

Migraine - Triggers and Diary

This leaflet is about how some migraine attacks (episodes) may be triggered by various things.

What are migraine triggers?

Most migraine attacks (episodes) occur for no apparent reason. However, something may trigger migraine attacks in some people. It is assumed you have some general knowledge about migraine, but would like to know more about this aspect. (See separate leaflet called [Migraine](#) for details about migraine.)

Triggers can be all sorts of things, including:

- **Diet and foods.** For example: dieting too fast, cheese, chocolate, red wines, citrus fruits, and foods containing a food additive called tyramine.
- **Environmental.** For example: smoking and smoky rooms, glaring light, computer screens or flickering TV sets, loud noises, strong smells, hot weather.
- **Psychological.** For example: depression, anxiety, anger, tiredness. In some people migraines occur when relaxing after periods of stress. For example, weekends or holidays.
- **Medicines.** For example: hormone replacement therapy (HRT), some sleeping tablets, and the contraceptive pill.
- **Change in habits.** For example: a change in sleep patterns (missing sleep, lying in, etc), missing meals, long-distance travel, jet lag, etc.
- **Other.** Periods (menstruation), shift work, the menopause.

Some notes about migraine and triggers

It may help to keep a migraine diary. A pattern may emerge, and it may be possible to avoid one or more things that may trigger your migraine attacks. (But note: too much effort trying to identify triggers may cause anxiety. In some people it may do more harm than good to search for triggers, especially if no trigger is found - which is common.)

Many people blame foods as triggers. However, foods are not thought to be common triggers. Suspect a food as a trigger if a migraine occurs within six hours of eating the suspected food and cutting out the food reduces the number of migraine attacks (episodes).

Some people need a combination of triggers to set off a migraine. For example, some women may only get a migraine if they drink red wine *and* are having a period. Another example is that a food trigger may only set off a migraine if a person is also overtired.

Migraine diary

An example of a migraine diary is provided below. It may help to fill it in over 3-4 months so that you and your doctor develop a better understanding of your migraines.

Firstly, fill in the calendar part. This gives an overall picture of when the migraines occur.

- Fill in the days of the week.
- Mark when you have an attack. **Note:** people with migraine can also have common tension-type headaches. So, in the attack column, indicate when you have a migraine, or a tension-type headache, or if you are not sure.
- If you are a woman and have periods, put a B in the period column on the days you are bleeding.

Then, fill in a notes section for each attack. This gives details of:

- How bad the attacks (episodes) are.
- How well medication helps.
- Possible factors that may have triggered the attack.

Migraine/Headache Diary

Name: _____

Date Started: _____

Month One					Month Two			
Day	Day of Week	Attack T=Tension Headache M=Migraine N=Not sure	Period B=Bleeding		Day	Day of Week	Attack T=Tension Headache M=Migraine N=Not sure	Period B=Bleeding
1					1			
2					2			
3					3			
4					4			
5					5			
6					6			
7					7			
8					8			
9					9			
10					10			
11					11			
12					12			
13					13			
14					14			
15					15			
16					16			
17					17			
18					18			
19					19			
20					20			
21					21			
22					22			
23					23			
24					24			
25					25			
26					26			
27					27			
28					28			
29					29			
30					30			
31					31			

Month Three				Month Four			
Day	Day of Week	Attack T=Tension Headache M=Migraine N=Not sure	Period B=Bleeding	Day	Day of Week	Attack T=Tension Headache M=Migraine N=Not sure	Period B=Bleeding
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
11				11			
12				12			
13				13			
14				14			
15				15			
16				16			
17				17			
18				18			
19				19			
20				20			
21				21			
22				22			
23				23			
24				24			
25				25			
26				26			
27				27			
28				28			
29				29			
30				30			
31				31			

Please describe each attack in more detail below.

Fill in the details of each migraine/headache attack using the following:

Date of Attack Time Started Time Finished Aura - yes | no
 Severity - severe | moderate | mild Time needed off school, work or other activities - yes | no

Other Symptoms: Feeling Sick - yes | no Vomiting - yes | no Other:

Medication	Dose	Time Taken	Relief - yes/partial/no	Time to Relief
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- 1.
- 2.
- 3.

Possible triggers, and food and drink taken 6-8 hours before attack:

Date of Attack Time Started Time Finished Aura - yes | no

Severity - severe | moderate | mild Time needed off school, work or other activities - yes | no

Other Symptoms: Feeling Sick - yes | no Vomiting - yes | no Other:

Medication	Dose	Time Taken	Relief - yes/partial/no	Time to Relief
------------	------	------------	-------------------------	----------------

- 1.
- 2.
- 3.

Possible triggers, and food and drink taken 6-8 hours before attack:

Date of Attack Time Started Time Finished Aura - yes | no

Severity - severe | moderate | mild Time needed off school, work or other activities - yes | no

Other Symptoms: Feeling Sick - yes | no Vomiting - yes | no Other:

Medication	Dose	Time Taken	Relief - yes/partial/no	Time to Relief
------------	------	------------	-------------------------	----------------

- 1.
- 2.
- 3.

Possible triggers, and food and drink taken 6-8 hours before attack:

Date of Attack Time Started Time Finished Aura - yes | no
Severity - severe | moderate | mild Time needed off school, work or other activities - yes | no
Other Symptoms: Feeling Sick - yes | no Vomiting - yes | no Other:
Medication Dose Time Taken Relief - yes/partial/no Time to Relief
1.
2.
3.

Possible triggers, and food and drink taken 6-8 hours before attack:

Date of Attack Time Started Time Finished Aura - yes | no
Severity - severe | moderate | mild Time needed off school, work or other activities - yes | no
Other Symptoms: Feeling Sick - yes | no Vomiting - yes | no Other:
Medication Dose Time Taken Relief - yes/partial/no Time to Relief
1.
2.
3.

Possible triggers, and food and drink taken 6-8 hours before attack:

Date of Attack Time Started Time Finished Aura - yes | no
Severity - severe | moderate | mild Time needed off school, work or other activities - yes | no
Other Symptoms: Feeling Sick - yes | no Vomiting - yes | no Other:
Medication Dose Time Taken Relief - yes/partial/no Time to Relief
1.
2.
3.

Possible triggers, and food and drink taken 6-8 hours before attack:

Further help & information

Migraine Action

4th Floor, 27 East Street, Leicester, LE1 6NB

Tel: 0116 275 8317 (10 am-4 pm weekdays)

Web: www.migraine.org.uk

National Migraine Centre

22 Charterhouse Square, London, EC1M 6DX

Tel: 020 7251 3322

Web: www.nationalmigrainecentre.org.uk

The Migraine Trust

52-53 Russell Square, London, WC1B 4HP

Tel: 020 7631 6975

Web: www.migrainetrust.org

Further reading & references

- [Diagnosis and Management of Migraine, Tension-Type, Cluster and Medication-Overuse Headache](#); British Association for the Study of Headache (BASH) Guidelines, (2010)
- [Migraine](#); NICE CKS, August 2013 (UK access only)
- [Headaches: diagnosis and management of headaches in young people and adults](#); NICE Clinical Guideline (September 2012)

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