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?
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
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: ____________________________
Factors which worsen the headaches:
___Light
___Sound
___Smells
___Bending over
___Exertion
___Sexual intercourse
___Sitting or standing
___Movement
___Stress

Headache triggers
Foods:
___Alcohol
___Aspartame
___Cheese wine
___Chocolate
___Diet foods
___MSG/Chinese food
___Pickles
___Sausage
___Yogurt

Other:
___Allergy/sinus problems
___Caffeine intake
___Caffeine-withdrawal
___Changes in weather
___Chewing
___Chewing gum
___Colds
___Eating cold or frozen items
___Exertion reading
___Flu
___Missing meals
___Nifedipine
___Nitroglycerine
___Orgasm
___Perfume
___Sleep deprivation
___Sunlight
___Swallowing
___Touching the face
___Viral infections
___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, Sublingual
- 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)

**Barbiturates/Opioids**
- Butalbital
- Codeine
- Darvocet (Darvon)
- Fioricet
- Fiorinal
- Methadone
- Oxycodeone
- 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
- Fionase
- Zyrtec

**Antibiotics**

**Antihistamines**

**Arthritis Medications**

**PREVENTIVE MEDICATION**

**CGRP -Injectables**
- Adjovy
- Aimovig
- Emsgially

**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**
- Diltiliazem (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 (Levetiracetam)
- Lamotrigine (Lamictal)
- Phenytion (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)