

## Doctor Discussion Guide

# Chronic Migraine



When managing migraine, it's 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. This will help you and your doctor develop a better understanding of your triggers, symptoms, and treatment options.

### Your Migraine Experience

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

How would you describe your migraine symptoms during the past month? (check on scale below)



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

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

How often do migraine attacks disrupt your sleep habits?

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"/> Smell-sensitivity | _____                                |
| <input type="checkbox"/> Sound-sensitivity | _____                                |
| <input type="checkbox"/> None of the above | _____                                |

### Your Life and Migraine

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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### Your Migraine Treatment

Have you tried these types of migraine medications?

Acute:  Yes  No

Preventive:  Yes  No

Are you currently on a treatment for migraine?

Yes  No If yes, which treatment:

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

