Printing this booklet

Open this PDF in your browser or a PDF viewer. It is already arranged for a 16-page booklet on 4 sheets of A4. Early and late pages appear together on screen; they read in order after folding.

Select the PDF toolbar's Print icon or viewer Print command

- Print all 8 PDF pages
- A4 paper, Landscape orientation
- Print on Both Sides
- Flip pages on SHORT edge
- 1 Page Per Sheet
- Actual Size or 100%
- Collated when printing multiple copies

Leave Booklet and 2 pages per sheet OFF. Use 1 page per sheet: the booklet page pairs are already built into this PDF.

Fold and assemble

Fold each landscape sheet in half along its vertical centre. Nest the folded sheets with the title cover outside and pages 8–9 at the centre. Check that pages 1–16 and Days 1–30 read in order, then staple through the fold if desired.

Print one test copy first. To check duplex orientation, print PDF pages 1–2: the cover should be upright, with booklet page 2 directly behind it.

No automatic duplex? Follow your printer's instructions for manually printing both sides and reloading the paper. Test PDF pages 1–2 first because feed direction varies by printer.

Vestibular Migraine Diary

Attacks of vertigo, spinning, tilting or other movement sensation accompanied by migraine symptoms (light/sound sensitivity, visual aura). It does not have to include a headache/pain.

Up to 70% of patients can also have ear symptoms (ringing, pressure, hearing changes, ear pain)



Recording details of your Vestibular Migraine can be useful in:

- Making a firm diagnosis
- Helping you recognise triggers and warning signs
- Assessing if acute or preventative medication is working

Take this Diary to your Physiotherapy and GP appointments

3 Components to Vestibular Migraines

1. Dietary triggers for Vestibular Migraine

Some migraine sufferers are sensitive to specific foods. Avoiding these foods can reduce symptoms.

The list of reported foods to cause migraine/vestibular migraines is long (your therapist can provide for you). Most common foods are MSG (monosodium glutamate), aged cheese, red wine and beer and chocolate.

Are there any foods you have identified with your Physiotherapist that could be triggering Vestibular Migraines:

_____

_____

- ⇨ Are you able to reduce of avoid the foods identified?
- ⇨ Be sure to record any foods you consume within 24 hours of an attack

2. Discuss with your GP medications to prevent or take pre-emptively before a Vestibular Migraine

A preventive migraine drug is considered successful if it reduces migraine attack frequency or days by at least 50% within 3 months

- ⇨ This means you may have to work closely with your GP if medication is trialed. A full therapeutic trial may take 2 to 6 months before maximal response to treatment is evident

3. Daily Diary recording of your daily patterns and symptoms for at least a month (attached Vestibular Migraine Diary)

Notes

Notes

Vestibular Migraine Diary for

_____

Record every day for approximately 30 days

If you have a Vestibular Migraine, please record at time of symptoms

Otherwise, record at the end of a day. If time/duration of symptoms do not apply, just put N/A.

Starting date: _____	**What did you do today?** - Visit friends - Shopping - Driving - Stayed home - Cleaned house - Social outing - Exercise	**Any symptoms today?** - Dizziness - Headache - Ear pain - Nausea/ vomiting - Sensitivity noise/light - Imbalance - Blood Pressure	**If you had symptoms, any triggers?** - Lack of sleep - Anxiety - Skipped meal - Variable weather - Neck pain - Caffeine - Stress - Food (see diet triggers)	**Did you sense it beforehand?** - Visual change - Aura - Headache - Irritability - Hearing change	**What did you do to relieve symptoms? Did it work?** - Medication (be specific) - Rest - Lie flat - Quiet - Ice pack
Day 1 Example 11/6/21 Time/ duration of symptoms 900am-1030am 6pm-7pm	Drove to the beach and spent the day with my kids	Nausea on the drive Dizziness/ unbalanced at the beach Noise sensitive to the kids Dizzy and headache at night	Stress I had some dark chocolate at night (5pm)	Slight aura at 6pm	Lay flat at the beach in the shade Took 2 panadol before bed, headache stopped, still dizzy

Date	What did you do today?	Any symptoms today?	If you had symptoms, any triggers?	Did you sense it beforehand?	What did you do to relieve symptoms? Did it work?
Day 1 Time/ duration of symptoms					
Day 2 Time/ duration of symptoms					
Day 3 Time/ duration of symptoms					

Date	What did you do today?	Any symptoms today?	If you had symptoms, any triggers?	Did you sense it beforehand?	What did you do to relieve symptoms? Did it work?
Day 28 Time/ duration of symptoms					
Day 29 Time/ duration of symptoms					
Day 30 Time/ duration of symptoms					

Date	What did you do today?	Any symptoms today?	If you had symptoms, any triggers?	Did you sense it beforehand?	What did you do to relieve symptoms? Did it work?
Day 25 Time/ duration of symptoms					
Day 26 Time/ duration of symptoms					
Day 27 Time/ duration of symptoms					

Date	What did you do today?	Any symptoms today?	If you had symptoms, any triggers?	Did you sense it beforehand?	What did you do to relieve symptoms? Did it work?
Day 4 Time/ duration of symptoms					
Day 5 Time/ duration of symptoms					
Day 6 Time/ duration of symptoms					

Date	What did you do today?	Any symptoms today?	If you had symptoms, any triggers?	Did you sense it beforehand?	What did you do to relieve symptoms? Did it work?
Day 7 Time/ duration of symptoms					
Day 8 Time/ duration of symptoms					
Day 9 Time/ duration of symptoms					

Date	What did you do today?	Any symptoms today?	If you had symptoms, any triggers?	Did you sense it beforehand?	What did you do to relieve symptoms? Did it work?
Day 22 Time/ duration of symptoms					
Day 23 Time/ duration of symptoms					
Day 24 Time/ duration of symptoms					

Date	What did you do today?	Any symptoms today?	If you had symptoms, any triggers?	Did you sense it beforehand?	What did you do to relieve symptoms? Did it work?
Day 19 Time/ duration of symptoms					
Day 20 Time/ duration of symptoms					
Day 21 Time/ duration of symptoms					

Date	What did you do today?	Any symptoms today?	If you had symptoms, any triggers?	Did you sense it beforehand?	What did you do to relieve symptoms? Did it work?
Day 10 Time/ duration of symptoms					
Day 11 Time/ duration of symptoms					
Day 12 Time/ duration of symptoms					

Date	What did you do today?	Any symptoms today?	If you had symptoms, any triggers?	Did you sense it beforehand?	What did you do to relieve symptoms? Did it work?
Day 13 Time/ duration of symptoms					
Day 14 Time/ duration of symptoms					
Day 15 Time/ duration of symptoms					

Date	What did you do today?	Any symptoms today?	If you had symptoms, any triggers?	Did you sense it beforehand?	What did you do to relieve symptoms? Did it work?
Day 16 Time/ duration of symptoms					
Day 17 Time/ duration of symptoms					
Day 18 Time/ duration of symptoms					