Migraine Checklist

Name Date

Check the column which best represents the occurrence of each symptom.

	Does not apply to me	Never	Rarely	Less than half the time	Half the time or more
Mood changes					
Become excitable					
Irritability					
Depression					
Yawning					
Sensitivity to light and/ or sound					
Unusual smell or taste sensation					
Trouble concentrating					
Muscle tension (neck & shoulders)					
Nausea					
Constipation or diarrhea					
Visual appearance of geometric patterns					
Numbness or tingling in arms and face					
Temporary vision loss					
Sharp icepick-like sensation to the head					
Neck stiffness and pain					
Anxiety					
Inability to concentrate					
Ringing in the ears					