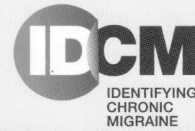


Do you have frequent headaches?

Preparing the following information
will help you complete the ID-CM questionnaire.

- Number of days per month you experience any headache
- Severity of your headache pain
- Symptoms you experience in addition to pain
- How headaches interfere with your school,
work and social activities
- Prescription and non-prescription medications
you use for your headaches



Go to **MyChronicMigraine.ca**
and complete the ID-CM questionnaire.

APC25X015