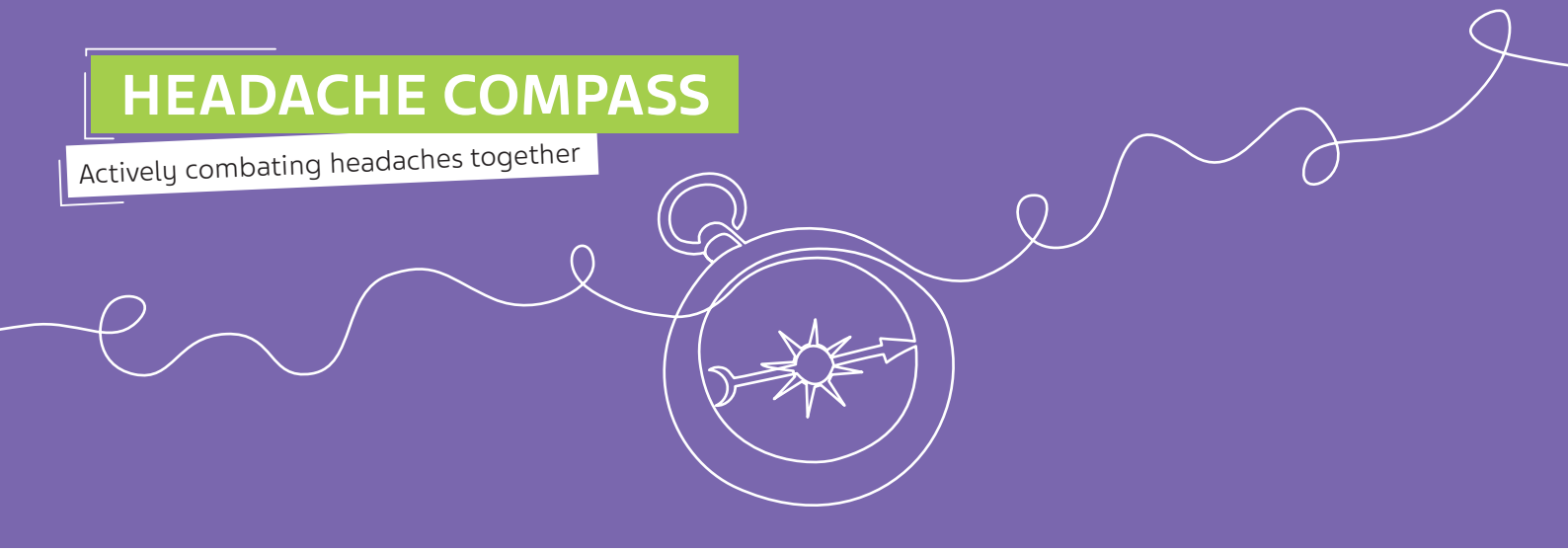
HEADACHE COMPASS

Actively combating headaches together



MigraineAction
FÜR MEHR LEBENSQUALITÄT

Actively combating headaches together

The **Headache Compass** is designed to help you better understand your symptoms and, ideally, to control them. Please complete your **profile** first. You can then enter your headaches and all the important details in the monthly agenda sheets.

So you get

- a clear overview of the frequency, severity and pattern of your headaches
- indications of possible triggers
- an overview of the intake and effect of your medication

Your entries will not only help you, but also your healthcare professional to find the right treatment. The sample form shows you how to make your entries in the headache diary.

The additional tips and information in this Headache Compass are intended to support you in everyday life and make communication with your healthcare professional easier. Also use the note fields to record questions and observations as precisely as possible. This can facilitate and improve the conversation.

We wish you all the best!

Example of how to fill in your headache calendar (whole month)

Month	January																													
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	**Total**
Headache type	H1; H2; H3			H1					H1			H1				H2							H1				H1						5xH1, 1xH2
Duration	in hours			4					8			5				6							4				8						35
Pain intensity	0-10			5					7			5				8							5				7						37
Accompanying symptoms	Nausea/vomiting															X																	
	Sensitive to light & noise																																
	Visual impairment															X																	
	Other								1																								
Trigger	Stress																																
	Menstruation															X																	
	Weather			X								X																					
Individual triggers	Chocolate																						X										
Downtime (work, school, household)	in hours			6					6			7				8							4				10						41
Intake of acute medication	Name medication			A					A			A				B							A				B						
Did the acute medication help?	no = **0**; slightly = **1**; well = **2**			2					1			1				0							1				2						
Prophylaxis	Name medication	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	

Total number of attacks *(Please enter how many days per month)*	6

Calculation of the average pain intensity	**Total pain intensity**	37	=	6,2	*Please round the result to one decimal digit*
	Total number of attacks	6			

My profile

Name _____ Phone _____

Address _____

My triggers

- ☐ **Feelings**
  - ☐ Dispute ☐ Joy ☐ Anger
  - ☐ Other _____
- ☐ **Activities**
  - ☐ too much sport ☐ too little sport
  - ☐ ill _____
- ☐ **Work**
  - ☐ Stress ☐ too little to do
- ☐ **Leisure time**
- ☐ **Nutrition**
  - ☐ Alcohol ☐ Chocolate
  - ☐ Diet ☐ Did not drink enough
  - ☐ Other _____
- ☐ **Weather**
  - ☐ Foehn ☐ Bise ☐ Snow
  - ☐ Cold ☐ Heat
  - ☐ Other _____

My protective factors

- ☐ Relaxation
- ☐ Exercise
- ☐ Sleep
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

My medication list

Please write below **all the medicines** you are taking (prescribed and over-the-counter medication). Also think about those that you take for **other reasons** than headache. Please do not forget to note the intake of herbal preparations, vitamins, etc. Make a note of when you received a new medication or a new dosage of a medication. In the lower area, letters or numbers that you can enter as abbreviations in the calendar are shown in green.

