

Migraine Prodrome Tracker

A Migraine attack can have up to four phases. The first phase is called the prodrome or premonitory phase. It consists of symptoms preceding and forewarning of a Migraine attack by two - 48 hours, occurring before the aura in Migraine with aura, and before the onset of pain in Migraine without aura.

Many Migraineurs experience prodrome symptoms without realizing it. Tracking symptoms that are possible prodrome symptoms may help you recognize prodrome and be able to tell that a Migraine attack is impending.

When a Migraine strikes, review your prodrome tracker for the prior 48 hours to see if you had any recognizable prodrome symptoms.

Migraine Prodrome Symptom Tracker

There are several options for tracking. Mark the appropriate boxes with an "x", the time you noticed the symptom, or rank it on an intensity scale of 0 - 10.

| Month: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|
| concentration problems | | | | | | | | | | | | | | | |
| depression | | | | | | | | | | | | | | | |
| difficulty reading | | | | | | | | | | | | | | | |
| difficulty speaking | | | | | | | | | | | | | | | |
| fatigue | | | | | | | | | | | | | | | |
| food craving | | | | | | | | | | | | | | | |
| hyperactivity | | | | | | | | | | | | | | | |
| hypoactivity | | | | | | | | | | | | | | | |
| increased thirst | | | | | | | | | | | | | | | |
| increased urination | | | | | | | | | | | | | | | |
| irritability | | | | | | | | | | | | | | | |
| nausea | | | | | | | | | | | | | | | |
| phonophobia (sensitivity to sound) | | | | | | | | | | | | | | | |
| photophobia (sensitivity to light) | | | | | | | | | | | | | | | |
| repetitive yawning | | | | | | | | | | | | | | | |
| sleep problems | | | | | | | | | | | | | | | |
| stiff neck | | | | | | | | | | | | | | | |
| other: | | | | | | | | | | | | | | | |
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Migraine Prodrome Symptom Tracker

There are several options for tracking. Mark the appropriate boxes with an "x", the time you noticed the symptom, or rank it on an intensity scale of 0 - 10.

| Month: | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|------------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| concentration problems | | | | | | | | | | | | | | | | |
| depression | | | | | | | | | | | | | | | | |
| difficulty reading | | | | | | | | | | | | | | | | |
| difficulty speaking | | | | | | | | | | | | | | | | |
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| other: | | | | | | | | | | | | | | | | |
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