

Headache Diary

Helping support your treatment
with VYEPTI®▼ (eptinezumab)

VYEPTI is used to **prevent migraine** in adults who have migraine at least 4 days per month.¹

For migraine patients who have been prescribed VYEPTI. Produced by Lundbeck Ltd. following consultation with UK Headache Specialists.

This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See www.mhra.gov.uk/yellowcard for how to report side effects

My Headache Diary

Please remember to complete your diary every day and bring the diary to every appointment. If you have any questions, please ask your healthcare professional.

Reporting of side effects: If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard. By reporting side effects, you can help provide more information on the safety of this medicine.

My Headache Diary

Name: _____ Month: _____ Year: _____

Day	Headache (Y/N)	Severity of headache (0-10: 0=Clear, 10=Severe)	Symptoms (N=Nausea, V=Vomiting, A=Aura, O=Other)	Missed work/ needed bedrest? (Y/N)	Acute treatment used? (If so was it effective?)	Anything else to report?
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						

My Headache Diary

Name: _____ Month: _____ Year: _____

Day	Headache (Y/N)	Severity of headache (0-10: 0=Clear, 10=Severe)	Symptoms (N=Nausea, V=Vomiting, A=Aura, O=Other)	Missed work/ needed bedrest? (Y/N)	Acute treatment used? (If so was it effective?)	Anything else to report?
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						

My Headache Diary

Name: _____ Month: _____ Year: _____

Day	Headache (Y/N)	Severity of headache (0-10: 0=Clear, 10=Severe)	Symptoms (N=Nausea, V=Vomiting, A=Aura, O=Other)	Missed work/ needed bedrest? (Y/N)	Acute treatment used? (If so was it effective?)	Anything else to report?
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						

My Headache Diary

Name: _____ Month: _____ Year: _____

Day	Headache (Y/N)	Severity of headache (0-10: 0=Clear, 10=Severe)	Symptoms (N=Nausea, V=Vomiting, A=Aura, O=Other)	Missed work/ needed bedrest? (Y/N)	Acute treatment used? (If so was it effective?)	Anything else to report?
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						

My Headache Diary

Name: _____ Month: _____ Year: _____

Day	Headache (Y/N)	Severity of headache (0-10: 0=Clear, 10=Severe)	Symptoms (N=Nausea, V=Vomiting, A=Aura, O=Other)	Missed work/ needed bedrest? (Y/N)	Acute treatment used? (If so was it effective?)	Anything else to report?
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						

My Headache Diary

Name: _____ Month: _____ Year: _____

Day	Headache (Y/N)	Severity of headache (0-10: 0=Clear, 10=Severe)	Symptoms (N=Nausea, V=Vomiting, A=Aura, O=Other)	Missed work/ needed bedrest? (Y/N)	Acute treatment used? (If so was it effective?)	Anything else to report?
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						

My Headache Diary

Name: _____ Month: _____ Year: _____

Day	Headache (Y/N)	Severity of headache (0-10: 0=Clear, 10=Severe)	Symptoms (N=Nausea, V=Vomiting, A=Aura, O=Other)	Missed work/ needed bedrest? (Y/N)	Acute treatment used? (If so was it effective?)	Anything else to report?
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						

My Headache Diary

Name: _____ Month: _____ Year: _____

Day	Headache (Y/N)	Severity of headache (0-10: 0=Clear, 10=Severe)	Symptoms (N=Nausea, V=Vomiting, A=Aura, O=Other)	Missed work/ needed bedrest? (Y/N)	Acute treatment used? (If so was it effective?)	Anything else to report?
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						

My Headache Diary

Name: _____ Month: _____ Year: _____

Day	Headache (Y/N)	Severity of headache (0-10: 0=Clear, 10=Severe)	Symptoms (N=Nausea, V=Vomiting, A=Aura, O=Other)	Missed work/ needed bedrest? (Y/N)	Acute treatment used? (If so was it effective?)	Anything else to report?
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						

My Headache Diary

Name: _____ Month: _____ Year: _____

Day	Headache (Y/N)	Severity of headache (0-10: 0=Clear, 10=Severe)	Symptoms (N=Nausea, V=Vomiting, A=Aura, O=Other)	Missed work/ needed bedrest? (Y/N)	Acute treatment used? (If so was it effective?)	Anything else to report?
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						

My Headache Diary

Name: _____ Month: _____ Year: _____

Day	Headache (Y/N)	Severity of headache (0-10: 0=Clear, 10=Severe)	Symptoms (N=Nausea, V=Vomiting, A=Aura, O=Other)	Missed work/ needed bedrest? (Y/N)	Acute treatment used? (If so was it effective?)	Anything else to report?
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						

My Headache Diary

Name: _____ Month: _____ Year: _____

Day	Headache (Y/N)	Severity of headache (0-10: 0=Clear, 10=Severe)	Symptoms (N=Nausea, V=Vomiting, A=Aura, O=Other)	Missed work/ needed bedrest? (Y/N)	Acute treatment used? (If so was it effective?)	Anything else to report?
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						

Notes:

Reference:

1. Lundbeck VYEPTI Patient Information Leaflet (PIL)

UK-VYEP-0365 | February 2024