



Month: _____

Migraine diary for younger people

Show how bad you feel by ticking under one of the smiley faces

date	Time	Food and Drink	Activities or events (e.g., weather, school, playing, family outing, holiday, sleep, reading)	Medication (What + dose)	 Little pain	 More pain	 Lots of pain
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

date	Time	Food and Drink	Activities or events (e.g. weather, school, playing, family outing, holiday, sleep, reading)	Medication (What + dose)	 Little pain	 More pain	 Lots of pain
15							
16							
17							
18							
19							
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21							
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31							

