Migraine attack log

One row per attack. Write down what actually happened, in plain words, as soon as you can.

Name _____ Months covered _____ Page ____ of ____

Lay down: did you have to stop what you were doing and lie down? Circle Y or N, and write how long. **Symptoms:** circle **N** nausea, **V** vomiting, **L** light hurts, **S** sound hurts, **A** aura. **Work or school:** circle None, Part (write the hours) or Full day.

Date	Started	Ended / total hours	Worst pain 0–10	Had to lie down?	Hours lying down	Symptoms	Medication taken and time	Work or school missed	What you could not do, notes, witness
		hrs		(Y) (N)		N V L S A		None Part ___h Full	
		hrs		(Y) (N)		N V L S A		None Part ___h Full	
		hrs		(Y) (N)		N V L S A		None Part ___h Full	
		hrs		(Y) (N)		N V L S A		None Part ___h Full	
		hrs		(Y) (N)		N V L S A		None Part ___h Full	
		hrs		(Y) (N)		N V L S A		None Part ___h Full	
		hrs		(Y) (N)		N V L S A		None Part ___h Full	
		hrs		(Y) (N)		N V L S A		None Part ___h Full	
		hrs		(Y) (N)		N V L S A		None Part ___h Full	
		hrs		(Y) (N)		N V L S A		None Part ___h Full	
		hrs		(Y) (N)		N V L S A		None Part ___h Full	
		hrs		(Y) (N)		N V L S A		None Part ___h Full	
		hrs		(Y) (N)		N V L S A		None Part ___h Full	
		hrs		(Y) (N)		N V L S A		None Part ___h Full	
		hrs		(Y) (N)		N V L S A		None Part ___h Full	

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Monthly summary

Add up each month from your attack log. Keep the log pages with this summary.

Name _____

Month and year	Number of attacks	Attacks where you had to lie down	Average attack length (hours)	Work or school missed (days or hours)	Doctor, urgent care or ER visits	Notes (medicine changes, anything else)

People who saw an attack

For example a partner, family member, coworker or supervisor. Name and how to reach them.

Medicines tried for migraine

Name, dates, and whether it helped or caused side effects.

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