Chronic Migraine Screener

What is Chronic Migraine?

Chronic Migraine is a condition defined as 15 or more headache days a month with each headache lasting 4 hours or more per day. At least half of the headaches should be migraine.[1]

How to use this screener

The following questions can help you and your physician understand your condition and help determine if you may have Chronic Migraine. Being thorough about your headaches/migraines will help your physician determine how much your headaches affect your daily life, and help get you to a more accurate diagnosis and find treatment options that are right for you.[2]

Personal information

Name _____

Date of birth _____

Important information before you get started

What are headache days?

It's important to understand the number of days you had *headaches* (including migraines) rather than the number of *attacks*.[2]

- For example, you may have a headache that starts on Monday and doesn't go away until Wednesday; it may be 1 attack, but that's considered 3 *headache days*

Remember to provide your doctor with an accurate number of **ALL of the days you experience headache pain of any kind.**

Are migraine days the same as headache days?

Some of your headaches may be a type of headache known as a *migraine*. If you experience any combination of the following symptoms, your headache may be a migraine[3]:

- Constant, throbbing pain felt on 1 side of the head (but can be on both sides)
- Sensitivity to light and sound
- Nausea and/or vomiting
- Headaches that get worse with movement (you may want to lie down)

Whether your headache is a migraine or not, it still counts as a *headache day*.

What if the headache gets better or goes away after I take medicine?

You should also count days that you treated/resolved your headache/migraine with either over-the-counter medication like ibuprofen or prescription medication like sumatriptan. These days are still considered as days *with* headache.

Fill this out to see if you may have Chronic Migraine

1. **A.** How many days in the **past month** did you spend *with* headache/migraine? (Include **ALL days with any headache pain of any kind,** even those you didn't feel you needed to take any medication for or only took an over-the-counter medication.) _____ day(s)

   B. How many days in the past month did you spend **without ANY headache pain** of any kind (headache-free days)? _____ day(s)

   C. Now subtract B from 31 and enter that number: _____ day(s)

   In A **or** C, did you enter 15 or more? ☐ Yes ☐ No ◄

2. Did any of your headaches/migraines last more than 4 hours if you didn't treat them? ☐ Yes ☐ No ◄

3. Have you ever been diagnosed as having chronic headaches (including chronic tension-type or chronic sinus headaches)? ☐ Yes ☐ No

4. Have you ever been diagnosed as having migraines? ☐ Yes ☐ No

5. Do your headaches/migraines **impact your daily life**? ☐ Yes ☐ No

   Rate the impact of your headaches/migraines on your daily life:

1	2	3	4	5	6	7	8	9	10
Mild									Severe

   How many days in the past month have your headaches/migraines severely affected your daily life? _____ day(s)

6. In the past month, did you take anything to treat your headaches/migraines? ☐ Yes ☐ No

   If "yes", how many days in the past month did you take something to treat your headaches/migraines **(including over-the-counter drugs, prescription medication, and vitamins/herbal remedies)?** _____ day(s)

   Please list what you took:
   _____
   _____
   _____

   ☐ **CHECK HERE IF YOU ANSWERED "YES" TO BOTH 1 AND 2 AND AT LEAST ONE OF THE OTHER QUESTIONS. YOU MAY HAVE CHRONIC MIGRAINE.**

Review this screener with your doctor. Call and schedule an appointment with his/her office, if you don't already have one.

It's important to discuss with your doctor what you can do about your headaches/migraines, and to find treatment options that are right for you.

References: 1. Lipton RB. Chronic migraine, classification, differential diagnosis, and epidemiology. *Headache.* 2011;51(suppl 2):77S-83S. **2.** Buse DC, Lipton RB. Facilitating communication with patients for improved migraine outcomes. *Curr Pain Headache Rep.* 2008;12(3):230-236. **3.** Headache Classification Subcommittee of the International Headache Society. The International Classification of Headache Disorders: 2nd edition. *Cephalalgia.* 2004;24(suppl 1):9-160.