

With a simple
evaluation diagram
to show the
therapy's success

YOUR PERSONAL

migraine calendar

Examine the success of your preventative treatment quickly and easily. The calendar is also very useful for consultations with your doctor.

It's that easy:



The migraine calendar helps you glean exact information on your migraine and its treatment. This calendar is easy to keep and requires practically no time.

Please fill out these fields...

Month

Please enter the month in which you begin to use the calendar on your sheet.

Preventative remedy

Please enter the name of the remedy and the prescribed dose. Please enter any possible changes to the dose too.

After a migraine attack...

Duration

Please enter the duration (in hours) of the attack.

Intensity of the pain

Please enter how strong the pain was at its worst:
light = 1, moderate = 2 or severe = 3.

Accompanying symptoms

If you experience accompanying symptoms like nausea/vomiting, sensitivity to light or sight disturbances, please mark a cross in the appropriate column.

Triggers

Triggers for an attack vary from person to person. You can mark the most common triggers like stress or a change in the weather in the appropriate column. In the empty lines underneath, you can list three more personal triggers if need be, e.g. certain foods or drinks.

Periods of inactivity

Please enter the number of hours you were absent from work, school or from household chores because of your migraine.

Intake of acute pain-relieving medication

During the course of your preventative treatment, did you take any acute pain-relieving medication or triptane? If yes, please specify which.

At the end of the month...

Total number of attacks

Please enter the total number of attacks you had in this month. You can then transfer this number into your personal therapy diagram after six months and examine the success of the preventative treatment.

Average intensity of the pain

Using a simple formula, you can calculate the average intensity of your migraine attacks for each month. After six months, you can then transfer this figure into your personal therapy diagram and examine the progress of your pain.

Calendar month 1-6



Month 1

Month 1:

Preventative remedy used

Dose:

Dose changed on:

to:

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|------------------------------------------------------|-------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------------------------|
| Duration | In hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total: |
| Intensity of the pain | Light = 1, Moderate = 2, Severe = 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accompanying symptoms | Nausea / vomiting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (add all values together) |
| | Sensitivity to light | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sight disturbance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Triggers | Stress | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Menstruation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Weather | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual triggers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Period of inactivity: work, school, household chores | In hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intake of acute pain-relieving medication | Name of the medication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Month 1
Total number of attacks (please enter)

Month 1
Average intensity of the pain

Total intensity of the pain

=

(please round off result to one decimal place)

Total number of attacks

Calendar month 1-6



Month 2

Month 2:

Preventative remedy used

Dose:

Dose changed on:

to:

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|------------------------------------------------------|-------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------------------------|
| Duration | In hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total: |
| Intensity of the pain | Light = 1, Moderate = 2, Severe = 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accompanying symptoms | Nausea / vomiting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (add all values together) |
| | Sensitivity to light | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sight disturbance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Triggers | Stress | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Menstruation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Weather | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual triggers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Period of inactivity: work, school, household chores | In hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intake of acute pain-relieving medication | Name of the medication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Month 2

Total number of attacks (please enter)

Month 2

Average intensity of the pain

Total intensity of the pain

=

(please round off result to one decimal place)

Total number of attacks

Calendar month 1-6



Month 3

Month 3:

Preventative remedy used

Dose:

Dose changed on:

to:

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|------------------------------------------------------|-------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------------------------|
| Duration | In hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total: |
| Intensity of the pain | Light = 1, Moderate = 2, Severe = 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accompanying symptoms | Nausea / vomiting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (add all values together) |
| | Sensitivity to light | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sight disturbance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Triggers | Stress | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Menstruation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Weather | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual triggers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Period of inactivity: work, school, household chores | In hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intake of acute pain-relieving medication | Name of the medication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Month 3

Total number of attacks (please enter)

Month 3

Average intensity of the pain

Total intensity of the pain

=

(please round off result to one decimal place)

Total number of attacks

Calendar month 1-6



Month 4

Month 4:

Preventative remedy used

Dose:

Dose changed on:

to:

