

FREE PRINTABLE

Migraine Food Diary

A week of daily pages to help you spot which foods keep showing up before your migraines.

- Write down every meal, snack and drink — ingredients matter more than dish names.
- Note the time each migraine starts. Migraines can begin hours after a suspect food.
- Fill in sleep, stress and water too — they can set the stage as much as food does.
- One rough day proves nothing. You're looking for repeats across the week.

Name (optional): _____

Week of: _____

Day 1

Date: _____

Meals, snacks & drinks

Time	What I ate or drank (list the ingredients)

Migraine today

A migraine started today: ☐ Yes ☐ No ☐ Continuing from yesterday

Time it started: _____ Time it eased off: _____

Intensity (circle one): mild → severe

Possible food suspects: _____

The rest of the day

Hours of sleep: _____ Water glasses: _____ Stress:

Notes: _____

Day 2

Date: _____

Meals, snacks & drinks

Time	What I ate or drank (list the ingredients)

Migraine today

A migraine started today: ☐ Yes ☐ No ☐ Continuing from yesterday

Time it started: _____ Time it eased off: _____

Intensity (circle one): mild → severe

Possible food suspects: _____

The rest of the day

Hours of sleep: _____ Water glasses: _____ Stress:

Notes: _____

Day 3

Date: _____

Meals, snacks & drinks

Time	What I ate or drank (list the ingredients)

Migraine today

A migraine started today: ☐ Yes ☐ No ☐ Continuing from yesterday

Time it started: _____ Time it eased off: _____

Intensity (circle one): mild → severe

Possible food suspects: _____

The rest of the day

Hours of sleep: _____ Water glasses: _____ Stress:

Notes: _____

Day 4

Date: _____

Meals, snacks & drinks

Time	What I ate or drank (list the ingredients)

Migraine today

A migraine started today: ☐ Yes ☐ No ☐ Continuing from yesterday

Time it started: _____ Time it eased off: _____

Intensity (circle one): mild → severe

Possible food suspects: _____

The rest of the day

Hours of sleep: _____ Water glasses: _____ Stress:

Notes: _____

Day 5

Date: _____

Meals, snacks & drinks

Time	What I ate or drank (list the ingredients)

Migraine today

A migraine started today: ☐ Yes ☐ No ☐ Continuing from yesterday

Time it started: _____ Time it eased off: _____

Intensity (circle one): mild → severe

Possible food suspects: _____

The rest of the day

Hours of sleep: _____ Water glasses: _____ Stress:

Notes: _____

Day 6

Date: _____

Meals, snacks & drinks

Time	What I ate or drank (list the ingredients)

Migraine today

A migraine started today: ☐ Yes ☐ No ☐ Continuing from yesterday

Time it started: _____ Time it eased off: _____

Intensity (circle one): mild → severe

Possible food suspects: _____

The rest of the day

Hours of sleep: _____ Water glasses: _____ Stress:

Notes: _____

Day 7

Date: _____

Meals, snacks & drinks

Time	What I ate or drank (list the ingredients)

Migraine today

A migraine started today: ☐ Yes ☐ No ☐ Continuing from yesterday

Time it started: _____ Time it eased off: _____

Intensity (circle one): mild → severe

Possible food suspects: _____

The rest of the day

Hours of sleep: _____ Water glasses: _____ Stress:

Notes: _____