

21. Present history of motion sickness:

Yes No

22. How would you rate your general health in the last month? (Check one)

Excellent Good Fair Poor

23. To what extent do your migraine headaches affect your quality of life? (Check one)

Extremely Moderately Very little Not at all

24. Have you used past prescription treatments such as: (Check all that apply)

Tricyclics (Amitriptyline, Nortriptyline)

Beta Blockers (Inderal)

Anti Seizure (Topamax, Gabapentin, Neurontin)

BOTOX

Magnesium (B2-Riboflavin, Coenzyme Q10, Feverfew)

Calcium Channel Blockers (Verapamil)

Other _____

25. Have you used any rescue medications such as: (Check all that apply)

Triptans (Imitrex, Maxalt)

DHE

Nonsteroidals

Combinations (Fiorinal, Midrin, Excedrin)

Antinausea (Phenergan, Reglan)