

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

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.**

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