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.¹

Chronic Migraine is a treatable medical condition defined by ≥15 headache days per month with each headache lasting 4 hours or more, including 8 or more days with migraine.²

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?¹

   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

2. What were your SYMPTOMS when you had headaches in the last month (past 30 days)?²

   Q3. How often were you unusually sensitive to light (eg, you felt more comfortable in a dark place)?
   A Never  B Rarely C Less than half the time D Half the time or more
   If you answered “C” or “D” to questions Q3, Q4, and Q5, check the “SYMPTOMS” box

   Q4. How often were you unusually sensitive to sound (eg, you felt more comfortable in a quiet place)?
   If you answered “C” or “D” to both questions Q5 and Q6, check the “SYMPTOMS” box

   Q5. How often was the pain moderate or severe?
   If you checked both of these boxes FREQUENCY and SYMPTOMS You may have Chronic Migraine

   Q6. How often did you feel nauseated or sick to your stomach?

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

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 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.
*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.
*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.