## My migraine diary

for therapy support

Last name/first name

## MY MIGRAINE DIARY FOR TH September 2019 Month/year DAY 01200 In the morning 02100 At noon 3000 1 In the evening Prophylaxis: Example name X Acute medication Menstruation High stress level due to

## Dear migraine sufferer,

this diary for therapy support serves to assess the success of your medicinal migraine therapy. It's quite simple:

- Please note the corresponding month and year (e.g. September 2019)
- Now enter for each day how you felt your migraine in the morning, at noon and in the evening:
  - **0: Completely free** of headaches
  - 1: Headaches that didn't impair me in my activities
  - 2: Headaches that have moderately impaired me in my activities
  - 3: Knock-out headaches that have severely impaired me in my activities (e.g. need for a dark room, retreat or absolute rest; severe impairment of daily activities)
  - Please enter the name of your prophylactic medication and how it is used in this line.
  - In this line, please mark the days on which you have taken an acute headache medication.
  - Here, please mark the days on which you had your menstruation.
  - In the annotations you can note other things that are important to you or that you would like to discuss during your next visit to the physician.

Please take this diary with you to your appointment with your physician.

About Mepha Pharma AG and Teva Pharma AG: The two companies belong to Mepha Schweiz AG, one of the leading pharmaceutical companies in Switzerland and since 2011 part of the international Teva Group, the worldwide number one in the generics market. Mepha Pharma, Teva Pharma and Mepha Schweiz are based in Basel and currently employ 161 people.



Month/year							_					0	: Fre	e of	nead	lache	e   1:	Not	ımpa	ired	2:	viod	erate	ely ir	npai	red	3: Ⅳ	lassi	vely	ımpa	ired
DAY	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
In the morning																															
At noon																															
In the evening																															
Prophylaxis:																															
Acute medication																										H					
Acute medication																															
Menstruation																															
Annotations																															
Month/way							_					0	: Fre	e of	head	lache	e   <b>1</b> :	Not	impa	ired	2:	Mod	erate	ely ir	npai	red	3: N	1assi	vely	impa	ired
Month/year																															
DAY	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
In the morning																															
At noon																															
In the evening																															
Prophylaxis:																															
Acute medication																															
Menstruation																															
Annotations  Month/year												0	: Fre	e of	head	lache	e   1:	Not	impa	ired	2:	Mod	erate	ely ir	mpai	red	3: N		vely	impa	nired
DAY	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
In the morning																															
At noon																															
In the evening																															
Prophylaxis:																															
																														Ш	
Acute medication																															
Menstruation																															
Annotations																															



Month/year												0.	. FIC	2 01 1	nead	lacrie	:   1:	NOL	шре	iiieu	2:	MOU	erati	aty II	праг	rea	J 3: IV	ıassı	vely	ımpa	11L6
DAY	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	3
In the morning																															
At noon																															
In the evening																															
Prophylaxis:																															
Acute medication																															
Menstruation																															
Annotations																															-
												0	Ero	a of l	hoad	lache	11.	Not i	imn	irad	۱ .	Mod	orati	ا براد	mnai	rad	13.1/	lacci	برامر	impa	oir
Nonth/year							_					0.		- 01 1	iieau	aciic	.   "	NOC	пре	inea	2.	IVIOG	Ciac	etg ii	прат	rea	J. 1V	10331	verg	iiipe	
DAY	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	3
In the morning																															
At noon																															
In the evening																															
Prophylaxis:																															
- P																															
Acute medication																															
Menstruation																															
Annotations																															_
Annotations																															
																															_
												0	F				. La.	NI-+:		لم مدان	15.	N 1l		.l :		الممد				·	. :
Month/year							_					U:	: Free	9 OT I	nead	acne	9   1:	NOT	mpa	airea	2:	Mod	erati	ety ir	npai	rea	<b>3</b> : IV	ıassı	vely	impa	ıır
DAY	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	3
In the morning																															
At noon																															
In the evening Prophylaxis:																															
Proprigtaxis.																															
•••••																															
Acute medication																															
Acute medication																															
Acute medication  Menstruation																															

