Trigger Pattern Finder

One week is a start. **Eight weeks on one page** *shows what keeps coming before your worst days.*

1
Finish a week
At the end of each week, look at the "Days ticked" row under your 7-day log (the fillable PDF counts it for you).

2
Copy it here
One line per week: days with symptoms, average level, worst, medicine days, and the count for each trigger.

3
Find the pattern
After 8 weeks, circle the trigger that is highest in most weeks. Pain medicine on 10 or more days a month? Tell your doctor.

4
Test one change
Change one thing for 2 to 3 weeks (a steady bedtime, regular meals, less of one food) and see whether the numbers move.

WEEK	DATES	DAYS WITH SYMPTOMS (OF 7)	AVERAGE LEVEL 0–10	WORST 0–10	DAYS TICKED, BY TRIGGER								MEDICINE DAYS	WHAT I CHANGED THIS WEEK
					POOR SLEEP	STRESS	FOOD / DRINK	SKIPPED MEAL	PERIOD / HORMONES	WEATHER	SCREENS / LIGHT	EXERTION		
1														
2														
3														
4														
5														
6														
7														
8														

The triggers that show up most

1. _____
2. _____
3. _____

The change I will test, and for how long

_____

_____

_____

A diary of at least 8 weeks (frequency, duration, severity, medicines and possible triggers) is what NICE guideline CG150 suggests for headaches; menstrual-related migraine needs at least 2 cycles. For IBS, a symptom and food diary is a common way to find what matters (ACG and BSG guidelines). A trigger tick is a clue, not proof: bring this page to your doctor and talk it through.

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My flare plan

Fill it in **with your care team**, *on a good day. Then you know what to do on a bad one.*

A flare is easier to handle when the plan is already written. Ask your doctor, nurse or pharmacist to go through this page with you: which medicines, how much, how often, and how many days a month is safe. Medicines you take often can make headaches worse, so the monthly limit matters.

Who to call

Doctor / clinic _____

Phone _____

After hours _____

Pharmacy _____

My early warning signs

- ☐ Aura or vision changes
- ☐ Yawning, craving food
- ☐ Bloating
- ☐ Cramping
- ☐ Joint stiffness
- ☐ Neck or shoulder tension
- ☐ Mood change
- ☐ Urgent bowel
- ☐ Nausea

Other _____

At the first sign, I...

1. _____
2. _____
3. _____

My medicines for a flare

MEDICINE	DOSE	TAKE IT WHEN	MOST PER DAY	MOST DAYS A MONTH

What else helps me

Dark quiet room, heat or cold, water, a short walk, a meal, rest...

_____

_____

_____

Call my care team if

My flares are more than ____ days a month

I use pain medicine on more than ____ days a month

A flare lasts longer than ____ hours

The pattern changes, or my medicine stops working

Notes from my care team

_____

_____

_____

_____

_____

_____

Gone through with _____

on (date) _____ review again on _____

Get emergency care now (call 911) for

A sudden, severe headache that peaks within minutes, or the worst of your life · a headache with fever and a stiff neck, confusion or a seizure · new weakness, numbness, a drooping face, trouble speaking or seeing · chest pain or trouble breathing · vomiting blood, black or bloody stools with dizziness, or a sudden, hard, very painful belly.

Based on NICE guideline CG150 (headaches), the International Classification of Headache Disorders (medication-overuse headache) and the ACG and BSG IBS guidelines. This page is a template for your own plan. It does not replace the instructions your care team gives you.

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Wallet cards

Tell the people around you what helps, and when to get help.

✂ Cut along the dashed line, fold along the dotted line so the details are on the back, and keep one card in your wallet, one in your bag and one at work. Cover with clear tape to make it last.

I LIVE WITH LONG-TERM PAIN — PLEASE READ

During an attack I may need **a quiet, dark place, water, and my medicine**. Please give me time and don't rush me.
Tell me what you notice. Help me reach my medicine.
Sudden severe headache, weakness, trouble speaking, or fever with a stiff neck: call 911.

MY DETAILS

Name _____
I live with _____
Medicines / doses _____
Allergies _____
Doctor, phone _____
Call, phone _____

I LIVE WITH LONG-TERM PAIN — PLEASE READ

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Tell me what you notice. Help me reach my medicine.
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MY DETAILS

Name _____
I live with _____
Medicines / doses _____
Allergies _____
Doctor, phone _____
Call, phone _____

For family and friends: how to help during an attack

1. Ask what they need. Many people want quiet, dim light and no questions.
2. Bring water, and their medicine if they ask. Don't give them yours.
3. Lower the lights and noise, and give them time. Check in gently.
4. Help them write down when it started, so it can go in the log.
5. Sudden severe headache, new weakness or numbness, trouble speaking or seeing, fever with a stiff neck, chest pain, or a very painful hard belly: call 911.

Where my medicine is kept

At home _____ In my bag / at work _____

This card is a template you fill in yourself. It does not replace advice from your doctor. Wearing a medical ID is a good idea if you have a condition others should know about.

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