

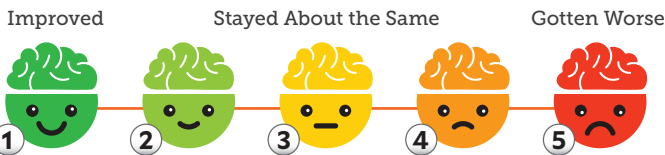
## Doctor Discussion Guide:

# CHRONIC MIGRAINE

When managing migraine, it is important to monitor your symptoms, ask the right questions, and work with your doctor to receive the appropriate care. Complete the guide below and the tracker on the opposite page, then share them with your doctor to make the most of your appointment. By doing so, you and your doctor can develop a better understanding of your triggers, symptoms, and treatment options.

### YOUR MIGRAINE DETAILS

In the past month, how have your migraine symptoms changed? (circle on scale below)



On average, how many migraine attacks do you experience in a month?

How long (minutes, hours, days) do your migraine attacks last on average?

How far in advance of a full-blown attack (minutes, hours) do you feel the onset of symptoms?

How much time (minutes, hours) does it take for you to feel normal again once a migraine attack has passed?

In relation to migraine, do you ever experience:  
(check all that apply)

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Aura              | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Light-sensitivity | _____                                |
| <input type="checkbox"/> Nausea            | _____                                |
| <input type="checkbox"/> Vomiting          | _____                                |
| <input type="checkbox"/> Sound-sensitivity | _____                                |
| <input type="checkbox"/> None of the above | _____                                |

### MIGRAINE AND YOUR LIFE

In the past month, how many days has migraine affected your ability to work?

How many social/family events have you missed in the past month due to migraine?

Has migraine interfered with your daily life?  
☐ Yes ☐ No If yes, please explain:

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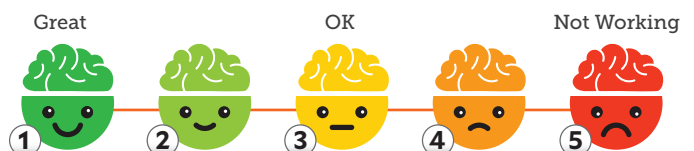
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### MIGRAINE TREATMENT

Are you currently on a treatment for migraine?  
☐ Yes ☐ No

Have you tried these types of migraine medications?  
Acute: ☐ Yes ☐ No  
Preventive: ☐ Yes ☐ No

On a scale of 1 to 5, how well do you believe your current migraine treatment is working?  
(circle on scale below)



► Find more information and tools at: [HealthCentral.com/ChronicMigraineGuide](https://www.healthcentral.com/ChronicMigraineGuide)