

NAME: _____

Courtesy of GLIA SCIENCES, INC.

YEAR: 20 _____

KEY
INTER-
VENTIONS

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% PREVENTATIVE
COMPLIANCE

100																				
90																				
80																				
70																				
60																				
50																				

"PARTIAL
MIDAS SCORE"

90																				
80																				
70																				
60																				
50																				
40																				
30																				
20																				
10																				
0																				

% 2-HOUR
SUCCESS RATE

100																				
80																				
60																				
40																				
20																				
0																				

DAYS ACUTE
MEDICATIONS TAKEN

30																				
25																				
20																				
15																				
10																				
5																				
0																				

AVERAGE
PAIN SEVERITY

10																				
8																				
6																				
4																				
2																				
0																				

TOTAL
MIGRAINE DAYS

30																				
25																				
20																				
15																				
10																				
5																				
0																				

TOTAL
HEADACHE DAYS

30																				
25																				
20																				
15																				
10																				
5																				
0																				

Jan. Feb. March April May June July August Sept. Oct. Nov. Dec.

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