My HeadacheDiary

Share this information with your doctor when talking about your condition and treatment plan.





My Headache Diary Instructions on how to use it

This diary includes 3 months for you to complete. Many physicians feel that 3 months gives a more accurate picture of your headache history. However, please do see your physician *before* the end of the 3 months if your headaches are frequent, severe, or not responding to your current treatment.

NOTE:

When you are asked about the *severity* of your headache, use the following guide:

Mild headache: able to carry out activities (mild=1)

Moderate headache: able to carry out activities with difficulty (moderate=2) Severe headache: cancellation of work or social activities (severe=3)

My Headache Diary

Year: 2013 ___ Name: <u>Christine</u> Smith Month 1: April

About My Headache:

Days of the Month

8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Rate your headache severity for each day you suffered an attack. (3=severe, 2=moderate, 1=mild)

2 3 3 3 3 2 2 Did you have an aura before your attack? (yes [Y] / no [N])

YVN YN N YN Y N Y γ Y Did the pain interrupt your day? (yes [Y] / no [N])

γ YN Y YY YY N N YYY N YY

interrupted by headache

days with aura Total number of days 13

17

9

Total doses

14

5

Total attacks or

interrupted days

Total number of

About My Headache Treatment:

lbuprofen, 200mg

List the medications you take to treat your headache. Enter the number of doses you take each day.

Days of the Month

Medication/Strength 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 (mg/units):

2 3 3 1 1 4 Relief provided by medication: L N M N C

2 Sumatriptan, 50mg 1 1 1 M M M L Relief provided by medication: 2 3 1 Acetaminophen, 500mg L C Relief provided by medication: N M

BOTOX (155 U) Relief provided by medication:

Did your headache return after it was first relieved? (yes [Y] / no [N])

Y Y N N N N N Did you have any side effects from the medication? (yes [Y] / no [N]) Y N N

About My Headache Triggers:

List the triggers you think may cause your headaches. Check off any day these triggers occur.

Triggers: Days of the Month 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 Alcohol

/ 1 Weather change Food (chocolate) / Stress/tension

If you are a woman, check off the dates of your menstrual period.

 $X \mid X \mid X \mid X \mid X$

After you have completed the entire calendar month, please answer the following questions based on the totals above:

17_ days. This month, my total number of days with headache was: _

13 days. This month, my total number of interrupted days due to headache was: _

This month, my total number of pills taken due to headache was: ___ **28** pills.

You may be a candidate for preventative headache treatment (to reduce the frequency and severity of your headache) if:

a. your headaches are disrupting your quality of life, and/or

b. you have three or more severe headache attacks per month that fail to respond to therapy.

| X | Check here if you would like to discuss headache prevention with your doctor.



