Larivière + Massicotte
Pharmaciennes, inc.

Your specialty drugs pharmacy

MIGRAINE TRACKER

This headache journal is an important tool and can provide you with answers that will help you improve your condition.
A simple calendar facilitates analysis and decision-making concerning the therapy continuation or cessation.

Journal Objectives	
To count the number of crisis	Define your types of crisis. In general, 1 refers to a mild crisis or slight headache. 2 means a moderate crisis that diminishes the ability to function, while 3 is a severe crisis that prevents from functioning. It is possible to experience only one type of crisis.
To set a baseline	
To determine the crisis treatment effect	Write down the tested treatments using a code. Ex. : Advil (ibuprofène) = A, Maxalt = M, Relpax = R, Tylenol (acétaminophène) = T, etc.
To identify the triggers	Write down foods or activities that you think might trigger a migraine attack. However, more frequent migraine attacks lead to more difficulty in identifying triggers.
To determine if the background treatment is efficient	Ideally, it is important to determine the attack frequency without treatment. Then, monitor the treatment during 3 months. Indicate if the migraine crisis have decreased by more than 50 % or not.
To detect a drug overconsumption	Check if you are taking migraine control medication for more thant 12 days a month.

Trigger Examples:

- Contraceptive (Birth Control Pill)
- Aspartame
- Caffeine
- Dairy Products (Cheese)
- Chocolate
- Cured meats
- Sudden stress release
- Skipped meals
- Odors
- Smoke
- Lights
- Monosodium glutamate
- Changes in sleeping patterns
- Shift change
- Season or temperature change
- Other

Journal Example: Observe the background treatment effect

	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
Intensité 1 2 3				3	3	3			3			2	3						3			2	3				3				2
Règles			x	x	x	x	x																								
Déclencheur																															
Traitement				A	A	A			A			A							A			A	A				A				
Traitement				R	R	R							R										R				R				
Traitement																															
Effet du traitement				-	+	+			+			-	+						-			-	+				+				

Basic Journal:
8 severe crisis
3 moderate crisis
6 Relpax (R)
9 Advil (A)
6 / 11 well-treated crisis

	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
Intensité 1 2 3		3				3	2							3								3						2			
Règles						x	x	x	x	x																					
Déclencheur																															
Traitement		A				A	A															A						A			
Traitement						R								R								R									
Traitement																															
Effet du traitement		+				+	+							+								+						-			

Journal post-treatment:
4 severe crisis
2 moderate crisis
3 Relpax (R)
4 Advil (A)
5 / 6 well-treated crisis

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votre pharmacie d'expertise

MIGRAINE TRACKER

MONTH: _____ **PATIENT NAME:** _____

	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
Intensity 1 2 3																															
Menstruation																															
Trigger																															
Treatment																															
Treatment																															
Treatment																															
Treatment Effect																															
	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
Intensity 1 2 3																															
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Treatment Effect																															
	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
Intensity 1 2 3																															
Menstruation																															
Trigger																															
Treatment																															
Treatment																															
Treatment																															
Treatment Effect																															

Intensity:

1- Mild (No impact on day-to-day activities)

2- Moderate (Reduction in capacity of carrying out usual activities)

3- Severe (Impossible to carry out everyday activities)

Triggers:

1- _____

2- _____

3- _____

4- _____

Please send your filled migraine tracker by email at the following address: equipe@expertiselmp.com

Treatments used:

T = Tylenol

A= Advil

_____ =_____

_____ =_____

_____ =_____

Patient Name: _____

Patient Signature: _____

Healthcare Professional Signature: _____

Validation Date: _____