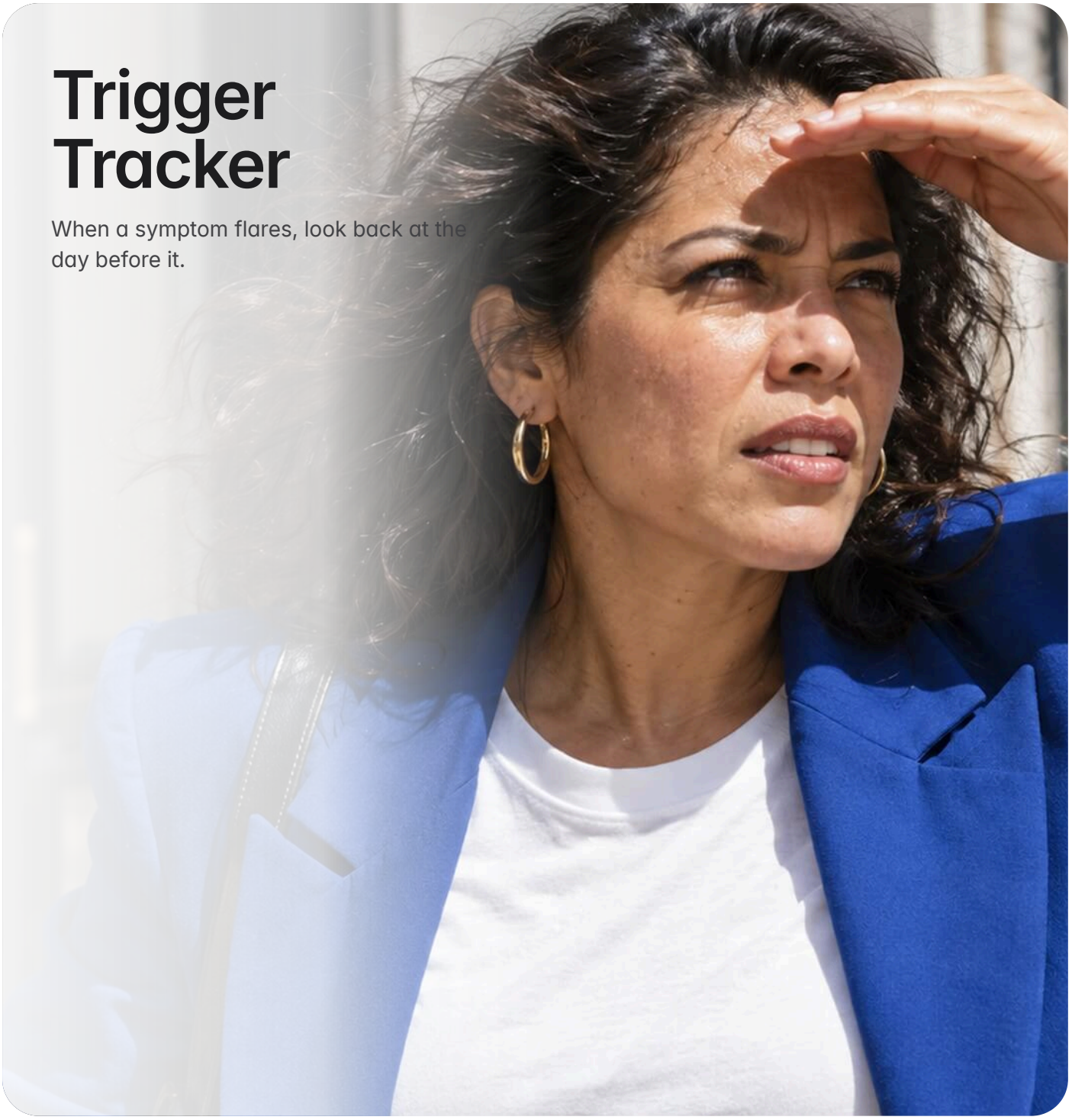
# Trigger Tracker

When a symptom flares, look back at the day before it.



## WHY IT HELPS

Triggers rarely act alone or right away. A short night, a skipped meal and a stressful afternoon can add up hours later. Looking back 24 hours after each episode, then comparing episodes, shows which suspects keep coming back.

## AFTER EACH EPISODE

| | |
|---|---|
| **Note** | Write what happened and how bad it was. |
| **Look back** | Fill in the clock for the 24 hours before. |
| **Suspect** | Tick what stood out. |
| **Compare** | After a few episodes, count the ticks. |

**One episode is a clue, not a cause.** A suspect that shows up in three or more episodes is worth testing with your care team.

