

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

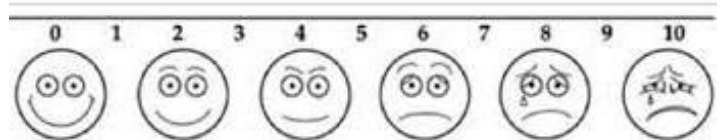
MIGRALIN – PITUNAL: **NO - YES** (HELPFUL): YES - NO

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

IF YES - DESCRIBE WHICH AND HOW INTENSE

BEFORE YOU TOOK VYDURA :

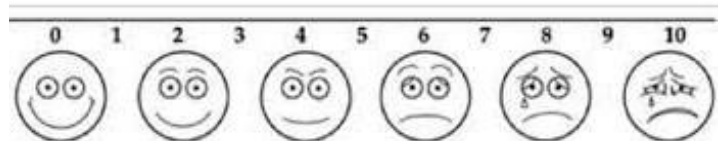
PLEASE RATE HOW MUCH INTENSE WAS YOUR PAIN **BEFORE** VYDURA (FROM 0 TO 10):



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