Boulder Medical Center

Department of Neurology

Headache Questionnaire

Name_____ Date_____

Age _____ Are you ____Right handed____ Left handed ____Ambidextrous

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?

(Circle) Do you have family history of migraines, headaches, cerebral aneurysms or brain tumors? ____None

Are your headaches DAILY?

If daily, how long have you had daily headaches?

What do you do when you have a headache?

Do you have to take a medication for headache daily?

If so, 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?

What do you take and does it work?

Does the headache come back?

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?

How many headache-free days per week do you have? 0 1 2 3 4 5 6 7

Do you have headaches on the weekends or while on vacation?

Can you continue doing what you were doing when you have a headache?

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?

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Boulder, CO 80304

4745 Arapahoe, Suite 200
Boulder, CO 80303

80 Health Park Dr, Suite 100
Louisville, CO 80027

2030 Mountain View, Ste. 400
Longmont, CO 80501

Severe headaches (please mark all that apply)

Approximate frequency: ___1x/month ___1x/week ___2-4x/week daily

How long do the headaches last? ___Minutes___hours ___all day

Side: ___both sides ___right side ___left side ___changing sides

Location: ___eye ___forehead ___temple ___top of head ___face___neck

Headache character: ___pounding ___boring___ aching ___tight band ___shooting ___throbbing

Circle average severity: **Mild** 1 2 3 4 5 6 7 8 9 10 **Worst imaginable**

Associated complaints: ___nausea ___vomiting ___light sensitivity _____sound sensitivity ___smell sensitivity

___flashing lights ___blurred vision ___dizziness ___numbness ____tingling ___paralysis ____vertigo/spinning

___confusion___ double vision ___red eye____ droopy eyelid ____tearing from one eye ___runny nose

___muscle spasm ___difficulty concentrating ___swelling of face ____tightness in neck

Other:_____

How do you identify a severe headache starting?

Do you have headaches when you wake up?

Are there warning signs before the headache pain starts?

___Yawning ___Irritability ___Lack of concentration ___Nausea ___Flashing lights

Other_____

Do you also have milder headaches in between your severe headaches?

Usual or less severe headaches: (If you do not have milder headaches, skip this section)

Approximate frequency: ___1x/month ___1x/week ___2-4x/week daily

How long do the headaches last? ___Minutes___hours ___all day

Side: ___both sides ___right side ___left side ___changing sides

Location: ___eye ___forehead ___temple ___top of head ___face___neck

Headache character: ___pounding ___boring___ aching ___tight band ___shooting ___throbbing

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____confusion___ double vision ___red eye ____droopy eyelid ____tearing from one eye ___runny nose

___Muscle spasm ___Difficulty concentrating ___Swelling of face ____Tightness in neck

Other:

Factors which worsen the headaches:

___Light	___Bending over	____Sitting or standing
___Sound	___Exertion	____Movement
___Smells	___Sexual intercourse	____Stress

Headache triggers

Foods:

___Alcohol	___Chocolate	___Pickles
___Aspartame	___Diet foods	___Sausage
___Cheese wine	___MSG/Chinese food	___Yogurt

Other:

___Allergy/sinus problems	___Exertion reading	___Orgasm
___Caffeine intake	___Fever	___Perfume
___Caffeine-withdrawal	___Flu	___Sleep deprivation
___Changes in weather	___Menstrual cycle	___Sunlight
___Chewing	___Missing meals	___Swallowing
___Chewing gum	___Nifedipine	___Touching the face
___Colds	___Nitroglycerine	___Viral infections
___Eating cold or frozen items	___Oversleeping	___Wind in the face

How fast does alcohol trigger a headache? ___1 hour ___2-4 hours___6 hours or more

Caffeine intake per day: ___ cups coffee, ___ cups tea, ___ cola/soda ___other_____

Sleep schedule:

Bed time _____ lights out _____ Awake _____ Out of bed _____ Awakenings per night _____

Naps? _____ if yes for how long?____

How many of the following do you take per week?

Tylenol (acetaminophen) ___ Tylenol #3____Aspirin ___Ibuprofen (Advil) ___Excedrin ____

Other _____

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?

___AM ___Afternoon ___PM ___Soon after falling asleep ___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 with a DECONGESTANT? _____

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
___Stroke ____Heart disease ___ Uncontrolled high blood pressure or Hypertension

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, location and approximate dates performed (CT Scans, MRI, etc):

_____

_____

_____

Have you ever been in an ER for treatment of headaches? Where? 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? ____ If so, ___Full time ___Part time___Shift work
Do you like your 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 your 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? If so, 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)

At what age did your menstrual cycle begin?

Are you pregnant?

Last menstrual period: Are your periods regular?

