

CEFALY®



MY MIGRAINE DIARY

for the 120-day CEFALY® trial period

MY MIGRAINE DIARY

Time:

When did it start? When did it end?

Sleep quality:

How was the night before?



Pain intensity:

Mark the pain on the scale.



Pain characteristics:

- ☐ stabbing
- ☐ throbbing / pulsating
- ☐ pressing / dull
- ☐ _____

Associated symptoms:

- ☐ Aura (visual disturbances, flashes)
- ☐ Nausea / vomiting
- ☐ Sensitivity to light
- ☐ Sensitivity to noise
- ☐ Sensitivity to smells
- ☐ Dizziness
- ☐ _____

Treatment / method:

Name of method (e.g. CEFALY®) / medication and dosage

Time taken / treatment duration:

Effect:

Did it help?



Date & Day of the Week



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



Alternative measures:

e.g. dark room / cooling pad / sleep / ...

Limitation in daily life:

0% = no limitation, 100% = complete limitation



Notes / special observations:

(e.g. stress, fluid intake, caffeine, cycle, weather)



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mild

moderate

severe

Pain characteristics:

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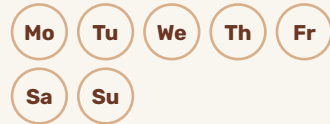
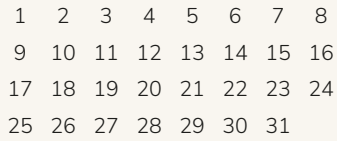


completely

partially

not at all

Date & Day of the Week



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0%

100%

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Storms pass.

YOUR INNER STRENGTH REMAINS.

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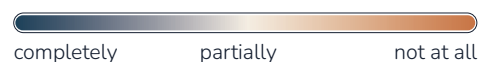
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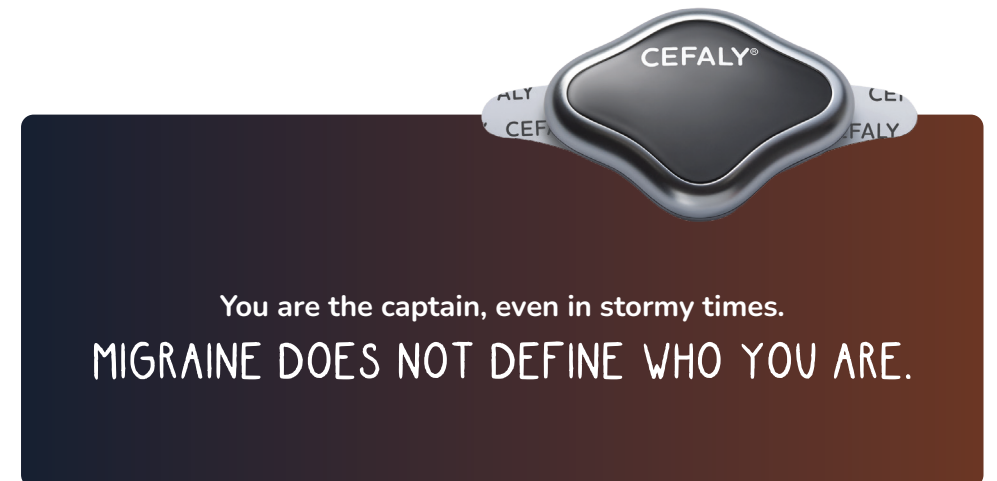
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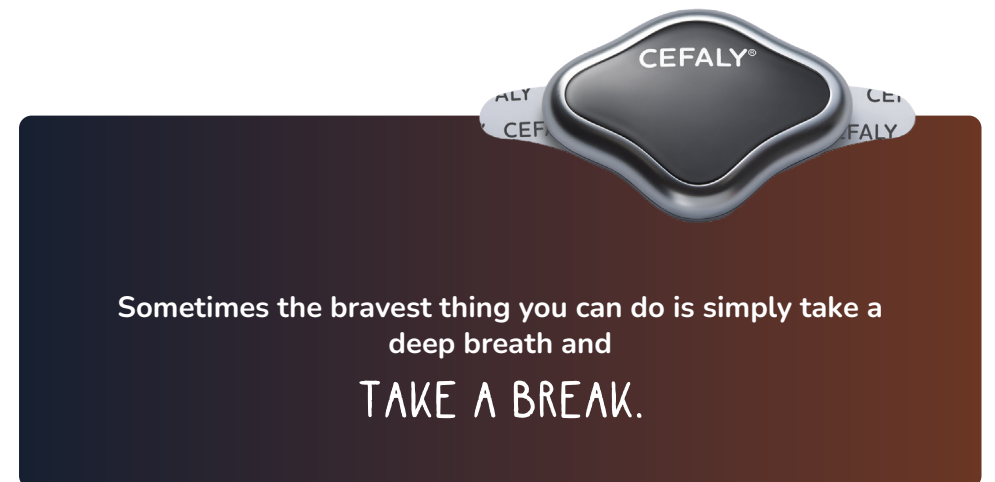
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mild moderate severe

