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Date\_

Are you among the hundreds of thousands of Canadians who don't know they have **Chronic Migraine**?<sup>1-3</sup>

Complete this tool and bring it to your doctor to start an important conversation about your headaches.

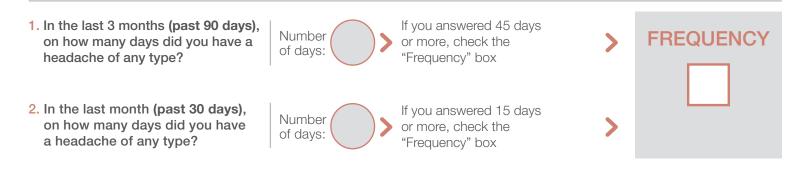
ID-Chronic Migraine (ID-CM) is a screening tool created by a team of headache experts. It is designed to help your doctor assess if you may have Chronic Migraine.

#### Instructions:

- 1. Answer all questions on pages 2 and 3.
- 2. Go to page 4 and tally your responses to bring to your doctor.
- 3. Fill out your medical history on page 4.
- 4. Use the ID-CM tool to talk to your doctor about Chronic Migraine and available treatment options.

### What was the FREQUENCY of your headaches?

When answering the next 2 questions, if you don't remember the exact number of headache days, please give the best answer you can. If a headache lasted more than 1 day, count each day.



# What were your **SYMPTOMS** when you had headaches in the last month **(past 30 days)**?

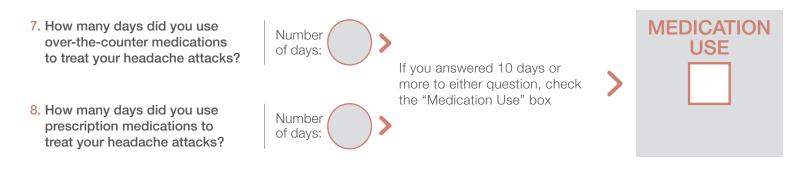
Describe the pain and other symptoms you have with your headaches. If you have more than 1 type of headache, **please answer for your most severe type.** 

	A Never	B Rarely	C Less than half the time	D Half the time or more	
3. How often were you unusually sensitive to light (eg, you felt more comfortable in a dark place)?	0	0	0	0	<ul> <li>If you answered "C" or "D" to questions 3,</li> <li>4, AND 5, check the "Symptoms" box</li> </ul>
4. How often were you unusually sensitive to sound (eg, you felt more comfortable in a quiet place)?	0	0	0	0	SYMPTOMS
5. How often was the pain moderate or severe?	0	0	0	0	
6. How often did you feel nauseated or sick to your stomach?	0	0	0	0	If you answered "C" or "D" to both questions 5 AND 6, check the "Symptoms" box

## Continue answering questions on the next page.

### What was your MEDICATION USE for headache in the last month (past 30 days)?

When answering the next 2 questions, only count medications you take as needed to relieve headache.



How often did headache interfere with ACTIVITIES in the last month (past 30 days)?

- 9. How many days did you miss work or school because of your headaches?
- 10. How many days did you miss family, social, or leisure activities because of your headaches?

Number

of days:

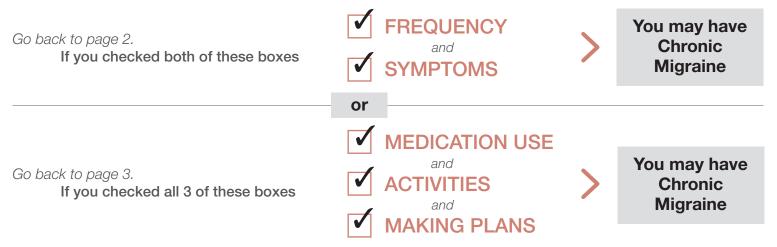
If you answered 10 days or
more to either question, check
the "Activities" box
Number
of days:
Of days:

How often did headache affect MAKING PLANS in the last month (past 30 days)?

	A Never	B Rarely	C Less than half the time	D Half the time or more		
11. How often did your headaches interfere with making plans?	0	0	0	0	If you answered "D" to either question,	MAKING PLANS
12. How often did you worry about making plans because of your headaches?	0	0	0	0	check the "Making Plans" box	

Go to page 4 to tally your responses and fill out your medical history.

**Tally your responses and then bring this information to your doctor.** Your doctor is the only one who can diagnose Chronic Migraine. Chronic Migraine is a treatable medical condition defined by 15 headache days per month with each headache lasting 4 hours or more, including 8 or more days with migraine.<sup>4</sup>



Write down some important information to help talk to your doctor about your headaches								
Name of your headache/ migraine acute and/or preventive medications (over-the-counter and prescription), both current and past*	How often you took it (per day & per month)	How much (eg, 25-mg pill)	How long you took it (eg, 3 months)	How it worked				
How do headaches/migraines affect your daily life (work, school, activities, family, etc)?								

\*Please record medications you have taken as needed to relieve headache and those you have taken on a schedule to prevent headaches/migraines.

#### Questions to ask your doctor:

- Do I have Chronic Migraine?
- What treatments are available for Chronic Migraine?

# Visit MyChronicMigraine.ca to learn more about Chronic Migraine and to sign up for more information.



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