

# MIGRAINE QUIZ



Print or download this form onto your mobile device to prepare for your next appointment with your healthcare provider.

1. Do you have 4 or more migraine days per month?

Yes  No

2. How many days are you impacted by migraine symptoms in an average month? \_\_\_\_\_

3. How long do your migraine attacks usually last? \_\_\_\_\_ (hours) or \_\_\_\_\_ (days)

4. Which of the following symptoms do you usually have with your migraine?

Pulsing/throbbing headache

Light sensitivity

Nausea or vomiting

Changes to your vision

Temporary vision loss

Other symptoms:

5. What medications do you take to treat your migraine? (Select all that apply.)

Over-the-counter medications to treat migraine symptoms once they start

Prescription medications to treat migraine symptoms once they start

Prescription medications to help prevent migraine

6. Do you still experience migraine headaches regularly?

Yes  No

Please speak to your doctor about how migraine impacts your day-to-day activities (eg, at work, school, home).



## READY TO LEARN MORE?

Use this quiz to help start the conversation with your doctor about migraine, and visit page 20 in the Patient Brochure (available in the Resource Center) for more information.

These questions are not intended for use in the diagnosis or prevention of migraine or other conditions.

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