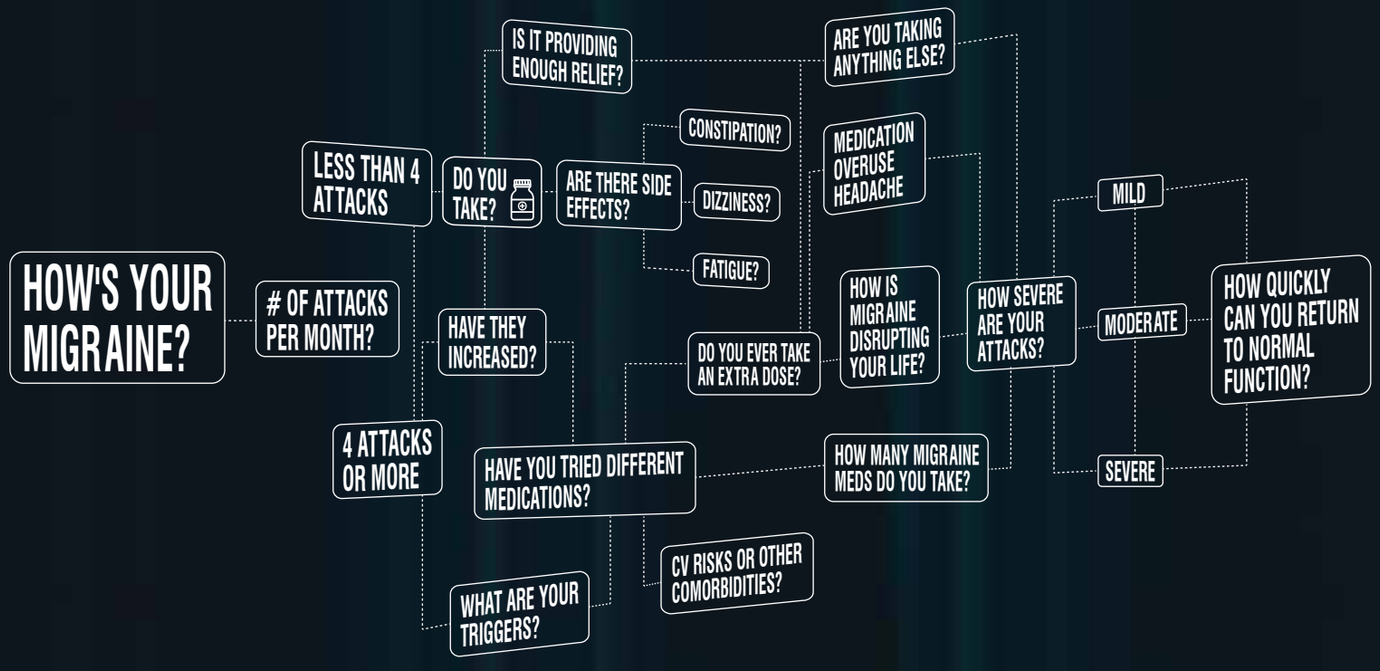

MIGRAINE DIARY

Track. Identify. Take Control

Pfizer

Patient Name: _____

Doctor Name: _____

Hospital Name: _____

MIGRAINE DIARY

Keep track of essential details related to your migraines by filling in the following table everyday:

Week 1

Date:							
Symptoms	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
How I feel 1 = Bad, 2 = OK, 3 = Great							
Headache	☐	☐	☐	☐	☐	☐	☐
Migraine	☐	☐	☐	☐	☐	☐	☐
Intensity of migraine 1 = Mild, 2 = Moderate, 3 = Severe							
Body	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
Period	☐	☐	☐	☐	☐	☐	☐
Stress	☐	☐	☐	☐	☐	☐	☐
Slept badly	☐	☐	☐	☐	☐	☐	☐
Others	☐	☐	☐	☐	☐	☐	☐
Exercise	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
Exercised	☐	☐	☐	☐	☐	☐	☐
Meditation / Yoga	☐	☐	☐	☐	☐	☐	☐
Went for walk	☐	☐	☐	☐	☐	☐	☐
Medication	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
Did it help? 1 = Not at all, 2 = Partly, 3 = Completely							

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Keep track of essential details related to your migraines by filling in the following table everyday:

Week 2

Date:							
Symptoms	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
How I feel 1 = Bad, 2 = OK, 3 = Great							
Headache	☐	☐	☐	☐	☐	☐	☐
Migraine	☐	☐	☐	☐	☐	☐	☐
Intensity of migraine 1 = Mild, 2 = Moderate, 3 = Severe							
Body	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
Period	☐	☐	☐	☐	☐	☐	☐
Stress	☐	☐	☐	☐	☐	☐	☐
Slept badly	☐	☐	☐	☐	☐	☐	☐
Others	☐	☐	☐	☐	☐	☐	☐
Exercise	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
Exercised	☐	☐	☐	☐	☐	☐	☐
Meditation / Yoga	☐	☐	☐	☐	☐	☐	☐
Went for walk	☐	☐	☐	☐	☐	☐	☐
Medication	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
Did it help? 1 = Not at all, 2 = Partly, 3 = Completely							

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Keep track of essential details related to your migraines by filling in the following table everyday:

Week 3

Date:							
Symptoms	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
How I feel 1 = Bad, 2 = OK, 3 = Great							
Headache	☐	☐	☐	☐	☐	☐	☐
Migraine	☐	☐	☐	☐	☐	☐	☐
Intensity of migraine 1 = Mild, 2 = Moderate, 3 = Severe							
Body	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
Period	☐	☐	☐	☐	☐	☐	☐
Stress	☐	☐	☐	☐	☐	☐	☐
Slept badly	☐	☐	☐	☐	☐	☐	☐
Others	☐	☐	☐	☐	☐	☐	☐
Exercise	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
Exercised	☐	☐	☐	☐	☐	☐	☐
Meditation / Yoga	☐	☐	☐	☐	☐	☐	☐
Went for walk	☐	☐	☐	☐	☐	☐	☐
Medication	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**
Did it help? 1 = Not at all, 2 = Partly, 3 = Completely							

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Keep track of essential details related to your migraines by filling in the following table everyday:

Week 4

Date:

Symptoms	Mon	Tue	Wed	Thu	Fri	Sat	Sun
How I feel 1 = Bad, 2 = OK, 3 = Great							
Headache	☐	☐	☐	☐	☐	☐	☐
Migraine	☐	☐	☐	☐	☐	☐	☐
Intensity of migraine 1 = Mild, 2 = Moderate, 3 = Severe							

Body	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Period	☐	☐	☐	☐	☐	☐	☐
Stress	☐	☐	☐	☐	☐	☐	☐
Slept badly	☐	☐	☐	☐	☐	☐	☐
Others	☐	☐	☐	☐	☐	☐	☐

Exercise	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Exercised	☐	☐	☐	☐	☐	☐	☐
Meditation / Yoga	☐	☐	☐	☐	☐	☐	☐
Went for walk	☐	☐	☐	☐	☐	☐	☐

Medication	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Did it help? 1 = Not at all, 2 = Partly, 3 = Completely							

Feel free to print additional copies of this table or use it as a guide to create a digital version. Regularly reviewing and sharing this diary with your healthcare provider can be instrumental in your migraine management journey.

NOTES

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