



## Initial Assessment Form

Thank you for taking the time to complete this form. The information gathered will be used to evaluate this self-management course and improve further courses. If you are unable to tick appropriate answers you can use the highlight function to highlight your answer. **Please complete all 4 sections.**

### Section 1: Overview of Migraine

How long have you had migraine?      months/years

How long have you been engaged with health services (GPs, neurologists etc.)  
for your migraine?      months/years

How many days per month do you have pain/symptoms associated with  
migraine?      days per month

### Section 2: Impact of Migraine

On a scale of 1-10, how have your migraines/headaches affected your overall  
quality of life? (1 = 'little effect' and 10 = 'completely disabling')

Little effect      1      2      3      4      5      6      7      8      9      10      Completely disabling

How confident do you feel about your self-management of migraine?  
(1 = 'not confident' and 10 = 'very confident')

Not confident      1      2      3      4      5      6      7      8      9      10      Very confident

How confident do you feel communicating about the effects of migraine?  
(1 = 'not confident' and 10 = 'very confident')

Not confident      1      2      3      4      5      6      7      8      9      10      Very confident



**MIGRAINE  
IRELAND**



Rialtas na hÉireann  
Government of Ireland

**How would you rate your awareness of different pain management strategies available for migraine? (1 = 'not aware' and 10 = 'fully aware')**

Not aware    1    2    3    4    5    6    7    8    9    10    Fully aware

### **Section 3: Expectations**

**What do you hope to gain from completing this course?**

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### **Section 4: General Information**

**Are you open to learn non-medical management strategies?**

YES

NO

**Are you comfortable using an online platform for this course?**

Yes

No

**In order to confirm your place on this course do you agree to giving the Migraine Association of Ireland your town's Eircode? The Eircode will be used to confirm you are registering for the appropriate course area and will be deleted once registered.**

Yes

No

Eircode: \_\_\_\_\_