

Migraine Pain Diary

Comprehensive migraine tracking: all 4 phases, triggers, aura, medications, and monthly summary. Structured for neurologist review.

Name: _____

Date Range:

Pain Scale Reference (0–10 NRS)



Migraine Episode Log

Record each migraine episode. Document onset, peak, resolution, and total duration. Mark location: L = Left, R = Right, B = Bilateral.

Headache Location Map

For each episode, mark the primary pain location(s): Frontal, Temple (L/R), Behind eye (L/R), Top of head, Occipital (back), Neck.

Prodrome Symptoms (Before the Headache)

Check any symptoms noticed 1–48 hours before the headache started. These early warning signs help predict attacks.

Date	Mood Change	Food Cravings	Yawning	Neck Stiffness	Fatigue	Irritability	Concentration Difficulty

Aura Tracking

If aura occurs, log the type, onset time, duration, and description. Most auras last 5–60 minutes and precede the headache.

Date	Type (Visual/Sensory /Speech)	Start Time	Duration (min)	Description (zigzags, spots, tingling, etc.)

Associated Symptoms During Attack

Rate severity: 0 = None, 1 = Mild, 2 = Moderate, 3 = Severe. These help classify migraine type.

Date	Light Sens.	Sound Sens.	Smell Sens.	Nausea	Vomiting	Dizziness	Vision Changes	Neck Pain

Daily Trigger Diary — Dietary & Hydration

Track daily even on migraine-free days. Check if present. Most triggers have a 12–48 hour delay. Compare trigger days vs. non-trigger days.

Daily Trigger Diary — Environmental & Lifestyle

Check any factors present each day. Add your own triggers in the blank columns. Look for combinations — most attacks need 2+ triggers.

Sleep & Hormonal Tracking

Sleep disruption is the #1 modifiable migraine trigger. Track consistently. Hormonal cycle day is essential for menstrual migraine patterns.

Acute Medication Log

Record every medication taken for an active migraine. Track time-to-relief precisely — this guides treatment optimization. Note: >10 triptan days/month or >15 NSAID days/month risks medication overuse headache (MOH).

Preventive Medication Tracking

Track daily adherence to preventive medications (beta-blockers, anticonvulsants, antidepressants, CGRP inhibitors, etc.).

Non-Drug Treatments & Self-Care

Track non-medication interventions. Rate effectiveness 0–10. This helps identify what works best for you.

Monthly Summary — Bring This to Your Appointment

Complete at month-end. This single page gives your neurologist the complete clinical picture. Fill in totals and observations.

Month / Year: _____

Total Migraine Days This Month: _____

Total Headache-Free Days: _____

Average Pain Intensity (0–10): _____

Worst Single Attack Intensity: _____

Longest Attack Duration (hours): _____

Acute Medication Days This Month: _____

Top Triggers Identified This Month:

1. _____
2. _____
3. _____
4. _____
5. _____

Most Effective Treatments:

1. _____
2. _____
3. _____

Functional Impact:

Work/School Days Missed: _____

Social Events Cancelled: _____

Days with Reduced Function: _____

Questions for My Neurologist

Doctor's Notes / Plan Changes

Quick Reference: Migraine Phases

Phase	Timing	Common Symptoms	Track These
Prodrome	1–2 days before	Mood changes, cravings, yawning, neck stiffness, fatigue	Earliest warning signs — can predict attack
Aura	5–60 min before/during	Visual (zigzags, spots), tingling, numbness, speech difficulty	Type, duration, progression pattern
Headache	4–72 hours	Throbbing pain, photo/phonophobia, nausea, vomiting	Intensity, location, quality, timeline
Postdrome	24–48 hours after	Brain fog, fatigue, weakness, mood changes, residual sensitivity	Duration, severity — counts as disability time

Common Trigger Categories

Category	Top Triggers
Dietary	Aged cheese, red wine, processed meats, chocolate, artificial sweeteners, MSG, caffeine withdrawal, citrus
Environmental	Bright/flickering lights, strong smells, barometric pressure changes, high altitude, loud noise, screen glare
Lifestyle	Sleep changes, skipped meals, dehydration, intense exercise, irregular schedule, travel, poor posture, teeth clenching
Hormonal	Menstruation, perimenopause, oral contraceptives, hormone therapy, ovulation
Emotional	Acute stress, stress letdown (weekend migraine), anxiety, emotional shock, post-event relaxation

When to Seek Emergency Care

- "Worst headache of my life" — sudden, severe onset (thunderclap headache)
- Headache with fever, stiff neck, rash, confusion, or seizures
- Headache after head injury, especially with worsening symptoms
- New neurological symptoms: weakness, vision loss, difficulty speaking, or walking
- Migraine lasting >72 hours (status migrainosus) — call your neurologist
- Aura lasting >60 minutes or aura without headache for the first time

Tips for Better Migraine Tracking

Track every day, not just migraine days — comparison data reveals triggers. Most triggers need 2+ factors to combine.

Prodrome symptoms are your early warning system. Note them as soon as they appear — early treatment works best.

Bring the Monthly Summary page (page 5) to every neurology appointment. It saves time and improves care.