

Headache Questionnaire

Name _____ Date _____

Age _____ Handedness _____

How long have you suffered from headaches? _____ weeks / months / years

Age at onset of headaches _____ years old

Did you have childhood headaches?

Did you have cyclic vomiting or unexplained vomiting in childhood?

Do you have a family history of
migraine? _____

Do you have a family history of headache?

Is your headache DAILY?

If daily, how long have you had daily headaches?

What do you do when you have a headache?

Can you continue doing what you were doing?

Do you have to take a medication for headache daily?

How often?

What do you take?

Does it work?

Does the headache come back?

How long have you been taking a daily medication for your headaches?

If not daily, how many days per week do you need to take medication for headache?

Have you noticed you have to take more of the same medication for it to take effect?

Have you kept a diary of your headaches?

Severe headaches (please circle all that apply)

Approximate frequency: 1x/month 1x/week 2-4x/week daily

Are your headaches related to your cycle? Menstruation Ovulation No relationship

Duration of headaches: brief 30-60 minutes 1-2 hrs 3-6 hrs 6-24 hrs
days

Side: both sides right side left side changes sides

Starting location: Forehead temple Top of Head Back of Head
Ear Neck Face Eye

Overall location: Eye Forehead Temple Top of Head
Back of head Face Ear Neck

Quality: Pounding Boring Aching Tight band
Shooting Throbbing Pressure

Associated complaints: Flashing Lights Blurred Vision Dizziness
Nausea Vomiting

Neurological deficits: Blindness One Sided Paralysis Vertigo
Numbness Confusion

Circle average and maximum severity: Mild 1 2 3 4 5 6 7 8 9 10 Worst imaginable

Do you also have milder headaches in between your severe headaches?

How do you identify a severe headache starting? _____

Are there warning signs **before** the headache pain starts? _____

Yawning?

Irritability?

Lack of concentration?

Nausea?

Flashing lights?

Usual or less severe headaches: (If you do not have milder headaches, skip this section)

Approximate frequency: 1x/month 1x/week 2-4x/week daily

How long do the headaches last? Minute's hours all day

Side: both sides right side left side changing sides

Location: eye forehead temple top of head face neck

Headache character: pounding boring aching tight band

Shooting throbbing

Associated complaints: flashing lights blurred vision dizziness

Nausea vomiting

Any pain or tightness in your neck?

Circle average severity: 1 2 3 4 5 6 7 8 9 10

How many headache-free days per week do you have? 1 2 3 4 5 6 7

Do you have headaches on the weekends or while on vacation?

Associated symptoms with headaches:

Tearing from one eye

Drainage from one nostril

Swelling of face

Droopy eyelid

Red eye

Ear pain

Paralysis

Numbness

Tingling

Double vision

Spinning/Vertigo

Muscle spasm

Factors which worsen the headaches:

Light

Sound

Movement

Bending over

Exertion

Sexual intercourse

Headache triggers

Foods:

Cheese wine	alcohol	pickles
chocolate	sausage	yogurt
aspartame	diet foods	MSG/Chinese food

Other:

Nitroglycerine	Nifedipine
Oversleeping	sleep deprivation
Missing meals	exertion reading
Menstrual cycle	sex
Allergy/sinus problems	viral infections
Colds	flu
Perfume	Fever
Changes in weather	sunlight
Caffeine intake	caffeine-withdrawal
Touching the face	wind in the face
Chewing chewing gum	swallowing
Eating cold or frozen items	

How fast does alcohol trigger a headache? 1 hour 2-4 hours 6 hours or more

Caffeine intake: _____ cups coffee, ___ cups tea, _____ cola per day _____ other

Sleep schedule

Bed time _____ Lights out _____

Awake _____ Out of bed _____

Awakenings per night _____ Naps _____ if yes for how long? _____

How many days work/school have you missed in the last month due to headache? _____

How often do you go to the emergency room for headaches? _____

How many of the following do you take per week?

Tylenol _____ Tylenol #3 _____ Aspirin _____ Ibuprophen _____

How many Imitrex or other headache drugs do you take per week? _____

Stress

Work?

Family?

Financial?

Death or illness in family?

What time of day do you usually get headaches?

Morning Afternoon Night There is no pattern

Are your headaches worse, better or unchanged with lying down?

Are your headaches worse, better or unchanged with standing up?

Are your headaches seasonal? _____ Season(s) _____

Do you have allergies? _____ Seasonal allergies only? _____ year-round? _____

Are you on allergy medications? _____

Do you have an air purifier?

