

ID: XXXXXXXXXXXXX

Name Surname

06/20/1963

This is your **Personal Analytical Report** suitable for sharing with your clinician. It is our analysis of your tracked data which we hope you (and if you choose, your doctor) will find informative and useful.

Congratulations for diligently entering your data. Please remember to continue to do this as you consider how to use this information.

This report shows:

1. A day by day calendar of headaches and which were classed as migraines¹
2. Summaries of how many days per month you had headaches and migraines
3. A calendar depicting the relationship between your menstruation cycle and your headaches
4. A current measure and a monthly summary of how headaches affected your life in the previous 90 days: you may know this as your MIDAS Score Grade
5. A series of individual maps which summarise a sophisticated analysis of your data and which factors (things you do, are exposed to, etc) are associated with increased or decreased risk of having a headache or an attack:
 - 5.1 **Trigger Map®**: this shows factors associated with increased chance of having an attack. These are likely a mix of 'true' triggers and warning signs or symptoms associated with attacks. On your map some of these are highlighted - our analysis indicates that these are more likely to be your actual triggers.
 - 5.2 **Protector Map®**: this shows factors associated with a lower chance of having an attack. Again these are likely a mix of 'true' protectors and factors that you may (even subconsciously) experience as a warning sign of an attack, leading you to take actions to try to avoid the attack.
 - 5.3 **No Association Map**: this shows factors that have no relationship to your migraine attacks and you could, little by little, try reintroducing to your daily routine if you wish.
 - 5.4 **Insufficient Data**: for some factors we don't yet have enough information to analyse: this may include things you do rarely (for example, air travel).
 - 5.5 **Your Suspected Trigger Map**: this shows factors you suspected were important before using N1-Headache™. Compare this to your actual Trigger Map®.

What do I do now?

First - study your maps, noting factors that are your possible triggers. Think about making changes to your daily behaviour that could reduce your exposure to one or more of these triggers.

Second - think about your protectors. Some of these may, at first, seem counter-intuitive. For example, neck pain may appear as a protector - how could this be? We found other users with this protector had a neck massage when they experienced neck pain.

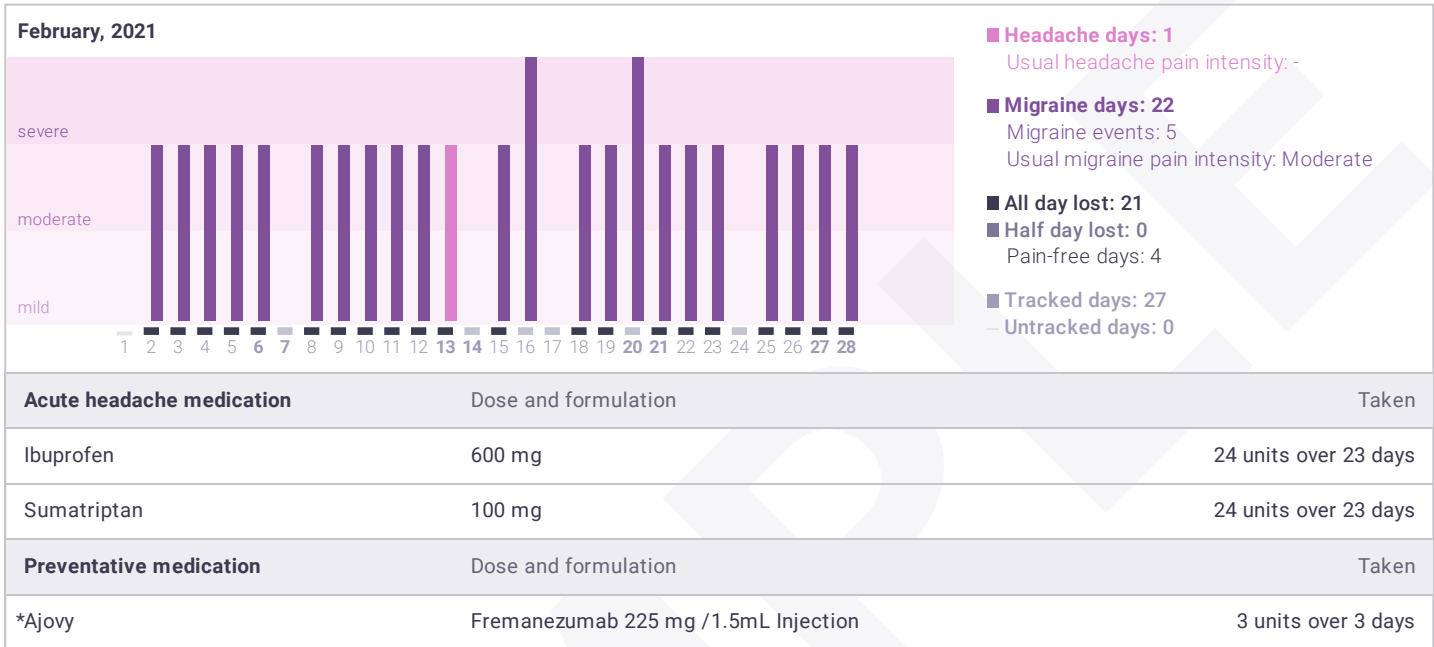
It is likely the massage was the 'true' protector. Or consider that for some people white wine appeared as a protector - but in these cases white wine was consumed in a relaxed, social situation, so it's likely that relaxation was the 'true' protector.

