

Do you have chronic migraine?

Are you among the millions of Americans who don't know they have chronic migraine? Tally your responses and talk to PCI's neurology staff; only a doctor can diagnose Chronic Migraine. It is a treatable medical condition defined as 15 headache days per month with each headache lasting 4 hours or more, including 8 or more days with migraine.

FREQUENCY



When answering the next two questions, if you don't remember the exact number, give the best answer you can. If a headache lasted more than 1 days, count each day.

In the past three months (90 days) on how many days did you have a headache of any type? _____
If you answered 45 days or more, check the Frequency box.

In the last month (past 30 days) on how many days did you have a headache of any type? _____
If you answered 15 days or more, check the Frequency box.

SYMPTOMS



If you have more than one type of headache, please answer for your most severe type. Circle the best answer. Check the Symptoms box if you answer half the time or more.

How often are you sensitive to light?

Never Rarely Half the time More than half the time

How often are you sensitive to sound?

Never Rarely Half the time More than half the time

How often was the pain moderate to severe?

Never Rarely Half the time More than half the time

How often did you feel nauseated or sick to your stomach?

Never Rarely Half the time More than half the time

MEDICATION



Count medications you took as needed to relieve headaches, in the past 30 days:

How many days did you use over-the-counter or prescription medications to treat your headaches? _____. If you answered 10 days or more, check the Medication Use box.

ACTIVITIES



In the past 30 days:

How many days did you miss work or school because of your headaches? _____

How many days did you miss family, social or leisure activities because of your headaches? _____

How many times did you headaches interfere with making plans? _____

How many times did you worry about making plans because of your headaches? _____

If you answered 10 days or more, check the Activities box.



PHYSICIANS' CLINIC
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There is other important information to share with your doctor:

Name of your headache/ migraine acute and/or preventative medications (over-the-counter and prescription), both current and past	How often you took it: (per day and per month)	How much?	How long you took it:	How it worked:
			___/___/___ to ___/___/___	
			___/___/___ to ___/___/___	
			___/___/___ to ___/___/___	
			___/___/___ to ___/___/___	
			___/___/___ to ___/___/___	

How do headaches/migraines affect your daily life? (work, school, activities, family, etc?) _____

Questions to ask your doctor:

1. Do I have chronic migraine?
2. What treatments are available for chronic migraine?

Once you've completed this screening tool, please return to PCI Neurology. We will review it and determine the best treatment options available for you.

