

Headache & Migraine Questionnaire

Name _____

DOB (YYYY/MM/DD) _____

Today's Date:

9) If your head pain radiates, where do your headaches / migraines start?

- Neck area
- Front of head
- Near eyes
- Back of head
- Side of head
- Other (details:)

Recently, how many headaches / migraines do you usually have in a month? Times a month

Recently, how many hours does a typical headache / migraine last for you? Hours

On average, how many pills you you take every month for headaches? # of pills per month

10) Have you seen other health care professionals for your headaches / migraines? Please list and describe treatment & if it helped. Also indicate if you've had any brain scans, laboratory tests, or other diagnostic tests done to evaluate your headaches.

- YES
 - NO
- If YES, please describe.

What have previous health professionals told you were the cause(s) for your headaches?

11) Medications

Check all medications that you have taken recently for any condition. Please write in names of all medications.

- Prescription pain medications
- Anti-inflammatory medications
- Muscle relaxants
- Over the counter pain medications
- Asthma drugs
- Estrogen or oral contraception
- Heart or blood pressure medications
- Other. Please list:

12) Headache / migraine history (Check any of the following that apply to you)

- Family history of headaches or migraines
- History of motion sickness as a child
- Headaches / migraines associated with shortness of breath or excessive exhaustion*
- Headaches / migraines associated with numbness of face and / or tongue
- Headaches / migraines associated with arm or leg weakness
- History of neck or head injury
- You see light / spots in your vision 5-20 minutes before headache / migraine pain begins
- You are very sensitive to light or sound during or after headache / migraine
- You presently or recently had a fever. This fever began just before your headaches started or during headache.
- You had a rash, chills, fever, headache, and joint pain / swelling 2 weeks prior to your headaches starting*
- Physical exertion makes your headaches / migraines worse (climbing stairs, sex, lifting, etc..)
- Headaches start 3-4 hours after eating and / or your headaches improve after you eat*
- Headaches / migraines begin or get worse when you rotate or twist your head and / or neck
- Muscles in neck and shoulders are tight / stiff or sore prior to headache
- Jaw pain before or during headache
- You get dizzy or black out when headaches / migraines occur
- You get tearing, face flushing, or nasal discharge during headache / migraine
- History of sinus infection, allergies, deviated septum, or other nasal disorders
- You bruise easily, sometimes finding bruises on your thighs or legs and you can't recall any injury to your leg*
- You usually know your headache is starting soon by various symptoms such as visual or sensory feelings
- Your body usually feels cold
- Thyroid problems currently or in the past
- You do not feel rested after sleeping
- You eat or drink substances having caffeine (coffee, chocolate, or tea). # of cups / day you drink: