

Monthly migraine diary



Migraine diary cards which record information about the attacks of migraine and other headaches are valuable in assisting the doctor with diagnosis, assessing trigger factors and assessing the effectiveness of treatments.

At the City of London Migraine Clinic you will be given diary cards on your first visit and they will be assessed at your follow up visit. If you are able to come to the clinic with diary information at your first visit this will help the doctor to help you.

The diary card (one for each month) is very easy to use.

How to complete the migraine diary card

1. The numbers down the left hand side refer to the date (ie a calendar). Indicate the day of the week and the time that the attack started.
2. Record every migraine and any other headache you get against the appropriate date. Write down under the column whether it was a headache or a migraine that you experienced.
3. Assess the severity and any associated symptoms and record these under the appropriate columns.
4. Record ALL medication you take together with the dose and time taken.
5. For women, if applicable, please record in the last column when your period starts and stops. If you take any hormone treatments (eg contraceptive pill, HRT etc) write that in the hormones column.
6. If you experience aura or other visual symptoms please also mark on the diary and describe in more detail on the reverse of the card. Please feel free to record on the diary card (or additional sheet) any other information that may be relevant to your migraine or headaches (eg additional triggers such as stress, long journey, missed meals, neck tension etc).

Further migraine diaries may be obtained by visiting our website at NationalMigraineCentre.org.uk or by writing to the National Migraine Centre and enclosing a large envelope with two first class stamps.

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Name: _____ DOB: _____ Other drugs - Daily prevention - Name: _____ Dose: _____

Month: _____ Year: _____ Hormonal treatments - Name: _____

Date	Day of week	Time attack starts	Did you have an attack? Headache/Migraine	Severity Mild/Moderate/Severe	Feel sick? Vomit		Medication taken: name	Time taken	Dose	Homones taken Yes/No	Period Yes/No
					Yes/No	Yes/No					
1											
2											
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