



PAMS: PEDIATRIC AND ADOLESCENT MIGRAINE SCREEN

Name: _____

_____ *Please check any that apply* _____

UNDER 12 YEARS

- Would you rate the pain from your headache as bad or very bad?
- Does your head feel like it is pounding?
- Does your headache get worse when you run, walk, or play?

12-18 YEARS

- Would you rate the pain from your headache as moderate or severe?
- Does your head feel like it is throbbing?
- Did you ever skip a school day, sports event, or other fun activity because your head hurt too much?

If a child had a similar headache in the past and answers "Yes" to any of the above questions, they are likely to have migraine. Further treatment may be necessary for migraine.

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