

Managing your migraine at work checklist

This checklist is designed to help guide discussions between managers and employees about managing migraine at work. It can be used as a prompt for discussions or to help plan an email or letter.

**Check off the following points or use the form below to work through each section in more detail.**

Describe how migraine affects you

Talk about how migraine might affect your ability to do your job

Explain what your needs are if you have a migraine attack at work

Discuss things in your workplace that might trigger migraine

Agree on an action plan for managing your migraine at work

Decide how frequently you need to review your plan

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| **ABOUT MY MIGRAINE** | |
| **How often I get migraine attacks** | Replace text with your answer |
| **My usual symptoms** | Replace text with your answer |
| **How long my migraine attacks last** | Replace text with your answer |
| **The impact migraine has on my day-to-day activities** | Replace text with your answer |

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| **MIGRAINE & MY WORK** | |
| **How migraine can impact on my work** *Eg, ability to use a computer screen, interact with people, drive or operate machinery.* | Replace text with your answer |
| **My needs if I have a migraine attack at work** *Eg, time/area to rest and take medication, avoiding certain tasks, when I may need to go home.* | Replace text with your answer |
| **Things at work that might increase my risk of migraine attack**  *Eg, stress, using screens, tiredness, lighting, shift work.* | Replace text with your answer |
| **Things that might help to reduce my risk of migraine attacks at work**  *Eg, regular screen breaks, remote or hybrid working, time off for appointments.* | Replace text with your answer |
| **Is there anything else you want to share about your migraine with your manager or employer?** | Replace text with your answer |

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| **MY MIGRAINE ACTION PLAN**  **Positive actions to reduce impact of migraine at work** | |
| **Things I can try that might make a difference** *Eg, keeping hydrated, rotating tasks, using ear defenders.* | Replace text with your answer |
| **Adjustments or changes my employer or manager can put in place to support me** *Eg, any adaptations to workplace environment, allowing flexible hours or remote working.* | Replace text with your answer |
| **What I will do if I have a migraine attack at work** *Eg, having a break and taking painkillers, notifying manager/ team members if need to stop work.* | Replace text with your answer |
| **Emergency contact (if appropriate)**  *Who and when to contact.* | Replace text with your answer |
| **How often I will review plan with manager**  *To review what is helping or needs updating.* | Replace text with your answer |

**Employee: Date:**

**Manager: Date:**

Find more information and resources on managing migraine at work on our website at: **migrainetrust.org/migraineandwork**

Last reviewed: May 2025 | Next review due: May 2028 | Version: CL01\_2025\_v1 Reviewed by: The Migraine Trust Information and Support Services Team and Reviewer Panel. If you have feedback on our information, please get in touch at: [feedback@migrainetrust.org](mailto:feedback@migrainetrust.org)

Contact our Helpline on **0808 802 0066** (Monday to Friday, 10am to 4pm) or through our contact form and Live Chat service at **migrainetrust.org/support**. You can also email us at [**info@migrainetrust.org.**](mailto:info@migrainetrust.org)

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