

Could I have migraine disease?

Download this quiz, fill it out and bring it to your doctor. For more information (treatment strategies) visit migrainedisorders.org.

Step 1: Check all symptoms that apply

- Facial pressure
- Facial pain
- Nasal congestion and runny nose
- Ear pressure or blockage
- Feeling of liquid or foreign body in your ears
- Loss of balance or spinning
- Difficulty finding words
- Abnormal odors that others do not smell
- Unexplained bad taste or burning in your mouth
- Unexplained tooth pain
- Stabbing pain associated with your ear or jaw
- Difficulty sleeping

Step 2: Two or more positive responses are strong indicators of migraine disease

At any point in your life, have you had repeated intense headaches? Yes No

Do your headaches include nausea? Yes No

Do you have light or noise sensitivity during your headaches? Yes No

Have you had unexplained temporary changes in your vision? (Flashes of light, zigzagging lights, blurring or partial loss of vision)	Yes	No
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Have you suffered from motion intolerance? (Feeling sick when reading a book in the back seat of a moving car or when riding a roller coaster)	Yes	No
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Do you have any family members who suffer from migraine symptoms?	Yes	No
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Step 3: Do you have associated diseases?

Anxiety	Yes	No
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Depression	Yes	No
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Irritable bowel disease	Yes	No
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Fibromyalgia	Yes	No
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Pelvic floor pain	Yes	No
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Chronic fatigue	Yes	No
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