

What percent of your child's life does your child feel he/she has some headache (example: 5%, 50% of the time)? _____

What is your child's subjective level of disability? _____

1	On how many days in the past 3 months did your child miss school because of his/her headaches?	_____ days
2	On how many days in the past 3 months was your child's school work significantly reduced because of headaches? (Do not include days you counted in question 1 where your child missed school)	_____ days
3	On how many days in the past 3 months did your child miss after school activities because of his/her headaches?	_____ days
4	On how many days in the past 3 months was your ability to participate in after school activities significantly reduced because of headaches? (Do not include days you counted in question 3 where your child missed school)	_____ days
5	On how many days in the past 3 months did your child miss family, social, or leisure activities because of headaches?	_____ days
A.	On how many days in the past 3 months did you have a headache?	_____ days
B.	On a scale from 0-10 how painful were these headaches?	_____ days

(Question A & B measure the frequency of the migraine and the severity of headache pain)

The following questions are about your child's family

Do you have any family history of?

- Headache: No Yes, _____
- Dizziness: No Yes, _____
- Anxiety: No Yes, _____
- Depression: No Yes, _____
- Drug Use: No Yes, _____
- Suicide: No Yes, _____