

Take control with your Diary.

If you've been diagnosed with migraines, the next step is up to you, because only you know exactly what your migraines are like - the severity, the frequency, and perhaps the cause of each one.

The more you know about your condition, the more you can tell your doctor, and the better your treatment plan will be.

That's why we have created this detailed Migraine Tracking Diary. You now have a convenient way to record all the information possible about your migraines and share it with your health care provider.

Be sure to keep it handy, so you can use it as soon after your headache as possible. That way, all the details will be fresh in your memory, and you'll be sure to get them all down in the Diary. You may want to make several photocopies and keep them at work, in your car, and around your home.

The Diary also helps you and your doctor see any changes in your migraines - changes that could be so gradual you wouldn't notice them without a written record. Information like that can make a real difference in the way you and your doctor deal with your condition ...and how effective your treatment can be.

Please pay special attention to the trigger section. Many people have been able to pinpoint what causes their migraines, or what seems to make them more severe. Discovering your personal triggers can change the way you eat ...the way you deal with your emotions ...and change your life for the better. Dramatically.

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Common migraine triggers

Foods	Aged cheese, alcohol, nuts, chocolate, yogurt, onions, figs, liver, caffeinated foods and beverages, monosodium glutamate (MSG), smoked or pickled fish/meat, nitrate/ nitrate preserved foods (hot dogs, pepperoni, salami), artificial sweeteners
Medications	Antibiotics (tetracycline, griseofulvin), antihypertensives (nifedipine, captopril), hormones (oral contraceptives, estrogens), histamine-2 blockers (cimetidine, ranitidine), nonsteroidal anti-inflammatory drugs (indomethacin, piroxicam), vasodilators (nitroglycerine, isosorbide dinitrate)
Sensory Stimuli	Flickering/bright lights, sunlight, odors (perfume, chemicals, cigarette smoke)
Lifestyle changes	Time zones, sleep patterns, eating habits, caffeine withdrawal, stress
Other	Menstrual Cycle, weather/season changes, high altitude

Chart adapted from Lewis and Solomon, *Cleve Clin J Med* 1995; Rapoport and Sheftell. *Conquering Headache*, 1998

Your Migraine Tracking Diary

	Headache 1	Headache 2	Headache 3
Date			
Time Began			
Duration			

1. Possible Triggers

(Please Specify)

Foods			
Medications			
Sensory Stimuli			
Lifestyle Changes			
Other			

2. Preceding Symptoms

(Check those that apply for each headache)

Visual disturbances or aura, ie. Flashing lights, zig zag lines, blind spots, etc.			
Motor disturbances i.e. Slurred speech, etc.			
Numbness or tingling			
Other (Specify)			

3. Migraine Symptoms

Pain severity scale 1-5 (Not severe 1 2 3 4 5 Very severe)			
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a. Description of pain (check all that apply)

Throbbing			
Dull ache			
Other (specify)			

b. Location of Pain (check all that apply)

One side of the head			
Both sides of the head			
Other (specify)			

c. Additional symptoms experienced (check all that apply)

Nausea			
Vomiting			
Sensitivity to light			
Sensitivity to sound			
Other (specify)			

4. Treatment

Medications (names)			
Amount			
Effectiveness scale 1-5 (not effective 1 2 3 4 5 most effective)			

a. Problems with your medication (check all that apply)

Doesn't relieve pain adequately			
Doesn't relieve pain long enough			
Doesn't relieve accompanying symptoms			
Doesn't work once migraine has fully begun			
Other (Specify)			

b. Side effects (check all that apply)

Cause drowsiness			
Nausea			
Dizziness			
Drowsiness			
Tightness, pressure, or pain in the neck, throat, or jaw			
Other (specify)			
How severe are the side effects? (not severe 1 2 3 4 5 very severe)			

c. Nonmedical treatments (check all that apply)

Inactivity			
Sleep			
Darkness			
Heat			
Cold Compress			
Ice			
Relaxation techniques			
Biofeedback			
Other (Specify)			
Effectiveness scale (not effective 1 2 3 4 5 very effective)			

5. Lifestyle Impact

Everyday Activities (Check those that apply for each headache)			
-Cannot perform most or any			
-Perform but limited			
-No limitations			
Work missed (Number of hours/number of days)			
Non-work related activities missed (specify)			

Response of Family members:

(Write in all that apply: understanding, angry, skeptical, frustrated)

Response of coworkers:

(Write in all that apply: understanding, angry, skeptical, frustrated)

Source: Zomig®, makers of ZOLMITRIPTAN Tablets
 Get more information and timely tips on migraine, Call 1(800) 741-8951, Zomig
 Visit us online at: www.zomig.com
 AstraZeneca, A Business Unit of Zeneca Inc.