



Your Personal Headache & Migraine Tracker

It's a key tool in finding a Chronic Migraine treatment that may be right for you

BOTOX
onabotulinumtoxinA injection

Use this tracker to help your doctor better understand your headaches and migraines.

The more doctors know about your headaches and migraines, the better they can decide if you have Chronic Migraine (15 or more headache days a month, each lasting 4 or more hours).

If your doctor decides that you have Chronic Migraine:

Ask if BOTOX® treatment is right for you. BOTOX® prevents headaches and migraines before they even start:

- For adults with Chronic Migraine, **15 or more** headache days a month, each lasting **4 or more hours**. (It is not approved for 14 or fewer headache days a month.)
- Proven for Chronic Migraine for 10 years*
- Prevents, on average, 8 to 9 headache days and migraine/probable migraine days a month (vs 6 to 7 for placebo)

*FDA-approved, 2010.

INDICATION

BOTOX® (onabotulinumtoxinA) is a prescription medicine that is injected into muscles and used to prevent headaches in adults with chronic migraine who have 15 or more days each month with headache lasting 4 or more hours each day in people 18 years and older.

It is not known whether BOTOX is safe and effective to prevent headaches in patients with migraine who have 14 or fewer headache days each month (episodic migraine).

IMPORTANT SAFETY INFORMATION

BOTOX may cause serious side effects that can be life threatening. Get medical help right away if you have any of these problems any time (hours to weeks) after injection of BOTOX:

- **Problems swallowing, speaking, or breathing**, due to weakening of associated muscles, can be severe and result in loss of life. You are at the highest risk if these problems are preexisting before injection. Swallowing problems may last for several months.
- **Spread of toxin effects**. The effect of botulinum toxin may affect areas away from the injection site and cause serious symptoms, including loss of strength and all-over muscle weakness; double vision; blurred vision; drooping eyelids; hoarseness or change or loss of voice; trouble saying words clearly; loss of bladder control; trouble breathing; and trouble swallowing.

Please see additional Important Safety Information throughout.

Please see accompanying or click here for [Consumer Brief Summary](#), including Boxed Warning, or visit https://www.rxabbvie.com/pdf/botox_pi.pdf for full Prescribing Information.

TIPS FOR TRACKING YOUR HEADACHES AND MIGRAINES



Do it for one month

Give your doctor a full 30-day picture of your headaches, and how they affect you.



Record every day that you're headache and migraine free

Your doctor needs to know how many days a month you're free from headache.



Track them as they happen

It's easiest to remember how a headache felt and how it affected you if you record it right away.



Note their impact on your life

Specify if your headaches affect you at work, doing everyday things, and your relationships with family and friends.



List on the tracker any medicines you took

Whether it is prescription, over-the-counter, or an herbal treatment, your doctor needs to know what you are taking.

IMPORTANT SAFETY INFORMATION (continued)

There has not been a confirmed serious case of spread of toxin effect away from the injection site when BOTOX has been used at the recommended dose to treat chronic migraine.

BOTOX may cause loss of strength or general muscle weakness, vision problems, or dizziness within hours to weeks of receiving BOTOX.

If this happens, do not drive a car, operate machinery, or do other dangerous activities.

Please see additional Important Safety Information throughout and talk to your doctor about the accompanying Consumer Brief Summary, including Boxed Warning.

MY MONTHLY HEADACHE AND MIGRAINE TRACKER: _____

(Month)

Please put a check mark (✓) in the boxes below to show the days when you had a headache and how it affected you. List any medicines you took for it.

Day	Did I have a headache today?	Did my headache impact:				Medicine(s) taken:
		Daily activities?	Work?	Friends/family?	Other?	
1	<input type="checkbox"/> Yes <input type="checkbox"/> No					
2	<input type="checkbox"/> Yes <input type="checkbox"/> No					
3	<input type="checkbox"/> Yes <input type="checkbox"/> No					
4	<input type="checkbox"/> Yes <input type="checkbox"/> No					
5	<input type="checkbox"/> Yes <input type="checkbox"/> No					
6	<input type="checkbox"/> Yes <input type="checkbox"/> No					
7	<input type="checkbox"/> Yes <input type="checkbox"/> No					
8	<input type="checkbox"/> Yes <input type="checkbox"/> No					
9	<input type="checkbox"/> Yes <input type="checkbox"/> No					
10	<input type="checkbox"/> Yes <input type="checkbox"/> No					
11	<input type="checkbox"/> Yes <input type="checkbox"/> No					
12	<input type="checkbox"/> Yes <input type="checkbox"/> No					
13	<input type="checkbox"/> Yes <input type="checkbox"/> No					
14	<input type="checkbox"/> Yes <input type="checkbox"/> No					
15	<input type="checkbox"/> Yes <input type="checkbox"/> No					
16	<input type="checkbox"/> Yes <input type="checkbox"/> No					
17	<input type="checkbox"/> Yes <input type="checkbox"/> No					
18	<input type="checkbox"/> Yes <input type="checkbox"/> No					
19	<input type="checkbox"/> Yes <input type="checkbox"/> No					
20	<input type="checkbox"/> Yes <input type="checkbox"/> No					
21	<input type="checkbox"/> Yes <input type="checkbox"/> No					
22	<input type="checkbox"/> Yes <input type="checkbox"/> No					
23	<input type="checkbox"/> Yes <input type="checkbox"/> No					
24	<input type="checkbox"/> Yes <input type="checkbox"/> No					
25	<input type="checkbox"/> Yes <input type="checkbox"/> No					
26	<input type="checkbox"/> Yes <input type="checkbox"/> No					
27	<input type="checkbox"/> Yes <input type="checkbox"/> No					
28	<input type="checkbox"/> Yes <input type="checkbox"/> No					
29	<input type="checkbox"/> Yes <input type="checkbox"/> No					
30	<input type="checkbox"/> Yes <input type="checkbox"/> No					
31	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Are you satisfied with the current medicines you're taking? Yes No

When you've completed this tracker page, share it with your doctor.

Please see additional Important Safety Information and Consumer Brief Summary, including Boxed Warning, on the following pages.