¹ We use the ICHD-3 criteria to determine which of your headaches are migraines: this is a classification devised by an international group of headache experts. You can read details in Cephalgia vol 33(9) pages 629-808 (2013)

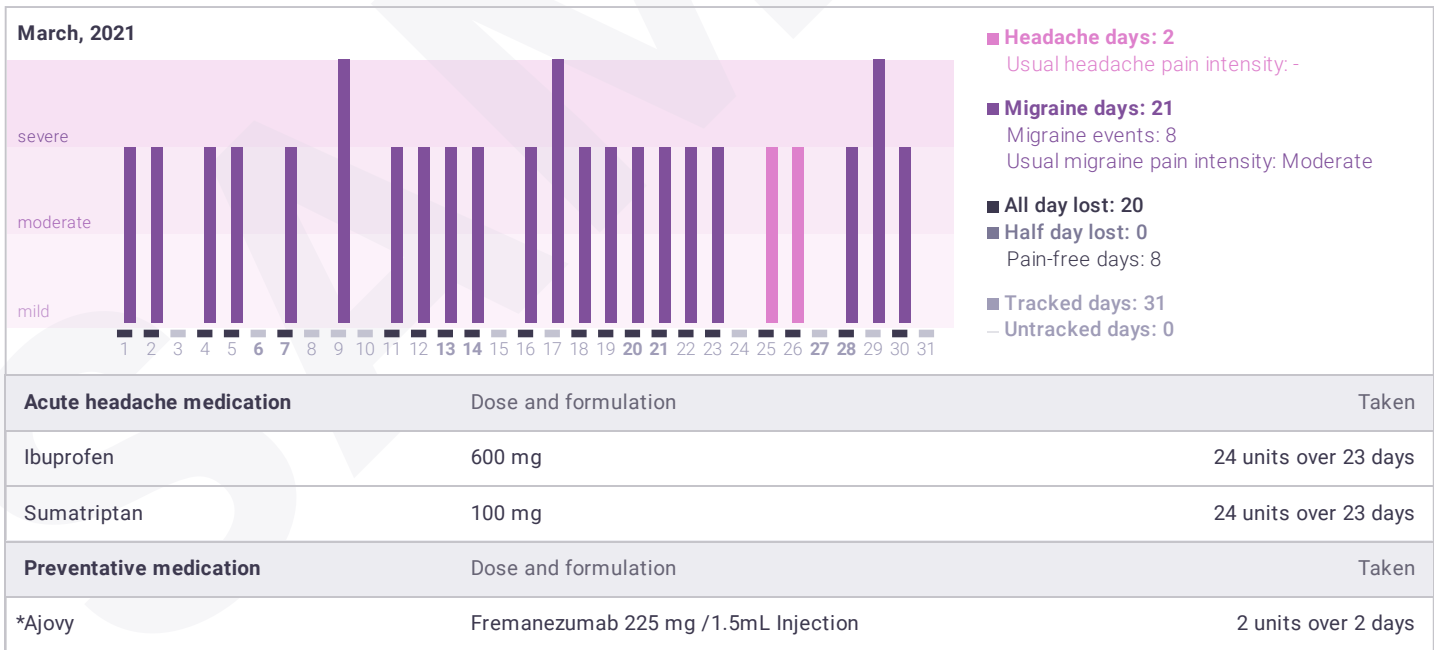
The information contained herein is not intended to constitute medical advice. N1-Headache™ provides information for individuals to better discover behaviors or factors that may be associated with onset, frequency or severity of migraine headache and allow them to choose behavior modifications to try to minimize the occurrence or severity of migraines. The information provided by the N1-Headache™ is not intended to substitute for competent medical advice from a licensed physician and any such information should be considered in consultation with a patient's doctor or other medical professional.

