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
- **Duration of headaches:** days
- **Side:** both sides  right side  left side  changes sides
- **Starting location:** Forehead temple  Top of Head  Back of Head  Eye
- **Ear**  Neck  Face  Temple  Top of Head
- **Overall location:** Eye  Forehead  Temple  Top of Head
- **Back of head**  Face  Ear  Neck
- **Quality:** Pounding  Boring  Aching  Tight band  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)*

<table>
<thead>
<tr>
<th>Approximate frequency:</th>
<th>1x/month</th>
<th>1x/week</th>
<th>2-4x/week daily</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Side:</th>
<th>both sides</th>
<th>right side</th>
<th>left side</th>
<th>changing sides</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Location:</th>
<th>eye</th>
<th>forehead</th>
<th>temple</th>
<th>top of head</th>
<th>face</th>
<th>neck</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Headache character:</th>
<th>pounding</th>
<th>boring</th>
<th>aching</th>
<th>tight band</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Shooting</th>
<th>throbbing</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Associated complaints:</th>
<th>flashing lights</th>
<th>blurred vision</th>
<th>dizziness</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nausea</th>
<th>vomiting</th>
</tr>
</thead>
</table>

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 you 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?
<table>
<thead>
<tr>
<th>Medication trials: (circle those that apply)</th>
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<tbody>
<tr>
<td>Ibuprofen</td>
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<tr>
<td>Indomethacin</td>
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<tr>
<td>Aspirin</td>
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<tr>
<td>Tylenol #3</td>
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<tr>
<td>Anaprox</td>
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<tr>
<td>Midrin</td>
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<tr>
<td>Esic</td>
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<tr>
<td>Amerge</td>
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<tr>
<td>Imitrex tablets nasal spray injection Relpax</td>
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<tr>
<td>Zomig</td>
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<tr>
<td>Butalbital</td>
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<tr>
<td>Stadol spray</td>
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<tr>
<td>Percocet</td>
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<td>Ultram</td>
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<td>Aricept</td>
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<tr>
<td>Droperidol</td>
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<tr>
<td>Zofran</td>
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<tr>
<td>Lopressor (metoprolol)</td>
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<tr>
<td>Timolol</td>
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<tr>
<td>Nfedipine procardia/adalat</td>
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<tr>
<td>Topamax</td>
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<td>Keppra</td>
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<tr>
<td>Lyrica</td>
</tr>
<tr>
<td>Desipramin (Norpramin)</td>
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<tr>
<td>Protriptyline (vivactil)</td>
</tr>
<tr>
<td>Paroxetine (Paxil)</td>
</tr>
<tr>
<td>Wellbutrin</td>
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<tr>
<td>Serotonin antagonist</td>
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<tr>
<td>Baclofen</td>
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<tr>
<td>Skelaxin</td>
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<tr>
<td>Antibiotics</td>
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<tr>
<td>Zyrtec</td>
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<tr>
<td>Magnesium</td>
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<td>Haldol</td>
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<td>Benadryl</td>
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<td>Tigan</td>
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<tr>
<td>Lidocaine</td>
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<tr>
<td>Robaxin (methocarbamol)</td>
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<td>Geodon</td>
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<tr>
<td>Decadron</td>
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<tr>
<td>Dexamethasone</td>
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<tr>
<td>Fever few</td>
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</tbody>
</table>
Have you ever tried homeopathic treatment?

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

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>Biofeedback</td>
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<tr>
<td>Botox injections</td>
<td>Chiropractor</td>
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<tr>
<td>Distraction</td>
<td>Herbs,</td>
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<tr>
<td>Relaxation techniques</td>
<td>TENS - Electrical</td>
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<tr>
<td>Meditation</td>
<td>stimulation unit</td>
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<tr>
<td>Homeopathy</td>
<td>Yoga</td>
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<tr>
<td>Relaxation</td>
<td>Meditation</td>
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<tr>
<td>Reflexology</td>
<td>Other__________________</td>
</tr>
</tbody>
</table>

Any other remedies you have tried not listed above?

What medications and dosages are you taking currently?

Medication allergies:

Past medical history: