



## Headache Questionnaire

Please complete both sides and circle correct responses where appropriate.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever been evaluated by a neurologist? If yes, name: \_\_\_\_\_

Have you ever had an EEG (Electroencephalogram)?  Yes  No Brain Scan?  Yes  No

### **Please circle the known or possible causes that pertain to your headache:**

head injury	emotional factors	stomach trouble	sunlight	Concussion
anxiety state	foods	eye pain	whiplash	agitated state
alcohol	fatigue	premenstrual	unusual sense of well-being	hangover
insomnia	menstrual	excessive sweating	bloating	odors
menopause	facial flushing	diarrhea	posture	touchiness
first days of vacation	temperature	backache	moodiness	noise
weather	muscle ache			

### **What is the length of your headaches?**

When did these first begin? \_\_\_\_\_ How long do your headaches usually last? \_\_\_\_\_ days \_\_\_\_\_ hours  
When do they happen?

Time of day \_\_\_\_\_ begin at the same time usually  Yes  No

Time of night \_\_\_\_\_ begin at the same time usually  Yes  No

Are you awakened at night from the head pain?  Yes  No

### **Do any of the following happen during an attack?**

change in speech pattern	does the head tend to tilt? right or left	nausea, vomiting
do you lean forward or back?	dizziness	trouble focusing eyes
trouble hearing	jaw pain	disturbance in gait or balance
neck pain	tingling of extremities	muscle stiffness

### **Is your pain...**

mild let's you forget it, or \_\_\_\_\_

moderate can't forget it, or \_\_\_\_\_

severe won't let you think if anything else.

### **Describe your head pain:**

band or cap-like sensation	tender spots on scalp or neck	sharp shooting pain
continuous pain	dull throbbing	temples

### **Pain is located:**

frontal one-sided top-of-head back-of-head temples eye area above eyes

### **Do any of the following change the nature or alleviate your pain?**

Changing head position lying down massaging area bending over closing eyes

**Does your headache affect your vision?**

sensitivity to light      drooping eyes      blurred vision      see spots      crossing of eyes  
twitching eyelid      swollen eyes      double vision      see flashes of white      redness  
itching eyes      watering eyes      blind spots      see flashes of colors

**Have you had any eye operations?** \_\_\_\_\_

**Does your headache affect your nose?**

sneezing/itching      asthma      drooling      raspy voice      running nose      blocked sinuses  
shortness of breath      earaches      stuffiness      hay fever      tightness in chest      sore throat

**Does anyone in your family have the following?**

headaches      migraines      colitis      eczema      asthma      hay fever      hives

**Do you experience any of the following side effects after a headache?**

state of aura      groggy      loss of appetite      weight loss      giddiness  
unable to concentrate      amnesia      itching palate      head feels enlarged      unable to sleep  
unusual amounts of urination      itching ears      sudden irritability      listless      hiccups

**Have you eaten any of the following foods before a headache occurred?**

vegetables      wine      red wine      chicken livers      bacon      eggs      bananas  
champagne      pickled herring      ham      cheese      pineapple      aged strong cheese      canned figs  
salami      beer      alcohol      cheddar cheese      hot-dogs      monosodium-glutamate (MSG)

**List known foods that cause you discomfort, gas or bloating:**

\_\_\_\_\_  
\_\_\_\_\_

**List foods and beverages that you crave:**

\_\_\_\_\_  
\_\_\_\_\_

**List foods and beverages that you dislike:**

\_\_\_\_\_  
\_\_\_\_\_

**What activities did you indulge in before the onset of your headache?**

\_\_\_\_\_  
\_\_\_\_\_

**What were you wearing before the onset of your headache?**

\_\_\_\_\_  
\_\_\_\_\_

**Did anything unusual occur before the onset of your headache?**

\_\_\_\_\_  
\_\_\_\_\_

**I have reviewed the above with the patient.**

\_\_\_\_\_

**Date:** \_\_\_\_\_