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Monthly summary. February 2, 2021 to May 31, 2021

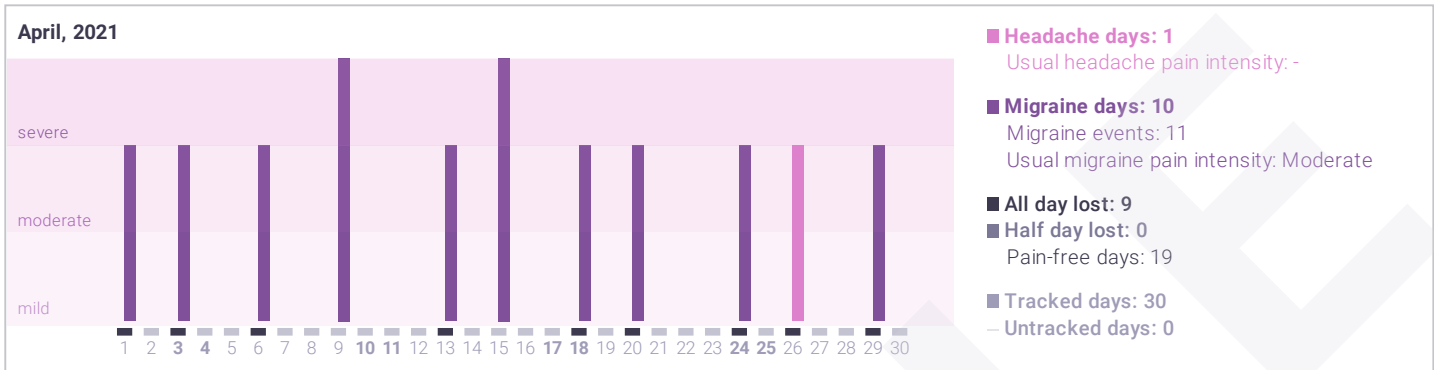


*Acute migraine medications not found in the N1-Headache™ database are not included in the analysis of the Medication Use Status. This feature is only available for users with an N1-Headache™ Clinician Code.



