



PAMS: PEDIATRIC AND ADOLESCENT MIGRAINE SCREEN

Name of Student:

Please check any that apply

UNDER 12 YEARS

- ☐ Would you rate the pain from your headache as bad or very bad?
- ☐ Does your head feel like it is pounding?
- ☐ Does your headache get worse when you run, walk, or play?

12-18 YEARS

- ☐ Would you rate the pain from your headache as moderate or severe?
- ☐ Does your head feel like it is throbbing?
- ☐ Did you ever skip a school day, sports event, or other fun activity because your head hurt too much?

If a child had a similar headache in the past and answers "Yes" to any of the above questions, they are likely to have migraine. Further treatment may be necessary for migraine.

The "Your Child May Have Migraine" card should be sent home to the student's parent/guardian.



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