

# Migraine Daily Diary

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Please complete this diary on every day, even if you do not have a headache.

Please complete all the boxes that apply.

	Example	Date												
		1	2	3	4	5	6	7	8	9	10	11	12	13
Headache present (yes=X)	X													
Start time (am/pm)	8 am													
Duration of attack (hrs)	4													
Peak severity *	Severe or Minor or Clear													
Time of maximum severity (am/pm)	9 am													
Medications taken for headache (name & dose) #	Zomig tablet 2.5 mg													
Time taken (am/pm)	9.30 am													
Effectiveness of medications **	Good or Reasonable or Excellent													
Presence of non-headache symptoms (list) #	Nausea, photophobia													
Presence of trigger factors (list) #	Period													
Time lost from normal activities (hrs)	3													
Side effects of medications (list) #	Slight heavy feelings													
Menstrual period (yes=X)	X													
Other illnesses (list) #	None													
Other relevant information (list) #	None													

\* Red = Severe Headaches, Orange = Minor Headaches, Green = Clear Days

\*\* Excellent; Good; Reasonable; Poor; Nil.

# Please use abbreviations and provide full information on a separate sheet, if required.



Registered Charity no: 207783