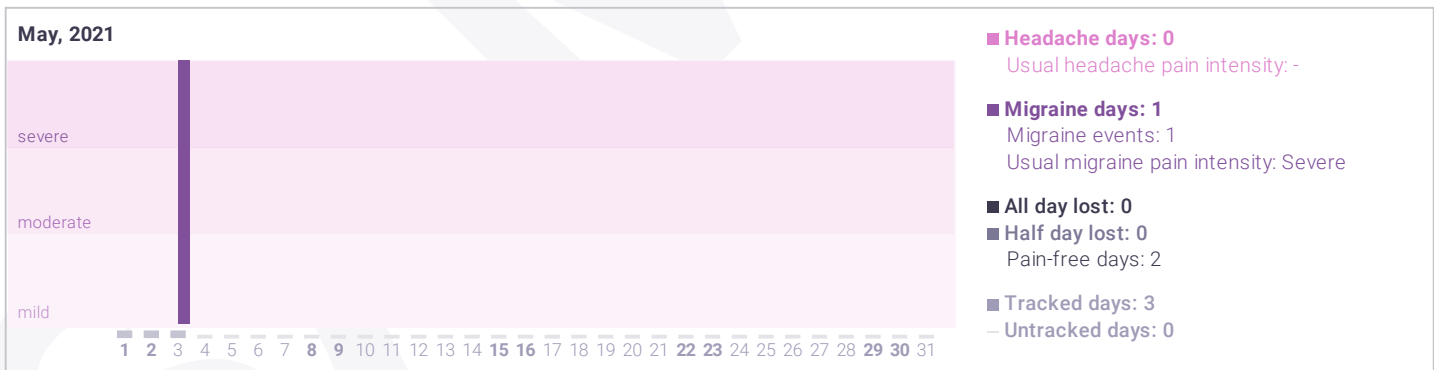
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Acute headache medication	Dose and formulation	Taken
Ibuprofen	600 mg	12 units over 11 days
Sumatriptan	100 mg	12 units over 11 days
Preventative medication	Dose and formulation	Taken
*Ajovy	Fremanezumab 225 mg /1.5mL Injection	2 units over 2 days
Non-pharmacologic treatment		Taken
Yoga		5 days

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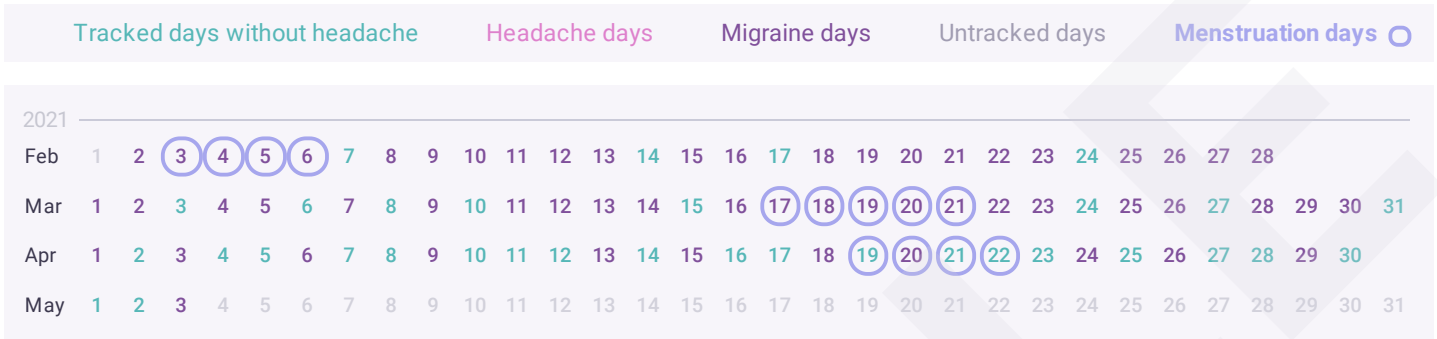


Acute headache medication	Dose and formulation	Taken
Ibuprofen	600 mg	2 units over 1 days
Sumatriptan	100 mg	2 units over 1 days
Preventative medication	Dose and formulation	Taken
*Ajovy	Fremanezumab 225 mg /1.5mL Injection	1

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All History Calendar. February 2, 2021 to May 31, 2021



