NTI TSS+™

YOUR **MIGRAINE** GUARD

Headache Screening Questions

YES/NO

- ❑ ❑ When experiencing headache pain, have you felt nauseated or have you vomited?
- ❑ ❑ Have you missed work or been unable to perform daily tasks due to headache pain in the last 3 months?
- ❑ ❑ When experiencing headache pain, does light or sound bother you significantly more than normal?

If you answered YES to TWO or MORE of the above questions, you may be suffering from migraines. 75%+ of patients who answered yes to two or three of the screening questions above were diagnosed with migraines when clinically evaluated by a physician.

Please use this space for any additional information you would like to provide.