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|------------------------------------------------------|-------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------------------------|
| Duration | In hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total: |
| Intensity of the pain | Light = 1, Moderate = 2, Severe = 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accompanying symptoms | Nausea / vomiting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (add all values together) |
| | Sensitivity to light | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sight disturbance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Triggers | Stress | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Menstruation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Weather | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual triggers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Period of inactivity: work, school, household chores | In hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intake of acute pain-relieving medication | Name of the medication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Month 4

Total number of attacks (please enter)

Month 4

Average intensity of the pain

Total intensity of the pain

=

(please round off result to one decimal place)

Total number of attacks

Calendar month 1-6



Month 5

Month 5:

Preventative remedy used

Dose:

Dose changed on:

to:

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|------------------------------------------------------|-------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------------------------|
| Duration | In hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total: |
| Intensity of the pain | Light = 1, Moderate = 2, Severe = 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accompanying symptoms | Nausea / vomiting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (add all values together) |
| | Sensitivity to light | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sight disturbance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Triggers | Stress | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Menstruation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Weather | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual triggers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Period of inactivity: work, school, household chores | In hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intake of acute pain-relieving medication | Name of the medication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Month 5

Total number of attacks (please enter)

Month 5

Average intensity of the pain

Total intensity of the pain

=

(please round off result to one decimal place)

Total number of attacks

Calendar month 1-6



Month 6

Month 6:

Preventative remedy used

Dose:

Dose changed on:

to:

| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
|------------------------------------------------------|-------------------------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---------------------------|
| Duration | In hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total: |
| Intensity of the pain | Light = 1, Moderate = 2, Severe = 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accompanying symptoms | Nausea / vomiting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | (add all values together) |
| | Sensitivity to light | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Sight disturbance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Triggers | Stress | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Menstruation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Weather | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual triggers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Period of inactivity: work, school, household chores | In hours | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intake of acute pain-relieving medication | Name of the medication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Month 6

Total number of attacks (please enter)

Month 6

Average intensity of the pain

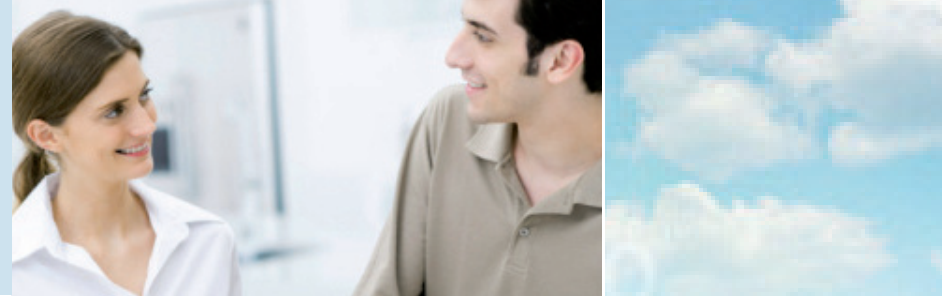
Total intensity of the pain

=

(please round off result to one decimal place)

