

My

Migraine
Tracker

How can this Tracker help me?



You've been given this tracker because it's designed to encourage productive, honest, and frequent discussions between you and your doctor about your migraines. It can also be used to figure out if you're satisfied with your migraine treatment.

During these discussions, it's important for you to feel confident and involved, so having the right information with you can make a big difference.

Tracking your migraines, treatment, and the other steps you take to manage your migraines can be beneficial to both you and your doctor. This tracker may help you to recognize migraine patterns (how often, time of day, how long they last, etc), and figure out whether your therapy is working the way you need it to.

With the help of this information, you and your doctor can find ways to make sure that you get the most out of your migraine treatment.

How do I use this Tracker?



This tracker was designed to keep a log of your migraines for 1 month, with each page representing 1 migraine attack. To fully benefit from this exercise, be sure to answer the questions in detail.

A summary page allows you to capture your thoughts on your treatment based on the information that you record. This will help you give your doctor a full picture of your migraines.

If you don't already have an appointment with your doctor, we encourage you to schedule one within a month of the first migraine that you track. We have provided a space for you to write the date and time of this appointment on the back cover.

However, keep in mind that being in touch with your doctor is a key part of managing your migraine and overall health. Don't hesitate to call him or her anytime you have questions or issues.

Migraine 1

This migraine began on (date) _____ / _____ / _____ at _____ AM/PM.

I would rate my migraine pain as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

When my migraine started, I took my:

(name of prescription medicine) _____ at _____ AM/PM.

After this first dose:

I felt less pain _____ hour(s) after taking my medicine.

I would rate my pain at this time as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

I felt pain freedom _____ hour(s) after taking my medicine.

My medicine did not relieve my pain quickly enough.

As a result (check any/all that apply):

My migraine attack ended.

I needed to take another dose of my medicine at _____ AM/PM,
_____ hour(s) after the first dose.

I needed to do something more to manage the pain (for example,
over-the-counter pain relievers, natural supplements, and other steps).

_____ at _____ AM/PM.

_____ at _____ AM/PM.

_____ at _____ AM/PM.

This migraine ended on (date) _____ / _____ / _____ at _____ AM/PM.

Migraine 2

This migraine began on (date) ____ / ____ / ____ at ____ AM/PM.

I would rate my migraine pain as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

When my migraine started, I took my:

(name of prescription medicine) _____ at _____ AM/PM.

After this first dose:

I felt less pain _____ hour(s) after taking my medicine.

I would rate my pain at this time as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

I felt pain freedom _____ hour(s) after taking my medicine.

My medicine did not relieve my pain quickly enough.

As a result (check any/all that apply):

My migraine attack ended.

I needed to take another dose of my medicine at _____ AM/PM,
_____ hour(s) after the first dose.

I needed to do something more to manage the pain (for example,
over-the-counter pain relievers, natural supplements, and other steps).

_____ at _____ AM/PM.

_____ at _____ AM/PM.

_____ at _____ AM/PM.

This migraine ended on (date) ____ / ____ / ____ at ____ AM/PM.

Migraine 3

This migraine began on (date) _____ / _____ / _____ at _____ AM/PM.

I would rate my migraine pain as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

When my migraine started, I took my:

(name of prescription medicine) _____ at _____ AM/PM.

After this first dose:

I felt less pain _____ hour(s) after taking my medicine.

I would rate my pain at this time as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

I felt pain freedom _____ hour(s) after taking my medicine.

My medicine did not relieve my pain quickly enough.

As a result (check any/all that apply):

My migraine attack ended.

I needed to take another dose of my medicine at _____ AM/PM,
_____ hour(s) after the first dose.

I needed to do something more to manage the pain (for example,
over-the-counter pain relievers, natural supplements, and other steps).

_____ at _____ AM/PM.

_____ at _____ AM/PM.

_____ at _____ AM/PM.

This migraine ended on (date) _____ / _____ / _____ at _____ AM/PM.

Migraine 4

This migraine began on (date) _____ / _____ / _____ at _____ AM/PM.