CareClinic

EXAMPLE TRIGGER TRACKER · EPISODE

EPISODE NO. 3

DATE Thursday, June 4

## 1 What happened

The symptom or flare you want to explain.

SYMPTOM: Migraine with nausea

STARTED AT: 4:00 pm

HOW BAD: ●●●○ mild to severe

## 2 Look back 24 hours

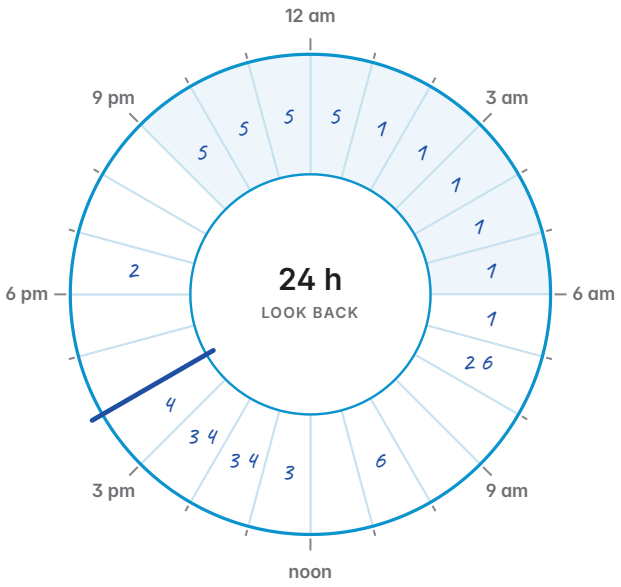
Draw a line at the start. Write each number in the hours it happened.

**1 Sleep**
1 am to 6:30 am
Woke up twice

**2 Meals**
Dinner 6 pm, toast 7 am
Skipped lunch

**3 Stress**
Deadline at work
Noon to 3 pm

**4 Weather**
Storm rolled in
After 1 pm




**5 Screens**
Phone in bed
Until 1 am

**6 Alcohol or caffeine**
Two big coffees
7 am and 10 am

**7 Exercise**
None

**8 Cycle**
Day 26

## 3 Suspects

Tick anything that was different from a usual day.

| | | | | | |
|---|---|---|---|---|---|
| ☑ | 1 Sleep | **Short night** | Broken sleep | Late night | Overslept |
| ☑ | 2 Meals | **Skipped a meal** | Big meal | New food | Ate late |
| ☑ | 3 Stress | **Work or school** | Conflict | Worry | **Rushing** |
| ☑ | 4 Weather | Hot | Cold | **Storm or pressure** | Bright sun |
| ☑ | 5 Screens | Long screen time | **Late screens** | Bright or flicker | |
| ☑ | 6 Alcohol or caffeine | **More caffeine** | Less caffeine | Alcohol | |
| ☐ | 7 Exercise | Harder than usual | None at all | New activity | |
| ☐ | 8 Cycle | Before period | Period | Mid cycle | |
| ☐ | + Something else | | | | |

WHAT HELPED: Dark room, cold pack, early night

MY BEST GUESS: Short sleep and no lunch, like last time



careclinic.io · A planning aid, not medical advice

EPISODE NO. DATE

## 1 What happened

The symptom or flare you want to explain.

SYMPTOM STARTED AT HOW BAD ○ ○ ○ ○ mild to severe

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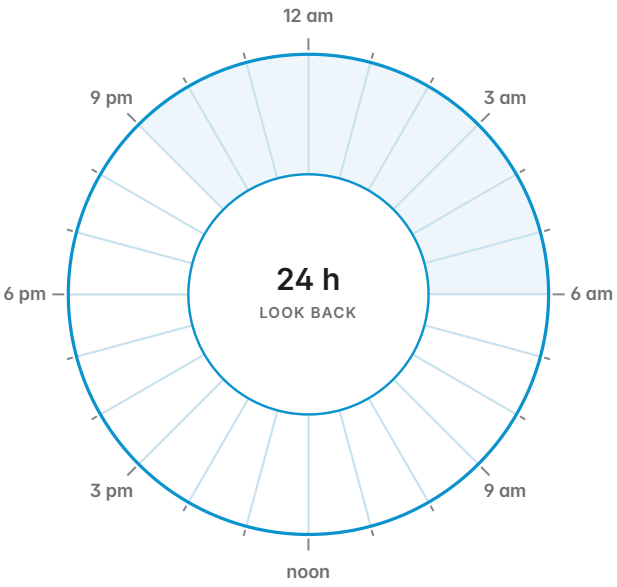
1 Sleep

