




Prodrome Symptoms Checklist


Do you have **warning signs** that tell you that a headache is about to start?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>


 Appetite	Is this symptom routinely experienced before headache onset?	
	YES	NO
Excessive energy	<input type="checkbox"/>	<input type="checkbox"/>
Food craving	<input type="checkbox"/>	<input type="checkbox"/>
Loss of appetite	<input type="checkbox"/>	<input type="checkbox"/>
Thirst	<input type="checkbox"/>	<input type="checkbox"/>


 Autonomic	Is this symptom routinely experienced before headache onset?	
	YES	NO
Nausea	<input type="checkbox"/>	<input type="checkbox"/>
Changes in bowel movement	<input type="checkbox"/>	<input type="checkbox"/>
Frequent urination	<input type="checkbox"/>	<input type="checkbox"/>
Pale or flushed face	<input type="checkbox"/>	<input type="checkbox"/>
Temperature change	<input type="checkbox"/>	<input type="checkbox"/>
Vomiting	<input type="checkbox"/>	<input type="checkbox"/>


 Cognitive	Is this symptom routinely experienced before headache onset?	
	YES	NO
Difficulty concentrating	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty reading or writing	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty speaking	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty thinking	<input type="checkbox"/>	<input type="checkbox"/>

 Cranial Parasympathetic	Is this symptom routinely experienced before headache onset?	
	YES	NO
Stuffy nose	<input type="checkbox"/>	<input type="checkbox"/>
Teary / red eyes	<input type="checkbox"/>	<input type="checkbox"/>

 Emotional	Is this symptom routinely experienced before headache onset?	
	YES	NO
Emotional	<input type="checkbox"/>	<input type="checkbox"/>
Irritability	<input type="checkbox"/>	<input type="checkbox"/>


 General	Is this symptom routinely experienced before headache onset?	
	YES	NO
Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Yawning	<input type="checkbox"/>	<input type="checkbox"/>

 Pain	Is this symptom routinely experienced before headache onset?	
	YES	NO
Muscle pain	<input type="checkbox"/>	<input type="checkbox"/>
Neck pain	<input type="checkbox"/>	<input type="checkbox"/>

 Sensory hypersensitivity	Is this symptom routinely experienced before headache onset?	
	YES	NO
Sensitive skin	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to light	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to smell	<input type="checkbox"/>	<input type="checkbox"/>
Sensitivity to sound	<input type="checkbox"/>	<input type="checkbox"/>

 Vestibular	Is this symptom routinely experienced before headache onset?	
	YES	NO
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>

 Visual	Is this symptom routinely experienced before headache onset?	
	YES	NO
Blurred vision	<input type="checkbox"/>	<input type="checkbox"/>

 Other	Is this symptom routinely experienced before headache onset?	
	YES	NO
Feeling difficult to describe	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>