About My Heada																Ye	ar:				_	Nar	ne:	_									
	che:																																
								Day	s of th	ne Mo	onth																						
1 2 3 4 5 6	5 7	8	9	10	11	12	13	14 1	5 16	3 17	18	19	20	21	22	23	24	25	26	27	28	3 2	9 30	0 3	1								
Rate your headache sev	erity 1	for ea	ach d	day yo	ou si	uffere	ed an	atta	ck. (3	=sev	ere, 2	2=m	ode	ate,	1=m	ild)					_	_			_			7	Total	atta	acks o	or	
Not the same to th				1.0 4	N	0.7	- [A II)																								d day		
Oid you have an aura be	iore y	/our a	T	K r (y	es [r] / n	O [IN])) 		1	Т	Т	Т	T	Т	Т		Т		Т	Т	Т	Т	Т							nber o		
Did the pain interrupt yo	ur da	y? (y	es [Y	/] / nc	[N])																				_				days	s wit	th aur	a	
																										in					of day adach		
About My Heada ist the medications						ır he	eada	ıche.	Ente	er th	e nu	ımb	er c	f do	ses	you	tak	e ea	ach	day	/.												
													D	ays c	of the	Mor	ıth																
Medication/Strength	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	5 26	3 27	7 2	8 2	9 3	0 3	31		
ng/units):	Rate	e the	relie	f prov	vided	d by	each	medi	catio	n. (N:	=non	ne, La	=mil	d, M:	=mo	derat	e, C	=C01	mple	ete)		_	_	_		_	_	_		_	_	Т	otal
elief provided by medication		-		\vdash	-	+		+	+	-		\vdash	-			Н					-	-	+	+		+	+	+	+	+	\dashv		
oner provided by medication	·-			Щ	_	_	_	_	+	_		_	_	_		Щ					_	_	_	_	_	_	_	+	_	_	_		
laliaf available division 19 11				\vdash	-	\dashv	-	+	+	-		\vdash	_	_		Н					-	-	+	+	-	+	+	+	+	+	\dashv		
elief provided by medication										L			<u>_</u>			Ш				<u> </u>		L	_	_	_				_	_	_		
																											\perp	\perp					
elief provided by medication	1:																																
OTOX (155 U)																																	
elief provided by medication																																	
	Did	your	head	dache	e reti	urn a	fter it	t was	first r	eliev	ed? ((yes	[Y] / T	no [N])							_	_	_	_	_	_	_	_	_	_		
	Did	Vou l	nave	anv s	side	effec	ts fro	om the	e med	dicati	on?	(ves	[Y] /	no [NI)																		
						T			Τ	Ī		Ī	[-]		1																		
ist the triggers you riggers:			_	ause			adadada 4										Days	s of t	he N			19	20	21	22	23	24	25	26	27	7 28	29) 30
ist the triggers you riggers:			_	ause		2 3	3 4	5	6	7	8	9	10	11	112	113 1	Days	s of t	he N			19	20	21	22	23	24	25	26	27	7 28	29	30
List the triggers you riggers:			_	ause		2 3	3 4		6	7	8	9	10	11	112	113 1	Days	s of t	he N			19	20	21	22	23	24	25	26	27	7 28	29	30
ist the triggers you riggers:			_	ause		2 3	3 4	5	6	7	8	9	10	11	112	113 1	Days	s of t	he N			19	20	21	22	23	24	25	26	27	7 28	29	30
About My Heada List the triggers you Friggers: 1. 2. 3. 4. 5. 6. 6. 7. After you have county frigments and the second of the	omp num	ilete ber	ed to of do of in	If y	ou a	2 3	wom	5 anan, c	6 heck	7 off the ont	8 ne da	9 9 Diea	of you	an:	sweenst	er ti	Days	s of t	he M	17	18												