All History Summary. February 2, 2021 to May 31, 2021

Total days:			
Tracked days	91	Acute headache medication	Dose and formulation Taken
Untracked days	28	Ibuprofen	600 mg 62 units over 58 days
All day lost	50	Sumatriptan	100 mg 62 units over 58 days
Half day lost	18	Preventative medication	Dose and formulation Taken
Headache days	4	*Ajoovy	Fremanezumab 225 mg / 1.5 ml injection 8 units over 8 days
Usual headache severity	moderate		
Migraine days	54	Non-pharmacologic treatment	Taken
Migraine events	24	Yoga	5 days
Usual migraine severity	moderate		
Total days with migraine or headache	58		
Tracked days without headache	33		
Menstruation diary			
Menstruation days	13		
Menstruation days with headache	0		
Menstruation days with migraine	10		
Menstruation days without headache or migraine	3		

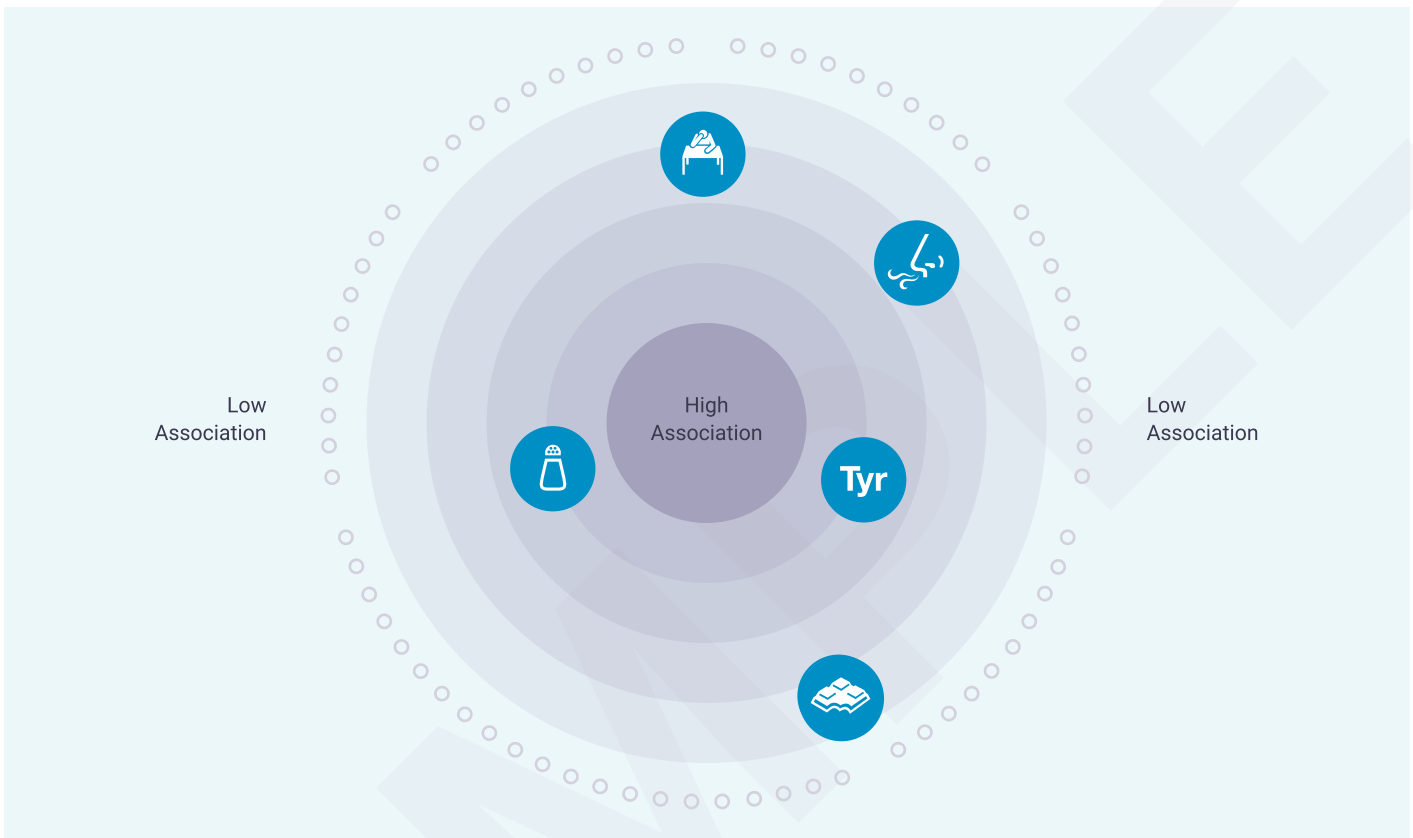
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Individual map showing your protectors. February 2, 2021 to May 31, 2021



