Having to live with chronic pain is difficult enough without the added burden of migraine headaches. This guide will help you to have a meaningful conversation with your health care provider. Use this tool before you go to your next appointment.

**Pain level**

<table>
<thead>
<tr>
<th>Pain level</th>
<th>None</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Extreme</th>
</tr>
</thead>
</table>

**Age onset**

<table>
<thead>
<tr>
<th>Age onset</th>
<th>Young</th>
<th>20-30</th>
<th>30-40</th>
<th>40-50</th>
<th>50-60</th>
<th>60-70+</th>
</tr>
</thead>
</table>

**Frequency of headaches per month**

<table>
<thead>
<tr>
<th>Frequency per month</th>
<th>None</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>10 or more</th>
</tr>
</thead>
</table>

**ASSOCIATED SYMPTOMS**

**Any associated with aura**

<table>
<thead>
<tr>
<th>Any associated with aura</th>
<th>None</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>All the time</th>
</tr>
</thead>
</table>

**Nausea**

<table>
<thead>
<tr>
<th>Nausea</th>
<th>None</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Severe nausea</th>
</tr>
</thead>
</table>

**Sweating**

<table>
<thead>
<tr>
<th>Sweating</th>
<th>None</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>Sweating</th>
</tr>
</thead>
</table>
Migraine Conversation Guide

**Blood shot eyes**

- 0: None
- 1: Slightly
- 2: Lightly
- 3: Moderately
- 4: Moderately severe
- 5: Severe
- 6: Very severe
- 7: Severely
- 8: Extremely
- 9: Extremely severe
- 10: Severely blood shot

**Sensitivity to light**

- 0: None
- 1: Slightly
- 2: Lightly
- 3: Moderately
- 4: Moderately severe
- 5: Severe
- 6: Very severe
- 7: Severely
- 8: Extremely
- 9: Extremely severe
- 10: Severely blood shot

**Sensitivity to sound**

- 0: None
- 1: Slightly
- 2: Lightly
- 3: Moderately
- 4: Moderately severe
- 5: Severe
- 6: Very severe
- 7: Severely
- 8: Extremely
- 9: Extremely severe
- 10: Extremely sensitive

**Smells**

- 0: None
- 1: Slightly
- 2: Lightly
- 3: Moderately
- 4: Moderately severe
- 5: Severe
- 6: Very severe
- 7: Severely
- 8: Extremely
- 9: Extremely severe
- 10: Extremely sensitive

**Mood changes**

- 0: None
- 1: Slightly
- 2: Lightly
- 3: Moderately
- 4: Moderately severe
- 5: Severe
- 6: Very severe
- 7: Severely
- 8: Extremely
- 9: Extremely severe
- 10: Extreme mood swings

**Congestion**

- 0: None
- 1: Slightly
- 2: Lightly
- 3: Moderately
- 4: Moderately severe
- 5: Severe
- 6: Very severe
- 7: Severely
- 8: Extremely
- 9: Extremely severe
- 10: Severe congestion
**Sleep Disturbance**

0 1 2 3 4 5 6 7 8 9 10
None Severe insomnia

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**TRIGGERS OR MAKES PAIN WORSE**

<table>
<thead>
<tr>
<th>Alcohol</th>
<th>Food</th>
<th>Activity</th>
<th>Body Positions</th>
<th>Noises</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Yes</td>
<td>❑ Yes</td>
<td>❑ Yes</td>
<td>❑ Yes</td>
<td>❑ Yes</td>
</tr>
<tr>
<td>❑ No</td>
<td>❑ No</td>
<td>❑ No</td>
<td>❑ No</td>
<td>❑ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Weather</th>
<th>Stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Cold</td>
<td>❑ Yes</td>
</tr>
<tr>
<td>❑ Stormy</td>
<td>❑ No</td>
</tr>
<tr>
<td>❑ Dry</td>
<td>❑ No</td>
</tr>
<tr>
<td>❑ Hot</td>
<td>❑ Yes</td>
</tr>
<tr>
<td>❑ Wet</td>
<td>❑ No</td>
</tr>
<tr>
<td>❑ Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chewing</th>
<th>Coffee</th>
<th>Environment/smells</th>
<th>Hormone changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Yes</td>
<td>❑ Yes</td>
<td>❑ Yes</td>
<td>❑ Yes</td>
</tr>
<tr>
<td>❑ No</td>
<td>❑ No</td>
<td>❑ No</td>
<td>❑ No</td>
</tr>
</tbody>
</table>

**OTHER TRIGGERS** (please list)
WHAT MAKES PAIN BETTER (check all that apply)

- Ice
- Darkness
- Medication
- Heat
- Quiet
- Sleep

TREATMENTS TRIED (please list)