List of questions on migraine for the doctor's office



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This document is used to prepare for a discussion with your doctor. Not part of a study programme. Intended to be retained in the patient's file only. Not to be returned to Novartis! female other Surname First name Date of birth 1. How long have you been having headaches? Date Do your headaches last between 2 and 72 hours without treatment?) yes) no 3. Are your headaches associated with nausea/vomiting? · associated with sensitivity to light/noise? no yes · throbbing? yes • on one side of your head only? Do the headaches get worse when you move or turn your head? How many days per month do you have headaches? 4-10 days 0-3 days) more than 10 days How many days per month do you have absolutely no headache? fewer than 10 days 10-20 davs more than 20 days How would you describe the intensity of your headache? moderate mild severe 8. Are you currently being treated with one of these active substances? Beta blockers: metoprolol, propranolol Anticonvulsant: topiramate yes no Calcium antagonist: flunarizine Antidepressant: amitriptyline CGRP (receptor) antibodies yes no Botulinum toxin yes no Other prophylaxis:



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Information for the doctor:

If you become aware of adverse drug effects while you are conducting medical treatment, please report these effects in accordance with section 6 of the Medical Ethics Code to the Drug Committee of the German Medical Association and report any incidents which occurred during the use of medical devices to the competent authority.