DR PAUL CHRISTO

MIGRAINE QUESTIONNAIRE

IS IT A HEADACHE OR A MIGRAINE?

1 CALCULATE YOUR PAIN

Check the areas where you have had pain in the past 3 months.

- ☐ HEAD
- ☐ EYE
- ☐ FACE
- ☐ NECK

NUMBER OF BOXES CHECKED ☐

2 WHAT ARE YOUR SYMPTOMS?

CHECK ALL THAT APPLY

- ☐ Throbbing headache that lasts between 4 and 72 hours
- ☐ Headache worsens with exertion
- ☐ Nausea
- ☐ Vomiting
- ☐ Sensitivity to light
- ☐ Sensitivity to sound
- ☐ Distorted vision
- ☐ Seeing flashes of light
- ☐ Irritability
- ☐ Nasal congestion
- ☐ Scalp tenderness
- ☐ Chronic headache
  Occurs 15 days or more per month for at least 3 months and lasts 4 hours or more per day.

NUMBER OF BOXES CHECKED ☐

3 ARE YOU MORE PRONE TO HEADACHES WHEN YOU ARE EXPOSED TO...

CHECK ALL THAT APPLY

- ☐ Light
- ☐ Sound
- ☐ Certain foods or additives
- ☐ Hormonal changes
- ☐ Stress
- ☐ Sleep disturbances

NUMBER OF BOXES CHECKED ☐

4 TALLY THE TOTAL OF ALL BOXES CHECKED

If you have a number higher than **7**, you could be experiencing migraine headaches.
Print this form out and take it to your doctor to start the discussion.

TOTAL ☐