



MIDWEST SINUS-ALLERGY SPECIALISTS

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Migraine management involves being able to recognize your signs and symptoms. This diary and calendar can help you make the most of your migraine management as well as your treatment. The information you provide in this diary and calendar will help provide information to your healthcare provider about specific details of your migraines. Record these specific details about your headaches to review with your healthcare provider at your next visit.

You will need to record what days your migraine headache occurs along with the migraine start and stop time. You should also record specific details such as triggers and headache symptoms. Note the treatment taken and how long to pain relief; how much relief; and nonmedical treatments (e.g. sleep, darkness, heat, cold compress, ice or relaxation techniques). Please be sure to ask your healthcare provider any questions you have about recording information in this migraine diary and calendar.

WEEK 1	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day/Date							
Headache Duration							
Severity (1 – 3)*							
Triggers							
Headache Symptoms							
Treatments Taken							
Time Treatment Taken							
Time to Pain Relief							

*1 = mild pain, 2 = moderate pain, 3 = severe pain

WEEK 2	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day/Date							
Headache Duration							
Severity (1 – 3)*							
Triggers							
Headache Symptoms							
Treatments Taken							
Time Treatment Taken							
Time to Pain Relief							

*1 = mild pain, 2 = moderate pain, 3 = severe pain

WEEK 3	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day/Date							
Headache Duration							
Severity (1 – 3)*							
Triggers							
Headache Symptoms							
Treatments Taken							
Time Treatment Taken							
Time to Pain Relief							

*1 = mild pain, 2 = moderate pain, 3 = severe pain

WEEK 4	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day/Date							
Headache Duration							
Severity (1 – 3)*							
Triggers							
Headache Symptoms							
Treatments Taken							
Time Treatment Taken							
Time to Pain Relief							

*1 = mild pain, 2 = moderate pain, 3 = severe pain

COMMON MIGRAINE TRIGGERS

Foods	Aged cheese, alcohol, nuts, chocolate, yogurt, onions, figs, liver, caffeinated foods and beverages, monosodium glutamate (MSG), smoked or pickled fish/meat, nitrate/nitrite-
Migraines	Antibiotics (tetracycline, griseofulvin), antihypertensives (nifedipine, captopril), hormones (oral contraceptives, estrogens), histamine-2 blockers (cimetidine, ranitidine), nonsteroidal anti-inflammatory drugs (indomethacin, piroxicam), vasodilators (nitroglycerin, isosorbide
Sensory Stimuli	Bright lights, loud noises, strong odors (e.g., perfumes, chemicals or cigarette smoke)
Lifestyle Changes	Time zone, lack of sleep or disturbed sleep
Other	Not eating regularly, caffeine withdrawal, stress