

# Chronic Migraine Tracking Diary

Date: \_\_\_\_\_

Dear [Patient's Name],

As part of your migraine management plan, we recommend setting up a chronic migraine tracking diary. This will help us better understand your migraine patterns and triggers. Please fill out the following sections daily:

## Daily Entry

Date: \_\_\_\_\_

Time of Onset: \_\_\_\_\_

Length of Migraine: \_\_\_\_\_

Intensity (1-10): \_\_\_\_\_

### Symptoms Experienced:

- # Nausea
- # Light Sensitivity
- # Sound Sensitivity
- # Aura

## Triggers

Please note any potential triggers that may have contributed to your migraine:

- # Stress
- # Diet (specific foods)
- # Weather Changes
- # Sleep Patterns

## Treatment Used

List the treatments you used for relief:

---

## Follow-Up

We will review this diary during our next appointment to assess your treatment plan. Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]