

Directions: Circle **Yes** or **No** to each question.

1

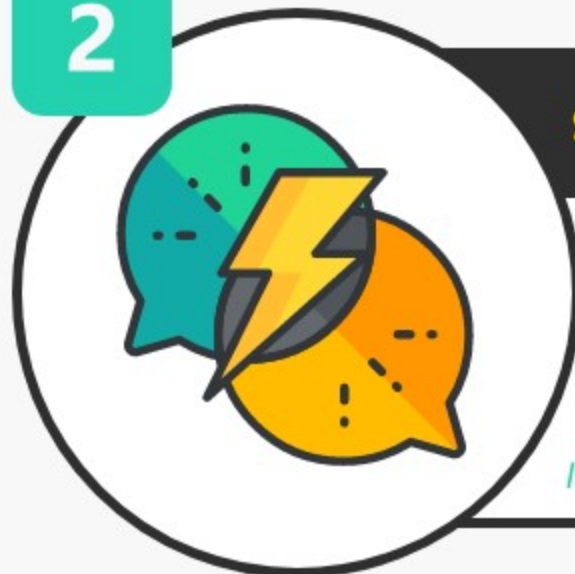


Step 1: Headache Characteristics

- Headaches on one side of your head? Yes No
- Headaches throb or pulse? Yes No
- Headache pain moderate to severe? Yes No
- Made worse by physical activity? Yes No

If you answered "Yes" to 2 or more, proceed to Step 2...

2



Step 2: Associated Symptoms

- Do you feel nauseous or vomit? Yes No
- Does light and noise bother you? Yes No

If you answered "Yes" to either, proceed to Step 3...

3



Step 3: Duration