The map shows the factors, based on your daily data entry, that were associated with lowering your risk of a migraine attack. On days when such "protectors" were present, the risk of attacks was lessened.

Tyr **Tyramine P-value: 0.029**
Tyramine containing foods appear to reduce your risk of migraine attacks.

Salty foods P-value: 0.029
Foods high in salt appear to reduce your risk of migraine attacks. However N1-Headache recommends that you follow national health agency guidelines on salt consumption, as excessive salt intake has other effects on health.

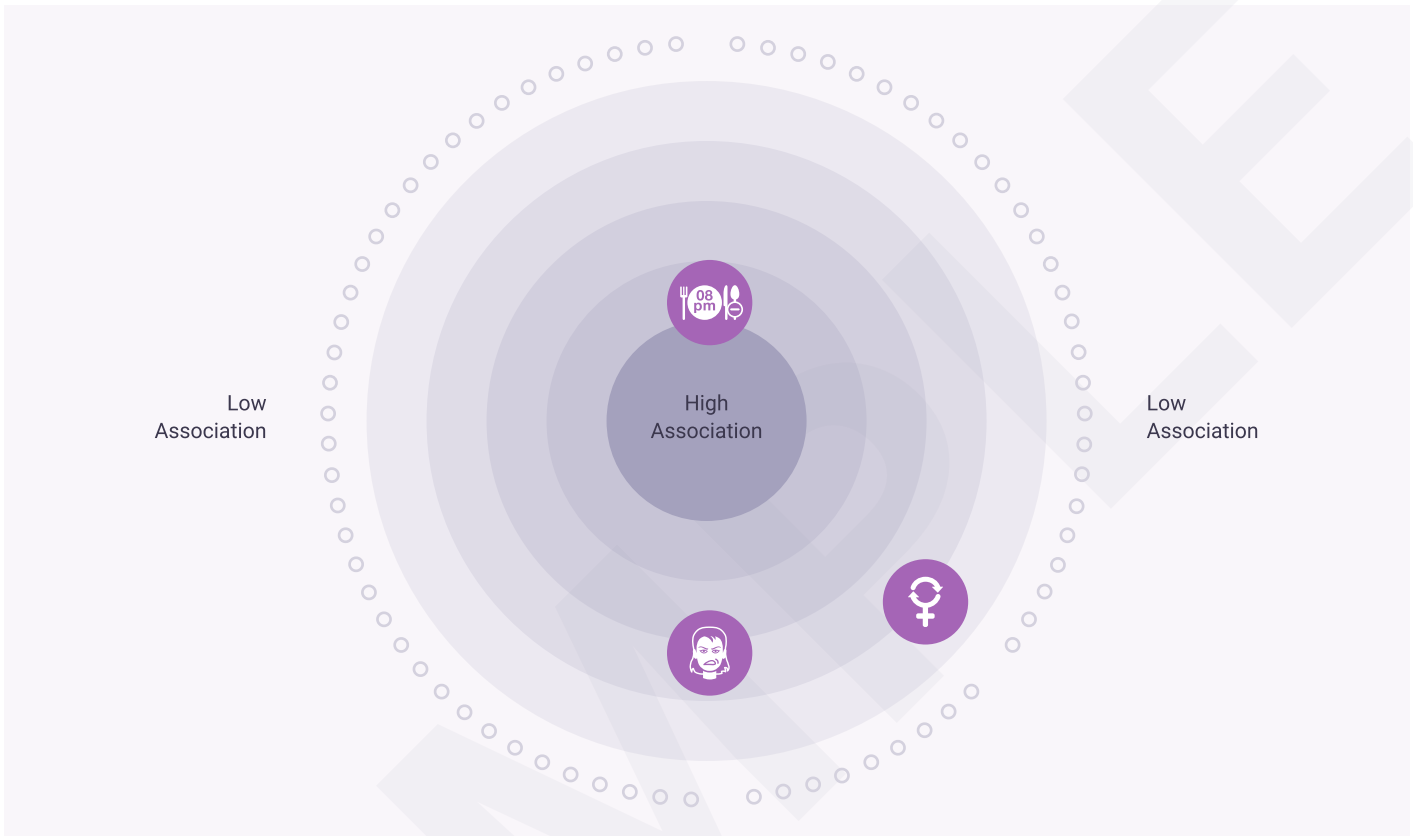
Poor concentration P-value: 0.034
Difficulty concentrating appears to be associated with a reduced risk of migraine attacks.