(mg/units): Rate Relief provided by medication: Relief provided by medication: Relief provided by medication: 8010X (155 U) Relief provided by medication:	7 8	ach (11			Dav	o of th																								
Rate your headache severity Did you have an aura before you have have have have have have have have	your	ach (11	40		Davs	of th																								
Rate your headache severity Did you have an aura before your date your headache Did the pain interrupt your date he pain interrupt your date	your	ach (11	40			5 OI U	ne M	onth																						_
Did you have an aura before you have have an aura before you have have an aura before your day have have have have have have have have	your		day yo		12	13	14 1	5 10	6 17	7 18	3 19) 2	2	1 22	2 23	24	25	26	27	28	29	30	3	1								
About My Headache List the medications you Medication/Strength mg/units): Relief provided by medication: Lelief provided by medication: MOTOX (155 U) Relief provided by medication:		attor		ou st	uffere	ed an	attac	ck. (3	=sev	ere,	2=m	ode	rate,	1=n	nild)			_	_	_	_	_		_			To	otal a	ttac	ks or		_
About My Headache ist the medications you Medication/Strength ng/units): Rate elief provided by medication: elief provided by medication: 010X (155 U) elief provided by medication:			1.0 6	D	0.7-	- [4]																								days		_
About My Headache List the medications you Medication/Strength 1 Rate Medication/Strength 9 Medication: Medication/Strength 1 Medication:	ay? (y	unac	Kr (ye	esįr] / No	O [IN])	Т		1	Т	Т	Т	1	1	Т	Т	Т	1	Т	Т	Т	Т	Т							er of		_
Aedication/Strength ng/units): Rate lelief provided by medication:		/es [\	/] / no	[N])																							(days	with	aura		_
Aedication/Strength ng/units): Rate lelief provided by medication:																									int					days ache		
reg/units): Ratificial					ır he	eada	che.	Ente	er th	ie ni	umb	er o	of do	oses	s you	ı tal	ke ea	ach	day	/.												
elief provided by medication:												С	ays (of the	е Мо	nth																
telief provided by medication: telief provided by medication: telief provided by medication: telief provided by medication:	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	3 29	9 30	31			
elief provided by medication: elief provided by medication: 0T0X (155 U) elief provided by medication:	te the	relie	f prov	/idec	by e	each	medi	catio	n. (N	=noi	ne, L	=mil	ld, M	=mc	dera	te, C	C=co	mple I	ete)			_	_		_	_	_	_	_	7	Tota	l c
elief provided by medication: elief provided by medication: 0T0X (155 U) elief provided by medication:							-	+														-	-		+			+		-		_
elief provided by medication: O10X (155 U) elief provided by medication:		<u> </u>	\vdash	_			+		<u> </u>	+	<u> </u>			<u> </u>	<u> </u>						_	_			_		+	+	+			_
elief provided by medication: OTOX (155 U) elief provided by medication:			$\vdash \vdash$	+	+	+	+	+	+	-	-	-	+	-							\vdash	\vdash	-	\perp	\vdash	+	+	+	-	-	L	_
OTOX (155 U) elief provided by medication:			Щ	_	_	_	_	_	L				_										L		_	_	_					
OTOX (155 U) elief provided by medication:			Ш	4	_	_	\perp	\perp									_											_		-		_
elief provided by medication:					_																				_							
							\perp	\perp																								
			-11			Ct		C t .			(DZ	/	(A 17)																		
Dia	a your	nea	dache	rell	ım a	iter it	was	IIISLI	T	reu r	(yes	[1]/	TIO	INJ)	Т		Т					Т	Т	Т	Т	Т	Т	\top	Т	7		
Did	d you	have	any s	side 6	effec	ts fro	m the	e me	dicat	ion?	(yes	[Y]	/ no	[N])											_					_		
About My Headache List the triggers you think liriggers:			ause	•		adac			7		-					Day	s of	the N			19	20	21	22	23	24	25	26	27	28	29 3	30
l				_	_	_																								_		_
			+	+	+	+		\vdash	\dashv			\dashv		\dashv		+	+	+	+	+	\dashv	-	-					\vdash		+	+	_
i. I.			+	+	+	+		Н									+	+	+									\vdash		\dashv		-
·					$^{+}$	+		Н										1														_
			16.						- (()		-4	- 6											,		,							
			П	ou a	ire a	wom	an, c	neck	011 1	ne d	ales	OI y	our n	nens	iruai	pen	oa.	_	_			_										_
			L					Ш																								-
After you have comp This month, my total num This month, my total num This month, my total num	nber nber	of d	lays v	with upte	hea d da	dacl ays d	ne w lue to	as:_ o he	ada	che	was	::		_ da _ da	ys. ys.	he	foll	owi	ing	qu	es	tior	ns b	as	ed	on	the	e to	tals	ab	ove	:
You may be a candid																ce i	the	frec	que	псу	ar.	nd s	eve	erity	of	you	ur h	neac	laci	he) i	if:	
 a. your headaches are die b. you have three or more 																																

