ID Migraine™ Screener

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

 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.

Lipton RB. A self-administered screener for migraine in primary care: The ID Migraine™ validation study. *Neurology*. 2003;61:375–382.