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Sensitivity to sound/light/smell <input type="checkbox"/> Tingling or numbness <input type="checkbox"/> Visual disturbances/aura	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		<input type="checkbox"/> Yes <input type="checkbox"/> No	 <input type="text" value=":"/>
	<input type="checkbox"/> Headache pain <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Sensitivity to sound/light/smell <input type="checkbox"/> Tingling or numbness <input type="checkbox"/> Visual disturbances/aura	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		<input type="checkbox"/> Yes <input type="checkbox"/> No	 <input type="text" value=":"/>
	<input type="checkbox"/> Headache pain <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Sensitivity to sound/light/smell <input type="checkbox"/> Tingling or numbness <input type="checkbox"/> Visual disturbances/aura	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		<input type="checkbox"/> Yes <input type="checkbox"/> No	 <input type="text" value=":"/>
	<input type="checkbox"/> Headache pain <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Sensitivity to sound/light/smell <input type="checkbox"/> Tingling or numbness <input type="checkbox"/> Visual disturbances/aura	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		<input type="checkbox"/> Yes <input type="checkbox"/> No	 <input type="text" value=":"/>

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