My Headad	cl	16	9	D	ia	ar	y		M	ont	h 3:	_						_ ,	Yea	r: _				_ 1	Nar	ne:	_					_	_		_		
About My Headache	e:																																				
										ays	of th	e M	onth																								
1 2 3 4 5 6 TRate your headache severity																				24	25	26	27	28	29	9 30	3	1									
	,	. 00			T		31101						0.0,			J. dito																		tacks ed d			
Did you have an aura before	yo	ur a	tta	ck?	(yes	s [Y	′] / r	no [N	۷])	_			_	_	_			_	_						_		_	_						ımbe			_
Did the pain interrupt your d	lavî	? (ve	es l'	<u> </u> Y1 /	no l	[N])																										day	ys w	vith a	ura		
				Í	T	,																							ir					of da			_
About My Headache List the medications you							ır h	ead	lach	ne. I	Ente	r th	e ni	umb	er	of d	ose	s yo	ou ta	ake	e ea	ch (day	<u>'</u> .													
(ma/unite):	1														14	Days 4 15	5 16	3 1	7 1	8				22	23	24	- 25	5 26	6 2	7 2	28 2	29	30	31		Total	J de
Ra	ile	trie	rene	ei bi	TOVI	aec	л Бу	eac	:n m	eaic	allor	1. (11	=110	ne, L	=m	ild, N	1=111	ode	rate,		CON	ipie	te)			Τ	Τ		Т	Т	Т	Т	\neg			Tota	ı uc
Relief provided by medication:																															I						
															Γ	\perp	Ι			I							Ι				\Box						
Relief provided by medication:																															\perp	\prod	\Box				
	1				T	\perp									I	\perp	T		1	Ţ							I		T	T	\Box	\Box	Д				_
Relief provided by medication:	_			L	<u> </u>	4				L	Ļ	Ļ	Ļ	Ļ	Ļ	Ļ	Ļ	_	<u> </u>	4	4					Ļ	Ļ	Ļ	<u> </u>	_	ᆜ	_	_				
BOTOX (155 U)	4			L	+	\perp								-	L	+	_		+	4	-					-	-			+	\perp	4	_				_
Relief provided by medication:	 d ya	our l	hea	L dac	he	retu	urn :	after	it w	as f	irst r	L eliev	ed?	(yes	[Y]	/ no	[N])																				
																															\Box						
Dio	d yo	ou h	ave	an'	y sid	de e	effe	cts f	rom	the	med	licat	ion?	(yes	[Y]	/ no	[N])	Т	\top	Т	\neg					Т	Т	Т	Т	\top	\top	\neg	\neg				
About My Headache List the triggers you thin		_	_			ou/	r he	ead	ach	es.	Che	eck	off	any	da	y the	ese	trig	gers	S 00	ccu	r.															
Triggers:					4		,	0	4	_	0	7	0	0	10	44	10	10		-	of th				10	00	0.1	00	00	0.4	. 01	- 0		7 0	00 (00 (20
1.						T	<u>:</u> T	3	4	5	6	1	8	9	10		12	13	14	16	7		<u>′</u>	10	19	20	21	22	23	24	T	7		27 2		79	70
2.																					Ţ										I	I	I	I	I	1	\Box
3.						\vdash	+		+		_									-	+	+	+		+	\dashv					+	+	+	+	+	+	\dashv
4. 5.																						+	+								+	+	+	\dagger	+	+	\dashv
6.																															I	I	1		I	1	\Box
7.																						\perp										\perp	\perp	\perp	\perp		\perp
					If yo	ou a	are a	a wo	mar	n, ch	eck	off th	ne d	ates	of y	our i	men	stru	al pe	erio	d.	_	_							_	_	_	_		_	_	_
																																					\Box
																																					_
After you have com	ple	ete	d	the	e e	nti	ire	ca	len	da	r m	ont	h,	plea	ase	e ar	ารพ	ver	the	e fo	ollo	wi	ng	qu	es	tior	ns I	oas	ed	or	ı th	ıe t	tota	als	abo	ove	
This month, my total nur																																					
This month, my total nur This month, my total nur																																					
		J. (~. P		cai	.011											– P'																				
You may be a candi	da	ite	fo	r p	re	ve	nta	ativ	e h	ea	dad	he	tre	atr	ne	nt (to r	edi	uce	th	e fi	req	uei	псу	ar	nd s	ev	erit	y o	f yc	our	he	ada	ache	e) i	f:	
a. your headaches are db. you have three or more			_										tha	ıt fai	l to	res	pon	d to	the	erap	ру.																
Check here if yo	u	wo	oul	d li	ike	e to	o d	isc	us	s h	eac	lac	he	pre	ve	ntic	on v	wit	h v	ou	r d	oci	tor.									B	SC	OT otuli	inu	mt	C

BOTOX[®] (onabotulinumtoxinA for injection) is indicated for the prophylaxis of headaches in adults with chronic migraine (≥15 days per month with headache lasting 4 hours a day or longer).¹

Consult the product monograph at http://webprod5.hc-sc.gc.ca/dpd-bdpp/index-eng.jsp for important information about:

- The most serious warning and precaution regarding the units representing BOTOX® activity, which is unique to Allergan's formulation of botulinum toxin type A and therefore are not interchangeable with other products.¹
- Other relevant warnings and precautions regarding adverse events involving the cardiovascular system, including arrhythmia and myocardial infarction, difficulty with swallowing, speech or respiratory disorders, anaphylactic reaction, use in children and adolescents under 18 years of age, use in pregnant and nursing women.¹
- Conditions of clinical use, adverse reactions, drug interactions and dosing instructions.

The product monograph is also available through our medical department. Call us at 1-800-668-6424.

1. BOTOX® Product Monograph, Allergan Inc., October 10, 2013.