2 Meals

3 Stress

4 Weather




5 Screens

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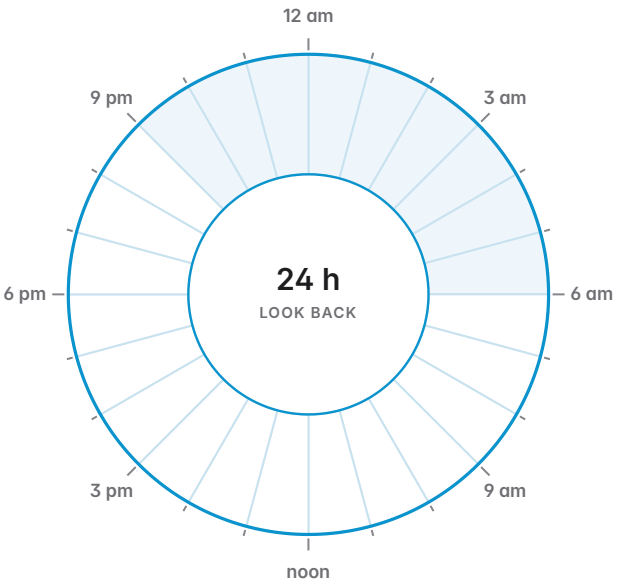


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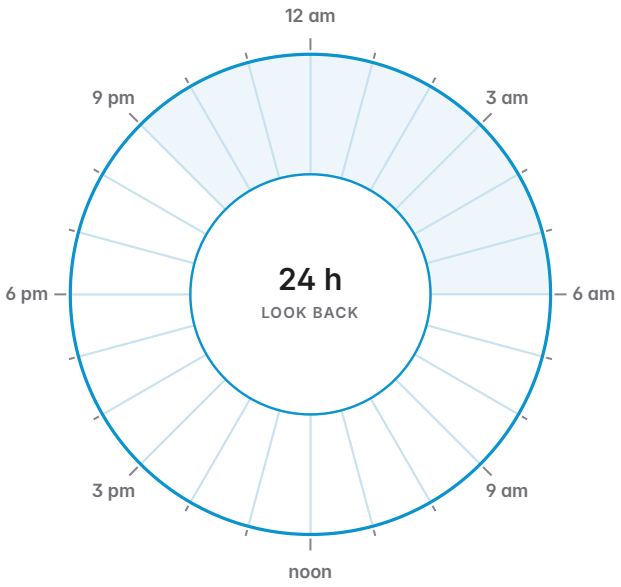


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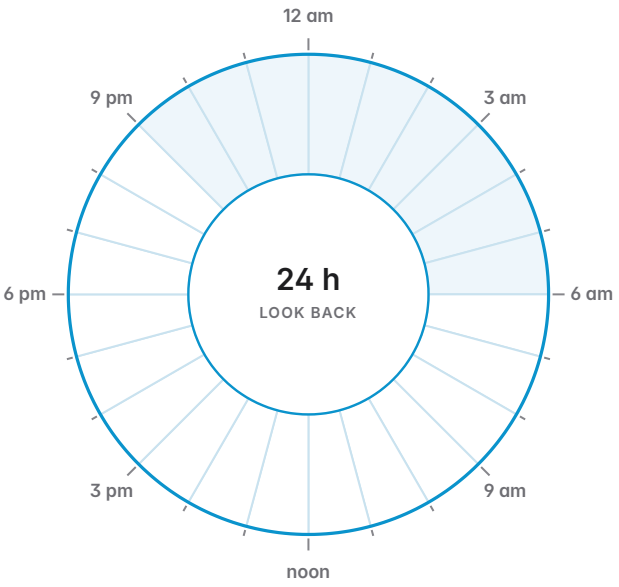


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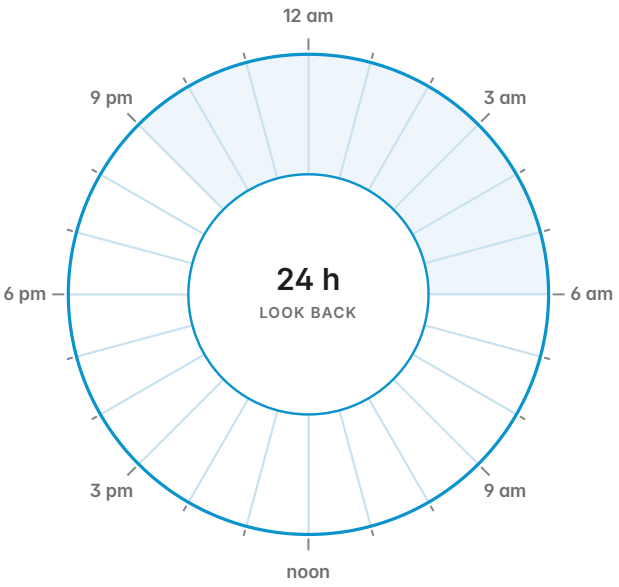


