

MIGRAINE PATIENT QUESTIONNAIRE

Use this document to help facilitate a discussion with your healthcare professional about migraine

ABOUT YOU

How has migraine affected your daily activities? _____

Have you consulted a neurologist or pain specialist during your treatment journey? Yes No

ABOUT YOUR MIGRAINE

How many headache days do you experience a month? _____

How many migraine days do you experience a month? _____

How long have you suffered from migraine headaches? _____

Approximately, how old were you when you were diagnosed with migraine headaches? _____

Have you been evaluated for medication overuse headache? Yes No

If Yes, do you suffer from medication overuse headache? Yes No

ABOUT YOUR MIGRAINE TREATMENT HISTORY

Please place a check mark in the or write in the medications you have taken if not listed.

TYPE OF MEDICATIONS	MEDICATION CLASS	GENERIC NAME	
Blood Pressure Medications	Beta blockers	<input type="checkbox"/> Propranolol <input type="checkbox"/> Timolol <input type="checkbox"/> Atenolol	<input type="checkbox"/> Metoprolol <input type="checkbox"/> Nadolol
	Calcium channel blockers	<input type="checkbox"/> Verapamil <input type="checkbox"/> Diltiazem	<input type="checkbox"/> Nimodipine
Antidepressants	Tricyclic antidepressants	<input type="checkbox"/> Amitriptyline <input type="checkbox"/> Nortriptyline	<input type="checkbox"/> Imipramine
	Selective serotonin reuptake inhibitors (SSRI/SSNRI)	<input type="checkbox"/> Fluoxetine <input type="checkbox"/> Paroxetine	<input type="checkbox"/> Sertraline
Anticonvulsants		<input type="checkbox"/> Topiramate <input type="checkbox"/> Divalproex sodium	<input type="checkbox"/> Gabapentin
Neuro Toxin	Botulinum toxin	<input type="checkbox"/> OnabotulinumtoxinA	
Acute Treatments (quick acting)		<input type="checkbox"/> Triptans	
Other	Please specify: _____		

Of the treatments you have taken, have you discontinued any due to:

Efficacy: Yes No

Side Effects: Yes No

How many days a month do you take quick acting medications (prescription or over the counter)? _____