Exposed to strong odors P-value: 0.034
Exposure to odors appears to be associated with a reduction in your risk of having migraine attacks.


Chocolate P-value: 0.042
Chocolate appears reduce your risk of migraine attacks.


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Individual map showing your triggers. February 2, 2021 to May 31, 2021



The map shows the factors, based on your daily data entry, that were associated with increasing your risk of a migraine attack. On days when such "triggers" were present, the risk of attacks increased.

 **Missed dinner** P-value: 0.0024
Missing dinner may be a trigger for your migraine attacks.

 **Irritability** P-value: 0.023
Feeling irritable may be a trigger for your migraine attacks.

 **Menstrual bleeding** P-value: 0.022
Your attacks are associated with your menstrual periods. At these times, be aware of the possible compounding effect of other triggers and try to minimize your exposure to those. Your doctor may be able to help you if migraines at the time of menstruation are a major problem for you.

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Factors where no associations were found. February 2, 2021 to May 31, 2021



The map shows the factors, based on your daily data entry, that were not associated with migraine attacks. Although you might have previously suspected one or more of these factors were associated with your migraines, no connection could be found.

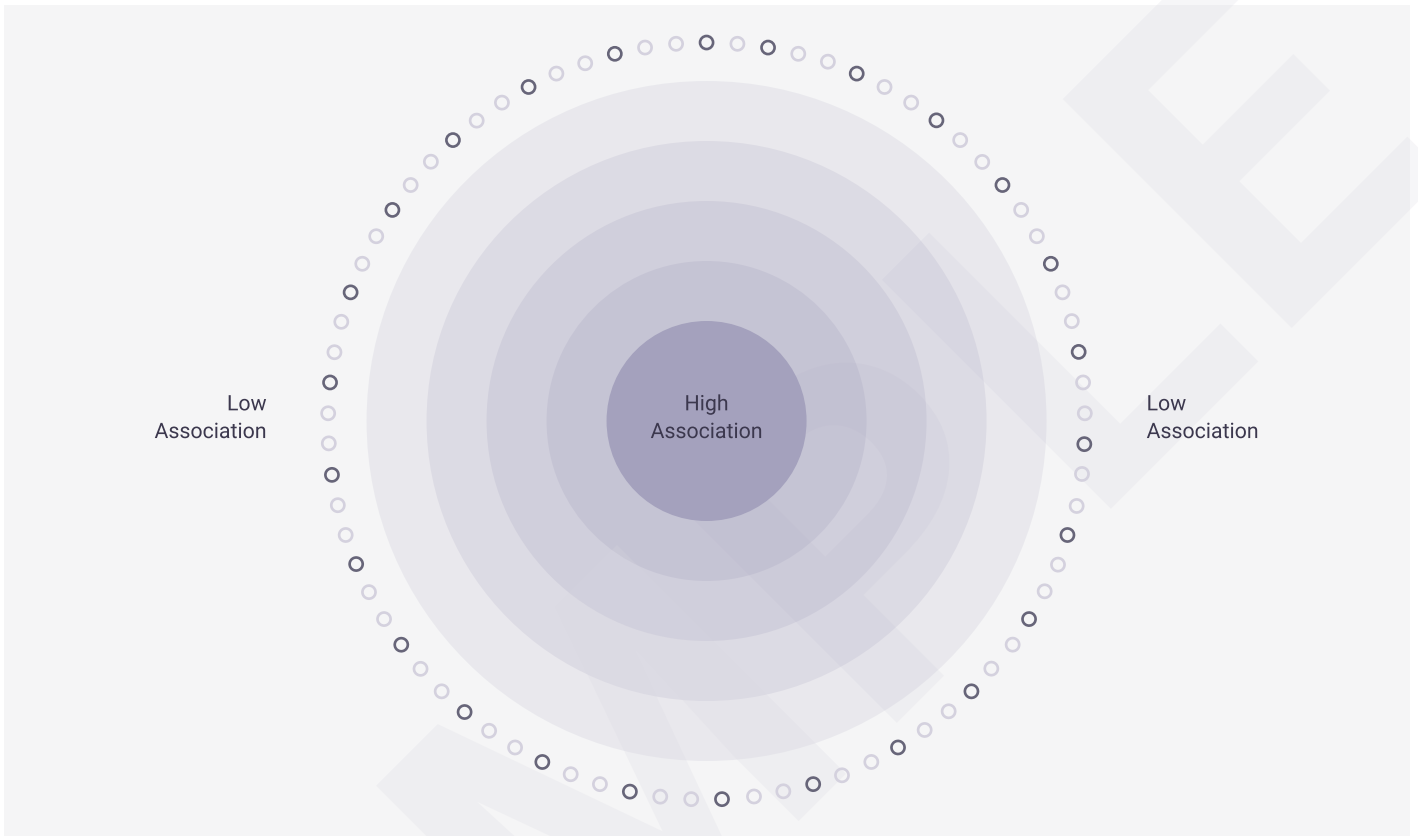
- | | | | | |
|------------------|-------------------|-----------------------|-----------------------|---------------------------|
| Activity | Alcohol | Angriness | Anxiety | Artificial sweetener |