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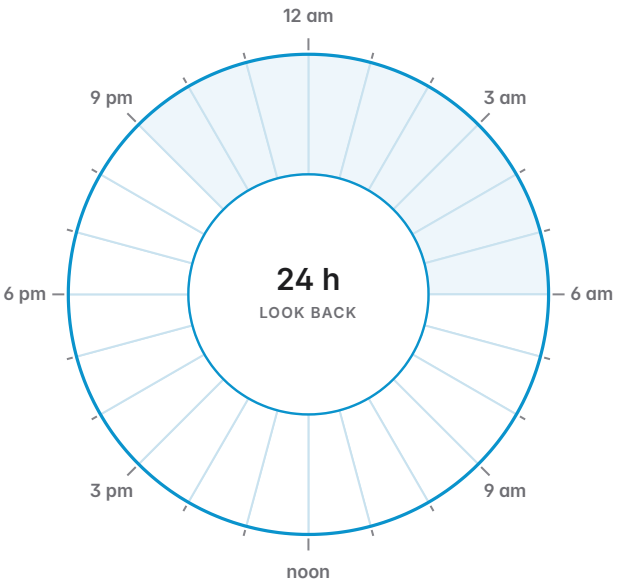


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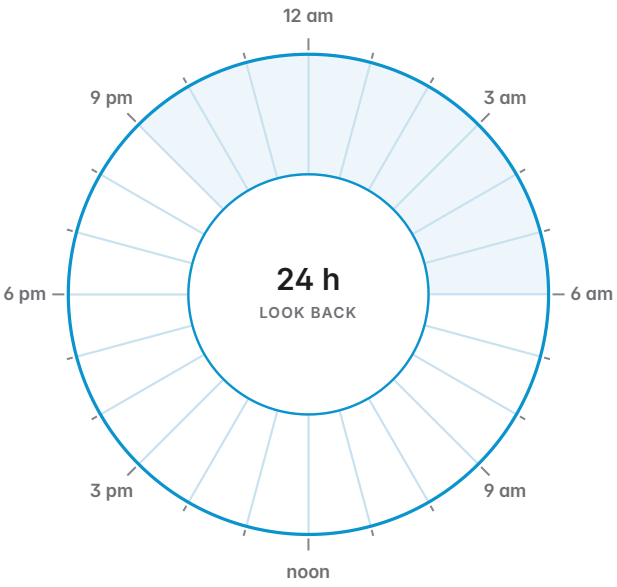


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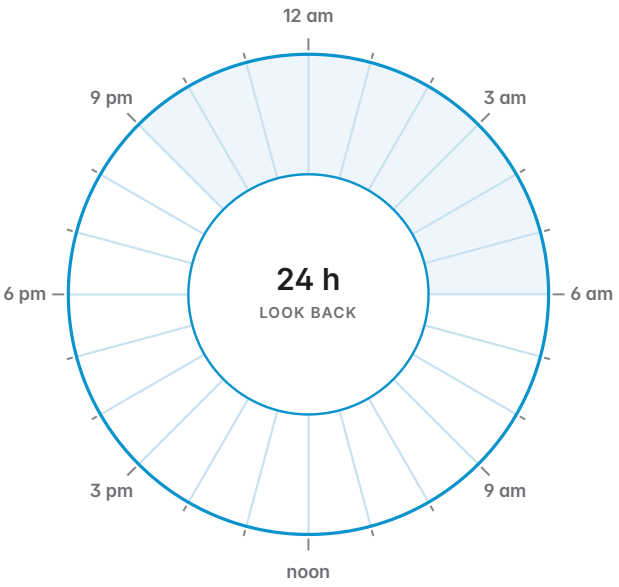


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WHAT HELPED _____ MY BEST GUESS _____

# Comparing episodes

Copy the ticks from each episode page into its column. Suspects that repeat will stand out.

SYMPTOM I AM TRACKING _____ FROM _____ TO _____

| SUSPECT | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|
| DATE | | | | | | | | | | | |
| 1 Sleep | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 2 Meals | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 3 Stress | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 4 Weather | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 5 Screens | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 6 Alcohol or caffeine | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 7 Exercise | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| 8 Cycle | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| + _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |
| + _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | |

**Three or more ticks for one suspect is a pattern.** One or two can be chance. Test one suspect at a time so you can tell what made the difference.

MY TOP SUSPECTS

1 _____

2 _____

3 _____

WHAT I WILL TEST NEXT

1 _____

2 _____

3 _____

FOR MY NEXT APPOINTMENT

Questions or changes to raise with my doctor or care team.

_____

_____

_____