My acute medication for headaches

Name/dosage *(e.g. ibuprofen 400mg)*

A _____

B _____

C _____

My preventive medication for headaches (prophylaxis)

Name/dosage *(e.g. Metoprolol 100mg)*

D _____

E _____

F _____

Other medication (not for headaches) that you take regularly name/dosage
(e.g. medication for asthma, also vitamins or dietary supplements)

Not every migraine attack is the same. Do you also suffer from different types? Then mark the important characteristics of your different headache types here. Only enter H1, H2 or H3 in the monthly agenda.

Headache type 1 (H1)

☐ On both sides ☐ On one side ☐ Movement aggravates ☐ Exercise has a positive effect ☐ Pulsating ☐ Stinging ☐ Sensitive to light & noise ☐ Tight band feeling, muffled ☐ Nausea, vomiting ☐ Other _____

Headache type 2 (H2)

☐ On both sides ☐ On one side ☐ Movement aggravates ☐ Exercise has a positive effect ☐ Pulsating ☐ Stinging ☐ Sensitive to light & noise ☐ Tight band feeling, muffled ☐ Nausea, vomiting ☐ Other _____

Headache type 3 (H3)

☐ On both sides ☐ On one side ☐ Movement aggravates ☐ Exercise has a positive effect ☐ Pulsating ☐ Stinging ☐ Sensitive to light & noise ☐ Tight band feeling, muffled ☐ Nausea, vomiting ☐ Other _____

Accompanying symptos

The headache may be accompanied by other symptoms. Please write the number(s) in the monthly agenda that best describe your accompanying symptoms:

Other: 1 = Dizziness 2 = Numbness 3 = Other _____

Pain intensity 0-10: 0 = None 10 = Unbearable

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Prophylaxis	Name medication																																

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Tips on taking medication

There is often uncertainty as to whether the onset of a headache will develop into a migraine attack and whether and when medication should be taken.

Please observe the following rules:

Take acute medication (e.g. triptans or ibuprofen) as soon as the headache starts

For migraine with aura

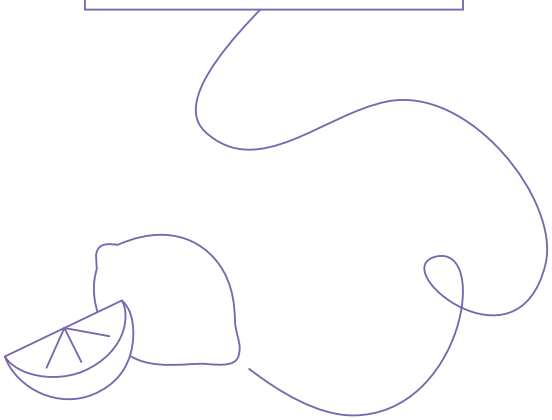
- Please take triptans only after the **end of the aura** as soon as the headache begins.
- Non-steroidal anti-inflammatory drugs can already be taken during the aura phase.

For migraines with nausea or vomiting

- 5 to 10 minutes before the painkiller, an anti-nausea medication (e.g. metoclopramide, domperidone) can be taken.

Tip

Sometimes a glass of water (room temperature) with lemon, accompanied by an espresso, also helps.



If a triptan is not effective enough

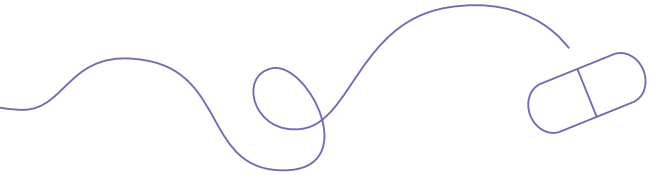
- A minimum interval of 2 hours (4 hours for naratriptan) should be observed before taking triptans again. Please adhere to the maximum daily dose!

If a triptan has no effect after one hour

If an acute medication does not work, you should **switch** to another headache medication: Switching from triptans to another triptan may only be done after consultation with your healthcare professional. The combination of non-steroidal anti-inflammatory drugs with triptans is permitted if there are no contraindications for these drugs (ask your doctor or pharmacist).

Prevention of chronification (daily headache due to overuse of acute medication)

- To prevent chronic headaches from developing, acute headache medication should be taken on a maximum of **10 days per month** and for no longer than **three consecutive days**.



When should you see a doctor?

Scan the QR code and find out more:
www.migraineaction.ch/dienstleistungen/tipps-bei-migraene

Become an expert on your headaches

Find out more here:
www.migraineaction.ch/dienstleistungen/ratschlaege

The migraine diary is available for download. It can be filled out electronically or printed out as a PDF

My notes/questions

My appointments

This compass was given to me by:

Further information can be found at:

www.migraineaction.ch
(National information and advice centre on headaches)

"SOS Headache" Counselling Hotline Migraine Action:
061 423 10 80 (Tue-Thu 9 am – 12 pm)

E-mail mailbox:
info@migraineaction.ch

Website with practical tips on migraines in the workplace:
www.migraene-am-arbeitsplatz.ch

The realisation of the "Migraine Compass" was made possible by Mepha / Teva Switzerland. The company has no influence on the content.

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