I would rate my migraine pain as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

When my migraine started, I took my:

(name of prescription medicine) _____ at _____ AM/PM.

After this first dose:

I felt less pain _____ hour(s) after taking my medicine.

I would rate my pain at this time as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

I felt pain freedom _____ hour(s) after taking my medicine.

My medicine did not relieve my pain quickly enough.

As a result (check any/all that apply):

My migraine attack ended.

I needed to take another dose of my medicine at _____ AM/PM,
_____ hour(s) after the first dose.

I needed to do something more to manage the pain (for example,
over-the-counter pain relievers, natural supplements, and other steps).

_____ at _____ AM/PM.

_____ at _____ AM/PM.

_____ at _____ AM/PM.

This migraine ended on (date) _____ / _____ / _____ at _____ AM/PM.

Migraine 5

This migraine began on (date) _____ / _____ / _____ at _____ AM/PM.

I would rate my migraine pain as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

When my migraine started, I took my:

(name of prescription medicine) _____ at _____ AM/PM.

After this first dose:

I felt less pain _____ hour(s) after taking my medicine.

I would rate my pain at this time as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

I felt pain freedom _____ hour(s) after taking my medicine.

My medicine did not relieve my pain quickly enough.

As a result (check any/all that apply):

My migraine attack ended.

I needed to take another dose of my medicine at _____ AM/PM,
_____ hour(s) after the first dose.

I needed to do something more to manage the pain (for example,
over-the-counter pain relievers, natural supplements, and other steps).

_____ at _____ AM/PM.

_____ at _____ AM/PM.

_____ at _____ AM/PM.

This migraine ended on (date) _____ / _____ / _____ at _____ AM/PM.

Migraine 6

This migraine began on (date) _____ / _____ / _____ at _____ AM/PM.

I would rate my migraine pain as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

When my migraine started, I took my:

(name of prescription medicine) _____ at _____ AM/PM.

After this first dose:

I felt less pain _____ hour(s) after taking my medicine.

I would rate my pain at this time as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

I felt pain freedom _____ hour(s) after taking my medicine.

My medicine did not relieve my pain quickly enough.

As a result (check any/all that apply):

My migraine attack ended.

I needed to take another dose of my medicine at _____ AM/PM,
_____ hour(s) after the first dose.

I needed to do something more to manage the pain (for example,
over-the-counter pain relievers, natural supplements, and other steps).

_____ at _____ AM/PM.

_____ at _____ AM/PM.

_____ at _____ AM/PM.

This migraine ended on (date) _____ / _____ / _____ at _____ AM/PM.

Migraine 7

This migraine began on (date) ____ / ____ / ____ at ____ AM/PM.

I would rate my migraine pain as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

When my migraine started, I took my:

(name of prescription medicine) _____ at _____ AM/PM.

After this first dose:

I felt less pain _____ hour(s) after taking my medicine.

I would rate my pain at this time as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

I felt pain freedom _____ hour(s) after taking my medicine.

My medicine did not relieve my pain quickly enough.

As a result (check any/all that apply):

My migraine attack ended.

I needed to take another dose of my medicine at _____ AM/PM,
_____ hour(s) after the first dose.

I needed to do something more to manage the pain (for example,
over-the-counter pain relievers, natural supplements, and other steps).

_____ at _____ AM/PM.

_____ at _____ AM/PM.

_____ at _____ AM/PM.

This migraine ended on (date) ____ / ____ / ____ at _____ AM/PM.

Migraine 8

This migraine began on (date) _____ / _____ / _____ at _____ AM/PM.

I would rate my migraine pain as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

When my migraine started, I took my:

(name of prescription medicine) _____ at _____ AM/PM.

After this first dose:

I felt less pain _____ hour(s) after taking my medicine.

I would rate my pain at this time as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

I felt pain freedom _____ hour(s) after taking my medicine.

My medicine did not relieve my pain quickly enough.

As a result (check any/all that apply):

My migraine attack ended.

I needed to take another dose of my medicine at _____ AM/PM,
_____ hour(s) after the first dose.

I needed to do something more to manage the pain (for example,
over-the-counter pain relievers, natural supplements, and other steps).

