



Alamogordo Public Schools *Health Services*

MIGRAINE HEADACHE QUESTIONNAIRE

STUDENT _____

SCHOOL YEAR _____

HISTORY:

1. At what age was it diagnosed? _____

2. Is there a family history of migraines? _____

3. Any other health concerns? _____

CURRENT STATUS:

1. Frequency of attacks? _____

2. Severity and duration of attacks? _____

3. Typical signs of an attack? _____

4. Any known triggers? _____

5. Any treatments – biofeedback, relaxation, etc.? _____

6. Current medications _____

7. Any alternatives therapies? _____

8. How do you want a migraine handled at school? _____