| Caffeine | Citrus fruits | Dehydration | Exposed to loud noise | Eyestrain |
| Happiness | Hunger | Sexual activity | MSG | Mean atmospheric pressure |
| Mean humidity | Mean temperature | Mean wind speed | Menstrual bleeding | Missed breakfast |
| Missed meals | Moderate activity | More light than usual | Neck pain | Nuts |
| Onions | Plane | Relaxation | Sadness | Tiredness / fatigue |
| Skin sensitivity | Sleep duration | Sleep quality | Soft drinks | Stress |

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Factors with insufficient data to analyze. February 2, 2021 to May 31, 2021



The map shows the factors where there was insufficient data to determine whether there is (or is not) an association with your migraine attacks.

- Atmospheric pressure range
- Beer
- Boredom
- Coffee
- Energy drinks
- Hrziejg
- Humidity range
- Intense activity
- Jhgfhz
- Light sensitivity
- Missed lunch
- Missed other meal
- Motorcycle
- Noise sensitivity
- Odor sensitivity
- Other nicotine
- Recreational drugs
- Red wine
- Ship
- Smoking
- Sparkling wine
- Spirits
- Temperature range
- Timezones difference
- Train
- Wind speed range

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Map of triggers you suspected before you used N1-Headache. Before February 2, 2021



Before using N1-Headache, you were asked to list your suspected triggers. This map displays all of your suspected factors based on your confidence level of each trigger. Compare this map to your individual map showing your triggers (page).

- Menstrual bleeding
- More light than usual
- Neck pain
- Caffeine
- Stress
- Alcohol
- Tiredness / fatigue
- Chocolate
- MSG
- MSG
- Anxiety
- Sleep quality
- Dehydration
- Artificial sweetener