

MigraClarity

Clarity for Every Migraine.

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Migraine Trigger Checklist

Check any triggers that may apply to you. Bring this checklist to your healthcare provider.

Patient Name: _____ Date: _____ Appt Date: _____

Date of Last Migraine: _____ Frequency (migraines/month): _____

Frequency Key: R = Rarely (1-2x/yr) S = Sometimes (monthly) O = Often (weekly or more)

Lifestyle

Trigger	Freq	✓
Stress	R/S/O	
Anxiety	R/S/O	
Poor Sleep	R/S/O	
Oversleeping	R/S/O	
Skipped Meals	R/S/O	
Dehydration	R/S/O	
Exercise	R/S/O	

Environment

Trigger	Freq	✓
Bright Lights	R/S/O	
Loud Noise	R/S/O	
Strong Odors	R/S/O	
Weather Changes	R/S/O	
Heat	R/S/O	
Cold	R/S/O	

Foods & Drinks

Trigger	Freq	✓
Chocolate	R/S/O	
Aged Cheese	R/S/O	
Alcohol	R/S/O	
Caffeine	R/S/O	
MSG	R/S/O	
Artificial Sweeteners	R/S/O	

Hormonal

Trigger	Freq	✓
Menstrual Cycle	R/S/O	
Birth Control	R/S/O	
Menopause	R/S/O	

Other Sensory

Trigger	Freq	✓
Strong Perfume	R/S/O	
Screen Glare	R/S/O	
Loud Music	R/S/O	

Notes & Patterns Observed:

Additional Triggers:

Want automatic tracking instead of paper?

Create your FREE MigraClarity account — track triggers, attacks, sleep, hydration, and generate provider-ready reports.

Visit: migraclarity.com