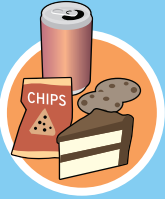


HAVE A HEADACHE?

Treatments and lifestyle adaptations that deliver long-lasting relief for headaches and migraines

Common triggers of Headaches/Migraines



NUTRITION
Dehydration, nutrition, food triggers



ENVIRONMENTAL
Weather, allergies and sensitivity to light



LIFESTYLE
As a symptom of other health issues, misuse of medication, stress, sleep

Top 5 common Headaches

Common Migraine

A severe, throbbing pain usually on one side of the head but can affect the entire head; symptoms associated are nausea, vomiting, blurred vision, loss of appetite, and sensitivity to sound or light.

Ophthalmoplegic Migraine

Headache causes double vision and closure of eyelid lasting for days or weeks.

Cluster Headache

Severe headache occurring around the eye most commonly at night. The eye may water and become red; a drooping eyelid may occur.

Tension-Type Headache (TTH)

Most common type of headache caused by muscle tightness in the neck.

Vertebro-Basilar Migraine

Headache causing dizziness, vertigo, and alteration in consciousness.

Headache/Migraine Statistics

▼ Over 9 in 10 adults have experienced headaches.



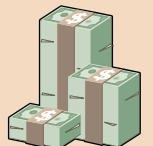
▼ Headaches are the United States' most common form of pain and a major reason cited for days missed at work or school.



▼ Chronic headaches are four times more prevalent in women than men.



▼ Businesses lose an estimated \$50 billion per year due to absenteeism and medical expenses caused by headache.



Therapies for Headaches/Migraine relief



Keep a migraine journal by noting the time of day, warning signs, possible triggers, and the severity of the migraine.



Lifestyle changes, such as avoiding foods that trigger your migraine, along with getting adequate sleep.



Oral medication is used to alleviate the pain at the onset of a migraine.



Preventive treatments like minimally invasive injections, FDA-approved Botox injections, and medications are used to reduce frequency, duration, and intensity of the migraine.

IMPORTANT!

If you have a headache that occurs 15 days or more a month and lasts for 4 hours or more, you may have a chronic condition.

Consult with a pain management physician to find the treatment method right for you.



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Important:

The contents of this infographic, such as text and graphics, are for informational purposes only, and should not be used as a substitute for necessary consultations with a qualified health care professional. Consult your doctor if you have questions regarding your medical condition.

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SOURCES: <http://www.emedicinehealth.com>; <http://www.betterhealth.vic.gov.au>; <http://www.webmd.com>; <http://www.botoxchronicmigraine.com>; <http://www.who.int>; <http://www.ninds.nih.gov>; National headache foundation fact sheet; <http://www.health-exchange.net/pdfdb/headfactEng.pdf>; <http://www.calmedhead.com>

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Improving lives through pain relief™

Your Chronic Migraine Questionnaire

1. A. How many days in the past month did you spend **with** a headache/migraine? _____ day(s)
(Be sure to include ALL days with any headache pain of any kind, even those which you did not feel the need to medicate with either prescribed or over-the-counter (OTC) medication.)
B. How many days in the past month did you spend **without** any headache pain? _____ day(s)
2. Have any of your headaches/migraines lasted more than 4 hours if left untreated? (Please Circle) YES NO
3. Have you ever been diagnosed as having chronic headaches (including Tension-type, Cluster, or Chronic Sinus Headaches)? YES NO
4. Have you ever been diagnosed as having migraines? YES NO
5. Do headaches/migraines interrupt your daily life/routine? YES NO
Please rate the impact on a scale from 1-10 using the chart below:

| | | | | | | | | | |
|------|---|---|---|---|---|---|---|---|--------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Mild | | | | | | | | | Severe |
- How many days in the past month have your headaches/migraines impacted your life? _____ day(s)
6. In the past month, did you take any OTC or prescription medicine for your headaches/migraines? YES NO
If "yes", please list what you took and the amount below:

If you answered 15 days or more to question 1, and answered yes to any of the above questions, you may have a chronic condition.

It is important to remember to bring your completed questionnaire to any doctor visit you may have scheduled.
If you do not have an appointment, please call **(855) PMIR-MED or (855) 764-7633**.

Treatment options are available, and it is important to discuss all symptoms with your physician to determine what treatment options are right for you.

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