



Name \_\_\_\_\_

Date \_\_\_\_\_

Are you among the millions of Americans who don't know they have **Chronic Migraine**?<sup>1-3</sup> Complete this tool and bring it to your doctor to start an important conversation about your headaches.

ID-Chronic Migraine (ID-CM) is a screening tool created by a team of headache experts. It is designed to help your doctor see if you may have Chronic Migraine.

**Instructions:**

1. Answer all questions on pages 2 and 3.
2. Go to page 4 and tally your responses to bring to your doctor.
3. Fill out your medical history on page 4.
4. Use the ID-CM tool to talk to your doctor about Chronic Migraine and available treatment options.

Let's get started!



## What was the **FREQUENCY** of your headaches?

When answering the next 2 questions, 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.

1. 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



**FREQUENCY**

2. 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



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

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.

	A Never	B Rarely	C Less than half the time	D Half the time or more
3. 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"/>
4. 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"/>
5. How often was the pain moderate or severe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. 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 3, 4, AND 5, check the "Symptoms" box



**SYMPTOMS**



If you answered "C" or "D" to both questions 5 AND 6, check the "Symptoms" box

Continue answering questions on the next page.

What was your **MEDICATION USE** for headache in the last month **(past 30 days)**?

When answering the next 2 questions, only count medications you take as needed to relieve headache.

7. How many days did you use over-the-counter medications to treat your headache attacks?

Number of days:

8. How many days did you use prescription medications to treat your headache attacks?

Number of days:

If you answered 10 days or more to either question, check the "Medication Use" box



**MEDICATION USE**

How often did headache interfere with **ACTIVITIES** in the last month **(past 30 days)**?

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

Number of days:

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

Number of days:

If you answered 10 days or more to either question, check the "Activities" box



**ACTIVITIES**

How often did headache affect **MAKING PLANS** in the last month **(past 30 days)**?

11. How often did your headaches interfere with making plans?

	A Never	B Rarely	C Less than half the time	D Half the time or more
11. How often did your headaches interfere with making plans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. How often did you worry about making plans because of your headaches?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you answered "D" to either question, check the "Making Plans" box



**MAKING PLANS**

Go to page 4 to tally your responses and fill out your medical history.

**Tally your responses and then bring this information to your doctor.** Your doctor is the only one who can diagnose Chronic Migraine. 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.<sup>4</sup>

Go back to page 2.

If you checked both of these boxes

- FREQUENCY**
- and*
- SYMPTOMS**



**You may have  
Chronic  
Migraine**

or

Go back to page 3.

If you checked all 3 of these boxes

- MEDICATION USE**
- and*
- ACTIVITIES**
- and*
- MAKING PLANS**



**You may have  
Chronic  
Migraine**

**Write down some important information to help talk to your doctor about your headaches**

Name of your headache/migraine acute and/or preventive medications (over-the-counter and prescription), both current and past*	How often you took it (per day & per month)	How much (eg, 25-mg pill)	How long you took it (eg, 3 months)	How it worked

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Please record medications you have taken as needed to relieve headache and those you have taken on a schedule to prevent headaches/migraines.

**Questions to ask your doctor:**

- ⦿ Do I have Chronic Migraine?
- ⦿ What treatments are available for Chronic Migraine?

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



**References:** 1. Natoli JL, Manack A, Dean B, et al. Global prevalence of chronic migraine: a systematic review. *Cephalalgia*. 2010;30(5):599-609. 2. Centers for Disease Control and Prevention. Census projections request. CDC WONDER website. <http://wonder.cdc.gov/population-projections.html>. Accessed October 22, 2014. 3. Bigal ME, Serrano D, Reed M, Lipton RB. Chronic migraine in the population: burden, diagnosis, and satisfaction with treatment. *Neurology*. 2008;71(8):559-566. 4. Lipton RB. Chronic migraine, classification, differential diagnosis, and epidemiology. *Headache*. 2011;51(suppl 2):77S-83S.