

**HEADACHE QUESTIONNAIRE**

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

When did your headaches first occur? \_\_\_\_\_

Description of headache:      Throbbing      Pressure      Dull ache      Other?

Location of headache? \_\_\_\_\_

Any warning symptoms? \_\_\_\_\_

Are you taking any over-the-counter medications for your headache, if so which ones and how many pills per day, week, or month?

Do you have any of the following symptoms with her headache? (circle)

Nausea                      Vomiting                      Light sensitivity              Noise  
sensitivity Dizziness              Vision change/loss              Weakness/Numbness on one  
side      Other \_\_\_\_\_

Average number of headaches per month: \_\_\_\_\_

Of these, how many are Mild \_\_\_\_\_ Moderate \_\_\_\_\_ Severe \_\_\_\_\_

Typical duration of headaches: \_\_\_\_\_

How long does it take for the headache to become severe? \_\_\_\_\_

Are there any triggers for the headache (foods, stress, menstruation)? \_\_\_\_\_

Have you tried any of the following medications, and please describe the response.

Imitrex	Maxalt	Zomig	Cafegot
Relpax	Axert	Frova	Fioricet/butalbitol
Amerge	Migranal	Midrin	Other

Have you tried any of the following a preventative medications for migraine, and please describe the response, dosage if known, and side effects?

Nortriptyline/Pamelor  
Amitriptyline/Elavil  
Propranolol/Inderal  
Verapamil/Calan  
Depakote  
Topamax  
Zonegran  
Neurontin  
Lyrica  
Prozac  
Paxil  
Welbutrin  
Other

Have you had any MRIs, CT's? What facility?



**Review of Current/Recent Symptoms:** (check all that are applicable)

General:    \_\_\_ Fever            \_\_\_ Chills            \_\_\_ Weight Loss    \_\_\_ Weakness

Skin:        \_\_\_ Rash            \_\_\_ Itching

Hematopoietic: \_\_\_ Bruising        \_\_\_ Bleeding        \_\_\_ Anemia

HEENT:     \_\_\_ Vision changes   \_\_\_ Double vision   \_\_\_ Glaucoma        \_\_\_ Hearing problems  
              \_\_\_ Vertigo

Respiratory: \_\_\_ Cough            \_\_\_ Coughing Blood        \_\_\_ Shortness of Breath    \_\_\_ Infections

Cardiovascular: \_\_\_ Chest Pain        \_\_\_ Murmurs        \_\_\_ Pain in legs with walking    \_\_\_ Swelling in the legs

Gastro-Intestinal: \_\_\_ Constipation    \_\_\_ Diarrhea        \_\_\_ Bleeding        \_\_\_ Hemorrhoids    \_\_\_ Indigestion  
                      \_\_\_ Hepatitis

Genito-Urinary: \_\_\_ Burning            \_\_\_ Bleeding leaking (incontinence)    \_\_\_ Flank pain        \_\_\_ Loss of erections

Muscle-skeletal: \_\_\_ Joint Pain        \_\_\_ Weakness        \_\_\_ Back pain        \_\_\_ Cramps

Neurologic:    \_\_\_ Headache        \_\_\_ Dizziness        \_\_\_ Seizures        \_\_\_ Blackouts        \_\_\_ Depression  
                      \_\_\_ Sleeping problems

Other: \_\_\_\_\_  
\_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date