

My Personal Action Plan

MY THREE MOST COMMON HEADACHE TRIGGERS:

1. _____
2. _____
3. _____

THREE MOST COMMON SYMPTOMS OF MY MIGRAINE HEADACHES:

1. _____
2. _____
3. _____

THE THREE MOST EFFECTIVE THINGS I CAN DO TO REDUCE STRESS:

1. _____
2. _____
3. _____

MEDICATIONS I SHOULD TAKE AT THE FIRST SIGNS OF HEADACHE:

1. _____
2. _____
3. _____

IF MY FIRST DOSE OF MEDICATION DOES NOT WORK, I WILL:

1. _____
2. _____
3. _____

MY HEADACHE EMERGENCY PLAN IS AS FOLLOWS:

1. _____
2. _____
3. _____