During the last 3 months, did you have any of the following with your headaches?*

1. You felt nauseated or sick to your stomach when you had a headache?
   □ Yes □ No

2. Light bothered you (a lot more than when you don’t have headaches)?
   □ Yes □ No

3. Your headaches limited your ability to work, study, or do what you needed to do for at least 1 day?
   □ Yes □ No

*An affirmative response on 2 of 3 questions yields a sensitivity and specificity of 81% and 75%, respectively.