

# CASE REPORT FROM: RESPONSE TO VYDURA™

GENDER: F \_\_\_\_\_ M \_\_\_\_\_

AGE: \_\_\_\_\_ years

WEIGHT: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ YEARS WITH A MIGRAINE DIAGNOSIS: \_\_\_\_\_

**HAVE YOU TAKEN IN THE PAST OF OF THE BELOW TRIPTANS AND IF YES WAS IT HELPFUL WITH YOUR PAIN?:**

MAXALT- RIZATRIPTAN: **NO - YES** (HELPFUL): YES - NO

IMIGRAN- SUTRIPTAN: **NO - YES** (HELPFUL): YES - NO (ADVERSE EVENT TO ANY?): YES - NO

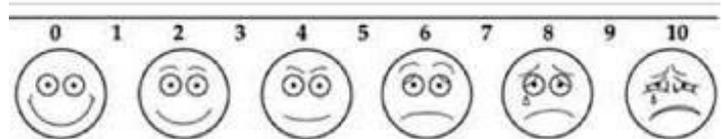
MIGRALIN – PITUNAL: **NO - YES** (HELPFUL): YES - NO

RELPAK: **NO -YES** (HELPFUL): YES - NO

IF YES - DESCRIBE WHICH AND HOW INTENSE

## BEFORE YOU TOOK VYDURA :

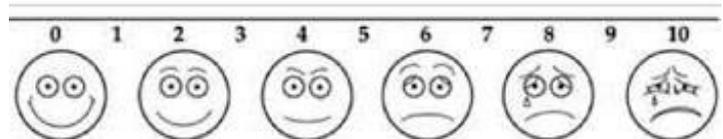
PLEASE RATE HOW MUCH INTENSE WAS YOUR PAIN **BEFORE** VYDURA (FROM 0 TO 10):



AVERSION TO LIGHT BEFORE VYDURA:	NO	LITTLE	MUCH	VERY MUCH
AVERSION TO NOISE BEFORE VYDURA:	NO	LITTLE	MUCH	VERY MUCH
NAUSEA/VOMITING	NO	LITTLE	MUCH	VERY MUCH

## 2 HOURS AFTER YOU TOOK VYDURA:

PLEASE RATE HOW MUCH INTENSE WAS YOUR PAIN AT 2H AFTER VYDURA (FROM 0 TO 10):



AVERSION TO LIGHT AFTER VYDURA:	NO	LITTLE	MUCH	VERY MUCH
AVERSION TO NOISE AFTER VYDURA:	NO	LITTLE	MUCH	VERY MUCH
NAUSEA/VOMITING AFTER VYDURA:	NO	LITTLE	MUCH	VERY MUCH

ADVERSE EVENTS: NO YES (DESCRIBE WHICH AND HOW INTENSE: \_\_\_\_\_)

- WERE YOPU ABLE TO RETURN TO YOUR DAILY ACTIVITIES/WORK AT 2HOURS POST VYDURA?:

**NO                      SOMEWHAT - NOT QUITE GOOD                      YES**

- PLEASE RATE YOUR OVERALL SATISFACTION TO VYDURA:

**NOT AT ALL      SOME      MUCH      VERY MUCH**