

## ID-Chronic Migraine (ID-CM) is a screening tool created by a team of headache experts. It is designed to help your doctor assess if you may have Chronic Migraine.<sup>1,\*</sup>

Chronic Migraine is a treatable medical condition defined by  $\geq 15$  headache days per month with each headache lasting 4 hours or more, including 8 or more days with migraine.<sup>2</sup>

- Instructions:**
1. Answer questions **Q1 - Q6** below.
  2. Tally your responses and bring to your doctor to find out if you may have Chronic Migraine.

### 1. What was the **FREQUENCY** of your headaches?<sup>†</sup>

**Q1.** In the last 3 months (past 90 days), on how many days did you have a headache of any type?

Number of days:

If you answered 45 days or more, check the **"FREQUENCY"** box

**Q2.** In the last month (past 30 days), on how many days did you have a headache of any type?

Number of days:

If you answered 15 days or more, check the **"FREQUENCY"** box

**FREQUENCY**

### 2. What were your **SYMPTOMS** when you had headaches in the last month (past 30 days)?<sup>‡</sup>

	A Never	B Rarely	C Less than half the time	D Half the time or more
<b>Q3.</b> How often were you unusually sensitive to light (eg, you felt more comfortable in a dark place)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q4.</b> How often were you unusually sensitive to sound (eg, you felt more comfortable in a quiet place)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q5.</b> How often was the pain moderate or severe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Q6.</b> How often did you feel nauseated or sick to your stomach?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you answered **"C"** or **"D"** to questions **Q3, Q4, and Q5**, check the **"SYMPTOMS"** box

If you answered **"C"** or **"D"** to both questions **Q5 and Q6**, check the **"SYMPTOMS"** box

**SYMPTOMS**

### 3. Tally your responses and then bring this information to your doctor.

If you checked both of these boxes

**FREQUENCY** and

**SYMPTOMS**

**You may have Chronic Migraine**

### 4. Questions to ask your doctor:

- 1) Do I have Chronic Migraine? 2) What's the difference between Chronic Migraine and other types of migraine? 3) What treatments are available for Chronic Migraine?

Visit [MyChronicMigraine.com](http://MyChronicMigraine.com) to learn about Chronic Migraine and to sign up for more information.

\*The 6-question ID-CM Screener was derived from the 12-question ID-CM Screener.

<sup>†</sup>When answering Q1 and Q2, if you don't remember the exact number of headache days, please give the best answer you can. If a headache lasted more than 1 day, count each day.

<sup>‡</sup>When answering Q3 through Q6, describe the pain and other symptoms you have with your headaches. If you have more than 1 type of headache, please answer for your most severe type.

References: 1. Lipton RB, Serrano D, Buse DC, et al. Improving the detection of chronic migraine: development and validation of Identify Chronic Migraine (ID-CM). *Cephalalgia*. 2016;36(3):203-215. 2. Lipton RB. Chronic migraine, classification, differential diagnosis, and epidemiology. *Headache*. 2011;51(suppl 2):77S-83S.