

Migraine Trigger & Symptom Journal

Date & Day	Start Time	Duration	Pain Level (1-10)	Symptoms	Trigger(s)	Medications Taken	Notes (incl. menstrual cycle, stress, changes, etc.)

Symptom Codes (use any that apply)

D = Dizziness

V = Vertigo

L = Light sensitivity

S = Sound sensitivity

Sm = Smell sensitivity

M = Movement sensitivity
or numbness

N = Nausea or vomiting

A = Aura or visual disturbances

F = Fatigue

Common Migraine Triggers (for use in the "Trigger(s)" column)

- Stress or emotional strain
- Irregular or lack of sleep
- Hormonal changes (e.g., menstrual cycle)
- Specific foods (e.g., chocolate, cheese, cured meats, MSG, artificial sweeteners)
- Skipping meals
- Dehydration
- Weather changes or barometric pressure
- Bright lights or strong smells
- Caffeine (too much or withdrawal)
- Alcohol (especially wine)
- Medication overuse
- Smoking or secondhand smoke
- Physical exertion or fatigue
- Sensory overload (noises, screens, etc.)