



menotmigraines



Me Not Migraines



@MeNotMigraines

My migraine calendar

As fillable PDF
or for self print-out!



[MeNotMigraines.com](https://www.MeNotMigraines.com)

*Make yourself heard
and talk to your doctor about your migraine.*

Go prepared and have a list of questions you want to ask your doctor.

To what extent does migraine affect your life
(job/ family/ friends/ hobbies)?

How satisfied are you with your current migraine therapy?

How fast does your current medication work?

Do you often suffer from nausea or vomiting?
Does it prevent you from taking tablets?

Which alternative forms of formulation besides tablets
are possible for me?

Month 1

Intensity of pain on a scale from 1-10

□ Medication:

*Possible triggers:

- a. Dehydration
- b. Climate changes
- c. Stress
- d. Strong smells
- e. Chocolate
- f. Sleep deficit
- g. Neck pain
- h. Missed meal
- i. Caffeine
- j. High humidity
- k. Bright lights
- l. Depressive mood
- m. Alcohol
- n. Further possible triggers:

○ Where were you when the pain started?

- I. at home
- II. at work
- III. at shopping
- IV. at sports
- V. at a restaurant

VI. _____

VII. _____

VIII. _____

IX. _____

X. _____

Day	Type of pain and location									Attendant symptoms								Treatment					
	Intensity of pain	Duration in hours	Are you restricted in some of your usual activities? (yes/no)	*Possible triggers	○ Where were you when the pain started?	One sided	On both sides	Pressing/dull	Pulsating/stabbing	○ Early indicators	Nausea	Dizziness	Shady	Moody	Noise Sensitivity	Odor sensitivity	Vomiting	☆ Other symptoms	□ Medication	Dosage	Did the medication help?	△ Other treatment	Did the alternative treatment help?
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△ Other treatments:

☆ Other symptoms:

○ Early indicators:

1. Unusually wired
2. Stiff muscles
3. Speech disorder
4. Weakness
5. Irritation
6. Optical impairment
7. Tiredness/Muscle Pain
8. Tingling near the eyes

9. Tingling in the head
10. Tingling in the throat
11. Headache
12. Yawning
13. Anxiety
14. Other possible indicators:

Month 2

Intensity of pain on a scale from 1-10

▣ Medication:

*Possible triggers:

- a. Dehydration
- b. Climate changes
- c. Stress
- d. Strong smells
- e. Chocolate
- f. Sleep deficit
- g. Neck pain
- h. Missed meal
- i. Caffeine
- j. High humidity
- k. Bright lights
- l. Depressive mood
- m. Alcohol
- n. Further possible triggers:

◦ Where were you when the pain started?

- I. at home
- II. at work
- III. at shopping
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Day	Type of pain and location									Attendant symptoms								Treatment					
	Intensity of pain	Duration in hours	Are you restricted in some of your usual activities? (yes/no)	*Possible triggers	◦ Where were you when the pain started?	One sided	On both sides	Pressing/dull	Pulsating/stabbing	◦ Early indicators	Nausea	Dizziness	Shady	Moody	Noise Sensitivity	Odor sensitivity	Vomiting	☆ Other symptoms	□ Medication	Dosage	Did the medication help?	△ Other treatment	Did the alternative treatment help?
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△ Other treatments:

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- 6. Optical impairment
- 7. Tiredness/Muscle Pain
- 8. Tingling near the eyes

- 9. Tingling in the head
- 10. Tingling in the throat
- 11. Headache
- 12. Yawning
- 13. Anxiety
- 14. Other possible indicators:

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- 11. Headache
- 12. Yawning
- 13. Anxiety
- 14. Other possible indicators:

Month 4

Intensity of pain on a scale from 1-10

▣ Medication:

*Possible triggers:

- a. Dehydration
- b. Climate changes
- c. Stress
- d. Strong smells
- e. Chocolate
- f. Sleep deficit
- g. Neck pain
- h. Missed meal
- i. Caffeine
- j. High humidity
- k. Bright lights
- l. Depressive mood
- m. Alcohol
- n. Further possible triggers:

◦ Where were you when the pain started?

- I. at home
- II. at work
- III. at shopping
- IV. at sports
- V. at a restaurant

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Day	Type of pain and location									Attendant symptoms								Treatment						
	Intensity of pain	Duration in hours	Are you restricted in some of your usual activities? (yes/no)	*Possible triggers	◦ Where were you when the pain started?	One sided	On both sides	Pressing/dull	Pulsating/stabbing	◦ Early indicators	Nausea	Dizziness	Shady	Moody	Noise Sensitivity	Odor sensitivity	Vomiting	☆ Other symptoms	□ Medication	Dosage	Did the medication help?	△ Other treatment	Did the alternative treatment help?	
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- 9. Tingling in the head
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