How many significant sinus infections (with fever, thick nasal discharge, facial congestion and facial pain) do you get per year? _____

Nasal blockage, difficulty breathing through nose:

Right-sided blockage

Left-sided blockage

Both sides blocked

Have you been diagnosed with any of the following?

Deviated Nasal Septum

Allergic Rhinitis

Nasal/Sinus Polyps

Facial Fracture

Obstructive sleep apnea

Do you have?

Neck pain

Neck or shoulder pain radiating to the arm

Jaw pain with chewing

Tongue pain

Dental abscess or tooth pain?

Which neurologists or other specialists have you seen for your headaches?

Please list any diagnostic tests and approximate dates performed (CT Scans, MRI, etc):

Have you ever been in an ER for treatment of headaches?

When? How often?

Habits

How many days/week do you exercise?

What form of exercise?

How many 8 oz glasses of water do you drink per day?

How many hours of sleep per day?

How many cups of coffee/caffeinated beverages do you drink per day?

How many meals/day?

Work/Activity

Are you working?

Do you like your work?

Full time Part time Shift work

What do you do for a living?

Are you studying?

Full time Part time

Area of study

Grade point average

Have you missed social events, work days, school because of your headaches?

If yes, how many times per year?

Social

Do you drink alcohol?

Do you use illicit drugs?

Do your use tobacco products?

Other:

Relationships:

Married Single Divorced Partner

How long have you been married or partnered?

Are you happy in current relationship?

Do you have children?

How old are they?

Are you sexually active?

What form of birth control are you using?

Are you trying to conceive?

If you are a young female and sexually active trying to conceive are you taking folic acid?

Hormonal history (female only need answer)

Are you pregnant?

Last menstrual period:

Are your periods regular?

Any hot flashes?

Mood swings?

Vaginal dryness?

Night sweats?

Insomnia?

Decreased libido (sex drive)

At what age did your menstrual cycle begin?

At what age did your mother enter menopause?

Have you had a hysterectomy?

Do you still have your ovaries?

Medication trials: (circle those that apply)

Ibuprofen	Advil	Indocin
Indomethacin	Aleve	Arthritis medications
Aspirin	Tylenol	Excedrin
Tylenol #3	Toradol	Naproxen sodium
Anaprox	Ketorolac	Ketoprofen (orudis)
Midrin	Cafergot	DHE Migranal nasal spray
Esgic	Wigrane	AErgostat
Amerge	Axert	Frova
Imitrex tablets nasal spray injection	Relpax	Maxalt
Zomig	Fiorinal	Fioricet
Butalbital	Darvon	Darvocet,
Stadol spray	Vicodin	Codeine
Percocet	Oxycodone	Ultracet
Ultram	Wygesic (propoxephene)	Namenda
Aricept	Compazine tabs supp	Reglan,
Droperidol	Inapsin,	Tigan
Zofran	Inderal	Toprol
Lopressor(metoprolol)	Corgard(nadolol)	Atenolol(tenormin)
Timolol	Cardizem(diltiazem)	Verapamil
Nfedipine procardia/adalat	Depakote	Dilantin
Topamax	Lamictal	Tegretol
Keppra	Neurontin	Zonegran
Lyrica	Elavil	Amitriptyline
Desipramin(Norpramin)	Doxepin(Sinequan)	Nortriptyline(pamelor)
Protriptyline(vivactil)	Prozac	Cymbalta
Paroxetine (Paxil)	Escitalopram(lexapro)	Citaprolam (celexa)
Wellbutrin	Zoloft sertaline)	Venlafaxine(Effexor)
Serotonin antagonist	Methysergide(sansert)	Nardil (MAOI)
Baclofen	Zanaflex	Norflex
Skelaxin	Soma	Flexeril
Antibiotics	Flonase	Antihistamines
Zyrtec	Depacon	Eveticeram (keppra iv)
Magnesium	Inapsin	Droperidol
Haldol	Cogentin	Ativan
Benadryl	Xanax	Raglan
Tigan	Zofran	Compazine
Lidocaine	Propofol	Ketamine
Robaxin(methocarbamol)	Histamine IV	Zyprexa
Geodon	Mobic	Celebrex
Decadron	Medrol dose pack	Prednisone
Dexamethasone	Magnesium	Riboflavin
Fever few	CoenzymeQ10	Melatonin

Have you ever tried homeopathic treatment?

What alternative treatments have you tried? What was the response?

Acupuncture	Botox injections	Distraction
Biofeedback	Relaxation techniques	Meditation
Chiropractor	Herbs,	Homeopathy
TENS - Electrical stimulation unit		Relaxation
Yoga	Meditation	Reflexology

Other _____

Any other remedies you have tried not listed above?

What medications and dosages are you taking currently?

Medication allergies:

Past medical history: