

ID Migraine™ Screener

During the last 3 months, did you have any of the following with your headaches?*

1. You felt **nauseated** or sick to your stomach when you had a headache?

Yes No

2. **Light bothered you** (a lot more than when you don't have headaches)?

Yes No

3. Your headaches **limited your ability** to work, study, or do what you needed to do for at least 1 day?

Yes No

***An affirmative response on 2 of 3 questions yields a sensitivity and specificity of 81% and 75%, respectively.**