Total number of attacks

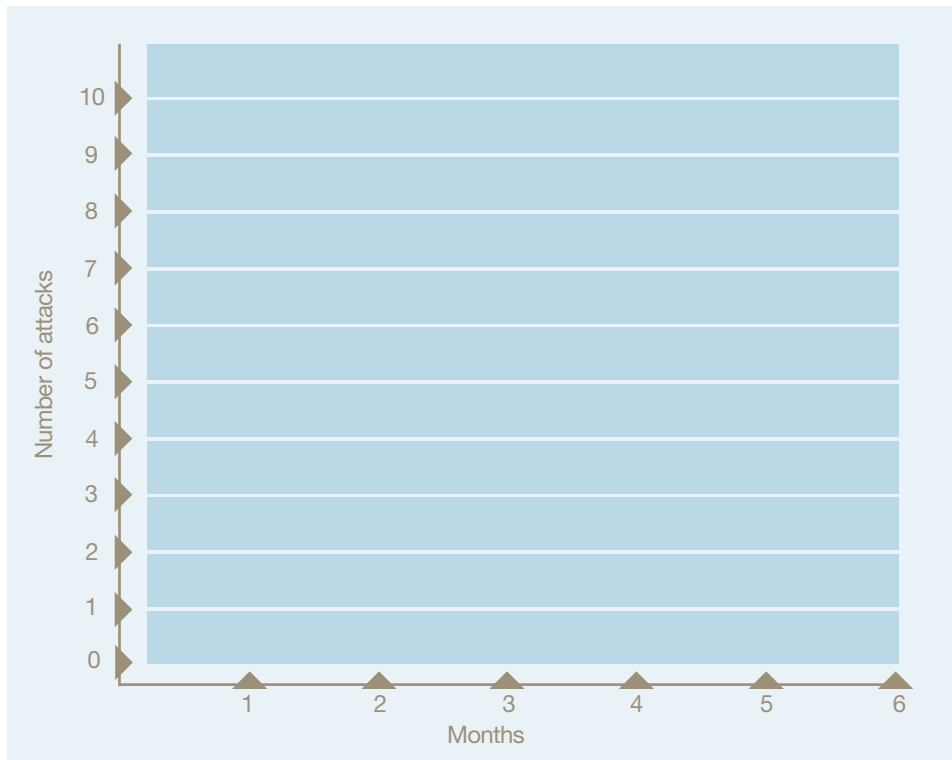
Analysis



Analysis and overview of the therapy's success

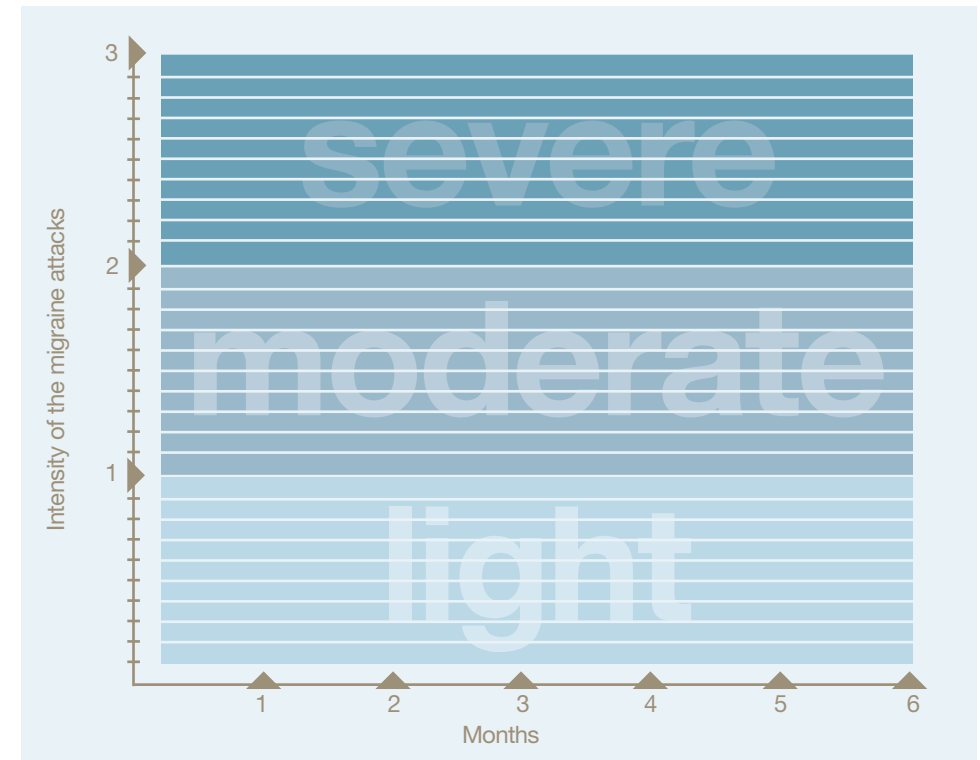
1 Frequency of the migraine attacks

Transfer the number of attacks for each of the past six months into the diagram and connect the fixed points with a line to view the preventative therapy's success curve.



2 Intensity of the migraine attacks

Transfer the average figure for the intensity of the pain for each of the past six months into the diagram and connect the fixed points with a line to view the development curve for the average attack intensity per month.



If you have further questions, please show the calendar and the analysis to your doctor.

With the helpful support of:

Petadolex
Limited