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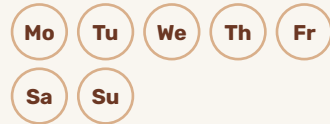


completely partially not at all

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Be proud of yourself for taking a close look today and
STANDING UP FOR YOUR HEALTH.

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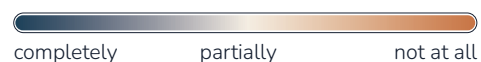
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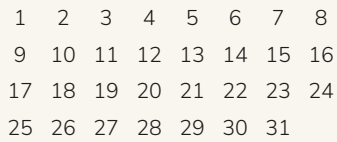
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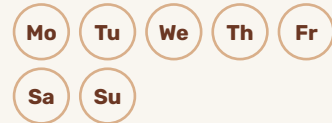


completely partially not at all

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0% 100%

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You are much stronger than your migraine.

KEEP GOING. STEP BY STEP.

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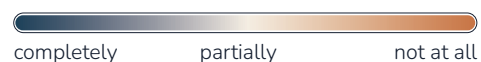
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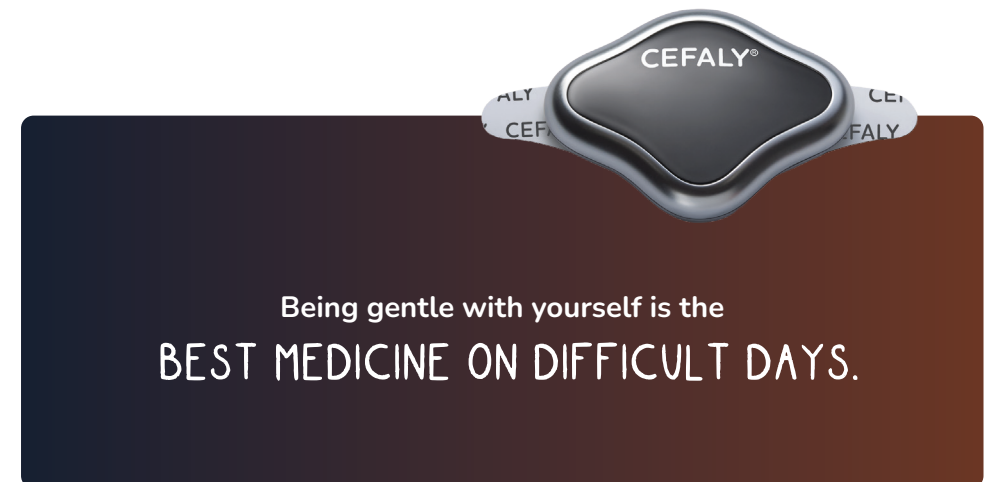
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Keeping a diary is your path to greater control.
EVERY ENTRY MOVES YOU FORWARD.

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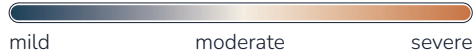
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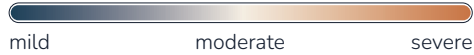
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c/o Neurolite AG

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