# My Migraine Action Plan

**My name:** ____________________________________________  **My doctor's name/phone:** ____________________________________________

**My clinic name/phone:** ______________________________________  **My pharmacy name/phone:** ____________________________________________

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### GREEN ZONE = Good Control

- My headache plan is working.
- I can do what I need to do.

**I WILL:**
- ☐ Keep managing my triggers.
- ☐ Write in my migraine diary each time I have a headache.
- ☐ Keep taking my preventive (controller) medicine daily.
- ☐ Take my relief and rescue medicine as needed.

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### YELLOW ZONE = Not Enough Control

- My headache plan isn’t always working.
- My headaches keep me from doing some of the things I need to do.

**I WILL:**
- ☐ Set goals to control my triggers and act on them.
- ☐ Write in my migraine diary each time I have a headache and review it for patterns or new triggers.
- ☐ Keep taking my preventive (controller) medicine daily.
- ☐ Take my relief and rescue medicine as needed.
- ☐ Call my doctor or clinic at if I stay in the Yellow Zone.

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### RED ZONE = Poor or No Control

- My headache plan has failed.
- I can't do anything when I have one.
- My medicines aren't working.

**I WILL:**
- ☐ Set goals to control my triggers and act on them.
- ☐ Write in my migraine diary each time I have a headache and review it for patterns or new triggers.
- ☐ Keep taking my preventive (controller) medicine daily.
- ☐ Take my relief and rescue medicine as needed.
- ☐ Call my doctor or clinic or go to urgent care or an ER if I’m having the worst headache of my life.
- ☐ Call my doctor or clinic or go to urgent care or an ER if my medicine doesn't work.
- ☐ Let my doctor or clinic know within 2 weeks if I have gone to an urgent care or ER.

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**My preventive (controller) medicine:** ______________________________________________________________________________________

**My relief and rescue medicine:** ______________________________________________________________________________________