

1) SCREENING QUESTIONNAIRE

Subjects screen positive for migraine if they have headaches that they would like to discuss with the doctor and respond “yes” to 2 or 3 of the questions.

Do you have **headaches** that limit your ability to work, study or enjoy life? Do you want to talk to your healthcare professional about your headaches? Please answer these questions and give your answers to your healthcare professional.

During the last 3 months, did you have the following with your headaches:

You felt nauseated or sick to your stomach

1. () Yes () No

Light bothered you (a lot more than when you don't have headaches)

2. () Yes () No

Your headaches limited your ability to work, study, or do what you needed to do for at least one day.

3. () Yes () No

Adapted from Lipton RB, Dodick D, Sadovsky R, et al. A self-administered screener for migraine in primary care: the ID Migraine validation study. *Neurology* 2003;61:375-82.