

Headache Questionnaire

Patient Name: _____ Date Seen: _____

Please answer the following questions regarding your headaches:

A. Headache Onset

- 1) My headaches started _____ years ago at _____ years of age.
- 2) Any associated head injury? Yes/No
- 3) Loss of Consciousness? Yes/No
- 4) Any history of infection around your brain or spinal cord? Yes/No

Comments: _____

B. Current Headache Frequency

- 1) My headaches occurs _____ all the time _____ daily but not all the time _____ times per week _____ times per month.
- 2) Has the frequency recently changed? Yes/No

Comments: _____

C. Headache Location (circle the most common locations)

Right Sided	Left Sided	Both Sides	Entire Head
Back of Head	Forehead	Neck	Behind/around eyes
Temple	Other: _____		

D. Headache quality (circle any that apply)

Throbbing/Pulsating
Pressure/Squeezing/Bandlike
Stabbing/Sharp
Dull/Nagging/Aching

Comments: _____

E. Headache Timing (circle any that apply)

My headaches tend to occur:	when I wake up	in the morning	in the afternoon
	after work	in the evening	during sleep

F. Headache Duration:

- 1) My headaches typically last _____ hours if treated.
- 2) My headaches typically last _____ hours if not treated.

G. **Headache Severity** (circle the average pain and limitation of your headaches)

1) Average headache pain is: 1 2 3 4 5 6 7 8 9 10 out of 10
mild moderate severe

3) My headaches usually limit my activity as follows:

- 1 = they allow normal activity.
- 2 = they are disturbing and limit some normal activity, bed rest is not necessary.
- 3 = normal activity has to be discontinued, bed rest may be necessary.
- 4 = bed rest is necessary

Comments: _____

H. **Associated Symptoms** (circle any symptoms that occur before or during your headaches)

Sensitivity to light or sound			
Nausea	Vomiting	Fatigue	Balance problems
Tingling	Dizziness	Numbness	Flashing lights
Sweating	Watering eyes	Difficulty swallowing	Visual Changes
Other: _____			

I. Do you have an **aura** before your headaches? (ie. Visual changes, numbness)
Never / Sometimes / Commonly / Always

J. **Precipitating Factors** (circle the appropriate answer)

- 1) Do you have any problem falling asleep, staying asleep, or waking up often at night? Yes/No
- 2) Do you have a job or other stress? Yes/No
- 3) Do you find it difficult to relax? Yes/No
- 4) Do you feel anxious or depressed? Yes/No
- 5) Do any of the following trigger or worsen your headaches?

Missed meal	Alcohol	MSG	Processed Meats
Chocolate	Citrus	Cheese	NutraSweet
Coffee/Tea	Bending Over	Straining	Coughing
Sexual activity	Stress	Walking up stairs	Too much/little sleep

Comments: _____

6) Female Patients:

- 1) My headaches are worse around my periods? Yes/No
- 2) My headaches are worse during pregnancy? Yes/No

Comments: _____

K. **Past Medications:** (circle medications used for headaches in the past and reason for stopping)

Acute Pain Treatment	Helps	Allergy/Adverse Reaction	Doesn't Help
Acetaminophen (Tylenol)	_____	_____	_____
Ibuprofen (Motrin, Advil)	_____	_____	_____
Indomethacin (Indocin)	_____	_____	_____
Naproxen (Naprosen, Aleve)	_____	_____	_____
Duradrin(Midrin)	_____	_____	_____
(Cafergot)	_____	_____	_____
Compazine, Phenergan, or Regalan	_____	_____	_____
Fioricet/Fiorinal (Butalbital)	_____	_____	_____
Hydrocodone (Lortab, Vicodin)	_____	_____	_____
Codeine	_____	_____	_____
Oxycodone (Percocet, Oxycontin)	_____	_____	_____
Morphine	_____	_____	_____
Dihydroergotamine (DHE)	_____	_____	_____
Sumatriptan Injection (Sumavel)	_____	_____	_____
Sumatriptan (Imitrex)	_____	_____	_____
Treximet (Imitrex/Naproxen)	_____	_____	_____
Almotriptan(Axert)	_____	_____	_____
Rizatriptan (Maxalt)	_____	_____	_____
Naratriptan (Amerge)	_____	_____	_____
Frovatriptan (Frova)	_____	_____	_____
Zolmitriptan (Zomig)	_____	_____	_____
Prenisone (Deltasone)	_____	_____	_____
Dexamathasone (Decadron)	_____	_____	_____
Other_____	_____	_____	_____

Preventative Treatment	Helps	Allergy/Adverse Reaction	Doesn't Help
Atenolol (Tenormin)	_____	_____	_____
Metoprolol (Lopressor)	_____	_____	_____
Nadolol (Corgard)	_____	_____	_____
Propranolol (Inderal)	_____	_____	_____
Verapamil (Calan, Isoptin)	_____	_____	_____
Diliazem (Cardizem)	_____	_____	_____
Amlodipine (Norvasc)	_____	_____	_____
Amitripyline (Elavil)	_____	_____	_____
Nortripyline (Pamelor)	_____	_____	_____
Fluoxetine (Prozac)	_____	_____	_____
Sertraline (Zoloft)	_____	_____	_____
Paroxetine (Paxil)	_____	_____	_____
Escitalopram (Lexapro)	_____	_____	_____
Citalopram (Celexa)	_____	_____	_____
Venlafaxine (Effexor)	_____	_____	_____
Nefazodone (Serzone)	_____	_____	_____
Duloxetine (Cymbalta)	_____	_____	_____
Milnacipran (Savella)	_____	_____	_____
Desvenlafaxine (Pristiq)	_____	_____	_____
Valproic Acid (Depakote)	_____	_____	_____
Topirimate (Tompamax)	_____	_____	_____
Gabapentin (Neurontin)	_____	_____	_____
Pregabalin (Lyrica)	_____	_____	_____
Levetiracetam (Keppra)	_____	_____	_____
Lacosamide (Vimpat)	_____	_____	_____
Zonisamide (Zonegran)	_____	_____	_____
Cyproheptadine (Periactin)	_____	_____	_____
Botulinum Toxin Therapy (Botox)	_____	_____	_____
Physical Therapy	_____	_____	_____
Chiropractic	_____	_____	_____
Other_____	_____	_____	_____