Are you having:

___Hot flashes ___Mood swings ___Vaginal dryness ___Night sweats ___Insomnia ___Decreased libido (sex drive)

At what age did your mother enter menopause?

Have you had a hysterectomy?

Do you still have your ovaries?

Have you ever tried homeopathic treatment?

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

___Acupuncture	___Herbs	___Relaxation techniques
___Biofeedback	___Homeopathy	___Relaxation Yoga
___Botox injections	___Meditation	___TENS - Electrical stimulation unit
___Chiropractor	___Meditation	
___Distraction	___Reflexology	

Other_____

Any other remedies you have tried not listed above?

What medications and dosages are you taking currently?

Medication allergies:

Past medical history:

Medication trials: (circle those that apply)

PAIN MEDICATION(S)

Triptans
Almotriptan (Axert)
Frovatriptan (Frova)
Naratriptan (Amerge)
Rizatriptan (Maxalt)
Sumatriptan (Imitrex- Tabs, Nasal Spray, Injection)
Zolmitriptan (Zomig)

Ergotamines:
Cafergot
DHE -Dihydroergotamine (Migranal Nasal Spray or IV Form)
Ergostat, Sublinqual
Esgic
Wigrane (Caffeine/Ergotamine and Migergot)

Anti-Inflammatory/ Steroids
Celebrex
Decadron
Dexamethasone
Dolobid
Feldene (Piroxicam)
Indocin
Indomethacin
Ketoprofen (Orudis)
Ketorolac
Medrol Dose Pack
Mobic
Naproxen Sodium (Naprosyn, Anaprox)
Norgesic Forte
Relafen
Voltaren

Over The Counter
Advil (Ibuprofen)
Aleve (Naproxen Sodium)
Aspirin
Benadryl
Excedrin
Melatonin
Tylenol (Acetaminophen)

Muscle Relaxants
Ativan
Baclofen
Cyclobenzaprine (Flexeril)
Metaxalone (Skelaxin)
Norflex
Robaxin (Methocarbamol)
Soma (Carisoprodol)
Tizanidine (Zanaflex)
Xanax

Barbiturates/Opioids
Butalbital
Codeine
Darvocet (Darvon)
Fioricet
Fiorinal
Methadone
Oxycodone
Oxycontin
Percocet
Stadol Spray
Tramadol
Tylenol #3
Tylenol with Codeine
Ultracet
Ultram
Vicodin
Wygesic (Propoxyphene and Tylenol)

Anti-Nausea:
Compazine
Compazine Tabs Supp
Phenergan
Reglan
Tigan
Zofran

Antipsychotic
Droperidol (Inapsin)
Geodon
Haldol
Zyprexa

Allergy Medication
Allegra
Decongestant
Flonase
Zyrtec

Other:
Antibiotics
Antihistamines
Arthritis Medications
Cogentin
Histamine IV
Ketamine
Lidocaine
Melatonin
Midrin
Namenda
Propofol

PREVENTIVE MEDICATION

CGRP -Injectables
Adjovy
Aimovig
Emgality

Antidepressants (Tricyclic):
Amitriptyline (Elavil)
Desipramine
Doxepin (Sinequan)
Nortriptyline (Pamelor)
Protriptyline (Vivactil)

Antidepressants (Ssris):
Buproprion (Wellbutrin)
Buspirone (Buspar)
Citaprolam (Celexa)
Duloxetine (Cymbalta)
Escitalopram (Lexapro)
Fluoxetine (Prozac)
Paroxetine (Paxil)
Sertraline (Zoloft)
Venlafaxine (Effexor)

Antidepressants (MAO- Inhibitor)
Phenelzine (Nardil)

BLOOD PRESSURE MEDICATIONS:

Calcium Channel Blockers
Diltiazem (Cardizem)
Nifedipine (Procardia)
Verapamil (Calan)

Beta Blockers
Atenolol (Tenormin)
Metoprolol (Lopressor)
Metoprolol (Toprol)
Nadolol (Corgard)
Propranolol (Inderal)
Timolol

Anti-Seizure Drugs:

Carbamazepine (Tegretol)
Gabapentin (Neurontin)
Keppra (Leveticeram)
Lamotrigine (Lamictal)
Phenytoin (Dilantin)
Pregabalin (Lyrica)
Topiramate (Topamax, Trokendi)
Valproic Acid (Depakote or Depacon)
Zonisamide (Zonegran)

Over The Counter:

Coenzyme- Q10
Fever Few
Magnesium
Migrelief: (Riboflavin + Feverfew + Magnesium)
Riboflavin (Vitamin B2)

Ergot Derivative

Methysergide(Sansert)

Muscle Relaxants

Tizanidine (Zanaflex)