_____ at _____ AM/PM.

_____ at _____ AM/PM.

_____ at _____ AM/PM.

This migraine ended on (date) _____ / _____ / _____ at _____ AM/PM.

Migraine 9

This migraine began on (date) _____ / _____ / _____ at _____ AM/PM.

I would rate my migraine pain as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

When my migraine started, I took my:

(name of prescription medicine) _____ at _____ AM/PM.

After this first dose:

I felt less pain _____ hour(s) after taking my medicine.

I would rate my pain at this time as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

I felt pain freedom _____ hour(s) after taking my medicine.

My medicine did not relieve my pain quickly enough.

As a result (check any/all that apply):

My migraine attack ended.

I needed to take another dose of my medicine at _____ AM/PM,
_____ hour(s) after the first dose.

I needed to do something more to manage the pain (for example,
over-the-counter pain relievers, natural supplements, and other steps).

_____ at _____ AM/PM.

_____ at _____ AM/PM.

_____ at _____ AM/PM.

This migraine ended on (date) _____ / _____ / _____ at _____ AM/PM.

Migraine 10

This migraine began on (date) _____ / _____ / _____ at _____ AM/PM.

I would rate my migraine pain as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

When my migraine started, I took my:

(name of prescription medicine) _____ at _____ AM/PM.

After this first dose:

I felt less pain _____ hour(s) after taking my medicine.

I would rate my pain at this time as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

I felt pain freedom _____ hour(s) after taking my medicine.

My medicine did not relieve my pain quickly enough.

As a result (check any/all that apply):

My migraine attack ended.

I needed to take another dose of my medicine at _____ AM/PM,
_____ hour(s) after the first dose.

I needed to do something more to manage the pain (for example,
over-the-counter pain relievers, natural supplements, and other steps).

_____ at _____ AM/PM.

_____ at _____ AM/PM.

_____ at _____ AM/PM.

This migraine ended on (date) _____ / _____ / _____ at _____ AM/PM.

Migraine 11

This migraine began on (date) ____ / ____ / ____ at ____ AM/PM.

I would rate my migraine pain as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

When my migraine started, I took my:

(name of prescription medicine) _____ at _____ AM/PM.

After this first dose:

I felt less pain _____ hour(s) after taking my medicine.

I would rate my pain at this time as:



No hurt



Hurts a little bit



Hurts a little more



Hurts even more



Hurts a whole lot



Hurts worst

I felt pain freedom _____ hour(s) after taking my medicine.

My medicine did not relieve my pain quickly enough.

As a result (check any/all that apply):

My migraine attack ended.

I needed to take another dose of my medicine at _____ AM/PM,
_____ hour(s) after the first dose.

I needed to do something more to manage the pain (for example,
over-the-counter pain relievers, natural supplements, and other steps).

_____ at _____ AM/PM.

_____ at _____ AM/PM.

_____ at _____ AM/PM.

This migraine ended on (date) ____ / ____ / ____ at ____ AM/PM.

Share With Your Doctor

Results to discuss with my doctor

During the month I tracked my migraines, I had a total of _____ attacks.

My prescribed medicine worked well on its own for these migraines:
(List migraine #s) _____

I had to take another type of medicine and/or other steps for these migraines:

Migraine # _____ required me to take/do _____

Based on the results above, I feel satisfied with my prescribed medicine:

True False

Starting the conversation with your doctor

Even if you're feeling satisfied with your treatment, be sure to share your feedback with your doctor—even talking on the phone helps. But if you aren't satisfied, here are some questions that you may want to ask at your next appointment:

Am I doing too much or too little to help my migraine attacks?

Is it normal for people to do other things after taking their prescription medicine in order to treat their migraines?

Are there other treatment options that may help reduce the need for additional doses, medications and extra steps?

Based on this information, do you feel that I should continue or change my migraine treatment?

I have scheduled my next doctor's appointment for

Date:

Time:

Pernix Therapeutics is pleased to provide you with tools such as this Treatment Tracker to help you make informed decisions about your migraine treatments.