Lasmiditan Questionnaire

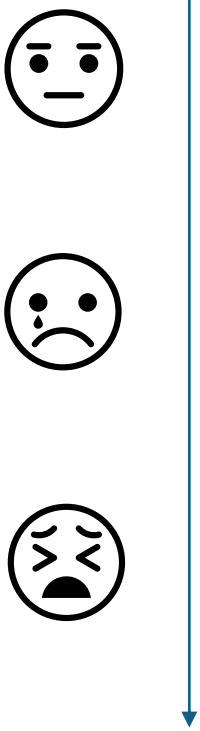
Time the headache started ( ) Time of administration ( )

1. Please specify the dosage ☐ 50mg ☐ 100mg ☐ 200mg

2. Please list any medications you took before taking Lasmiditan

( )

3. Please rate the severity of your headache both before and after taking the medication.



	Before	30 min	60 min	120 min	24 hours
0	☐	☐	☐	☐	☐
1	☐	☐	☐	☐	☐
2	☐	☐	☐	☐	☐
3	☐	☐	☐	☐	☐
4	☐	☐	☐	☐	☐
5	☐	☐	☐	☐	☐
6	☐	☐	☐	☐	☐
7	☐	☐	☐	☐	☐
8	☐	☐	☐	☐	☐
9	☐	☐	☐	☐	☐
10	☐	☐	☐	☐	☐

4. Please check if you experience any symptoms: hypersensitivity to light or sound, or nausea

Yes	☐	☐	☐	☐	☐
No	☐	☐	☐	☐	☐

5. Please check for any side effects.

☐ Dizziness, ☐ Somnolence, ☐ Weakness, ☐ Unsteadiness, ☐ Paresthesia, ☐ Palpitation,

☐ Other（ ）