



CHAMP
Coalition for Headache and Migraine Patients

**PEDIATRIC AND ADOLESCENT
MIGRAINE AND HEADACHE 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?
- Do you frequently have nausea, vomiting, and/or stomach pain?

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?
- Do you frequently have nausea, vomiting, and/or stomach pain?

If a child checks any of the boxes above, they are likely to have migraine, cluster, or another headache disease. The "Your Child May Have Migraine" card should be sent home to the student's parent/guardian.

**Based on the Cincinnati Children's Hospital PAMS: Pediatric and Adolescent Migraine Screen*



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