

HEADACHE QUESTIONNAIRE

Date of Completion: _____

Patient Name: _____ DOB: _____

1. My headaches started approximately at age: _____

2. How many times per week do you have any type of headache/migraine? (please circle)

1 2 3 4 5 6 7

3. How many hours does a typical headache last with or without treatment/medication? (please circle)

< 4 hours 4-8 hours 8-12 hours 12-16 hours 16-20 hours 20-24 hours
> 24 hours > 48 hours

4. A typical headache starts: (please circle)

One side of head and spreads both sides and entire head Back of head or neck
back of eyes or nose/sinus Right side of head left side of head

5. Symptoms prior to or at onset of headache: (please circle)

Blurry vision double vision tunnel vision Seeing squiggly lines
seeing jagged lines seeing sparkly dots Seeing colored dots ringing in the ears
hearing difficulty Weakness on one side of body: face arm leg

6. Symptoms during headache: (please circle)

Nausea vomiting stomach discomfort Loss of appetite
food cravings dizziness Lightheadedness room spinning
balance issue Sensitivity to light sensitivity to sound sensitivity to smell

7. Character of headache: (please circle)

Throbbing sharp dull ache exploding
Jabbing/Jolting pressure band-like sensation

8. How many days per month do headaches prevent you from doing normal daily activities? _____



HEADACHE QUESTIONNAIRE

History of previous medications used to PREVENT headache attacks. Check the box if you have taken it and make a note on how long you took it for and if it worked or if it had side effects:

<input type="checkbox"/> Aimovig (Erenumab)	<input type="checkbox"/> Nortriptyline (Pamelor)
<input type="checkbox"/> Ajovy (Fremanezumab)	<input type="checkbox"/> Nurtec ODT (Rimegepant)
<input type="checkbox"/> Amitriptyline (Elavil)	<input type="checkbox"/> Onabotulinumtoxin A (Botox)
<input type="checkbox"/> Biofeedback	<input type="checkbox"/> Pregabalin (Lyrica)
<input type="checkbox"/> Candesartan (Atacand)	<input type="checkbox"/> Propranolol (Inderal)
<input type="checkbox"/> Emgality (Galcanezumab)	<input type="checkbox"/> Topiramate (Topamax/Trokendi)
<input type="checkbox"/> Gabapentin (Neurontin)	<input type="checkbox"/> Valproic Acid (Depakote)
<input type="checkbox"/> Lisinopril (Prinivil, Zestril)	<input type="checkbox"/> Venlafaxine (Effexor)
<input type="checkbox"/> Magnesium	<input type="checkbox"/> Verapamil (Calan)
<input type="checkbox"/> Melatonin	<input type="checkbox"/> Vitamin B2 (Riboflavin)
<input type="checkbox"/> Metoprolol (Lopressor)	<input type="checkbox"/> Vyepti (eptinezumab)
<input type="checkbox"/> Neuromodulator device (Cefaly, GammaCore, Nerivio, Spring TMS)	<input type="checkbox"/> Zonisamide (Zonegran)

History of previous meds used to TREAT headache. Check box and make a note on how long you took it, how it worked or if it had side effects:

<input type="checkbox"/> Advil (ibuprofen)	<input type="checkbox"/> Relpax (eletriptan)
<input type="checkbox"/> Aleve (naproxen)	<input type="checkbox"/> Reyvow (Lasmiditan)
<input type="checkbox"/> Amerge (naratriptan)	<input type="checkbox"/> Toradol (ketorolac)
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Treximet (sumatriptan/naproxen)
<input type="checkbox"/> Axert (almotriptan)	<input type="checkbox"/> Tylenol (acetaminophen)
<input type="checkbox"/> Cambia (diclofenac)	<input type="checkbox"/> Ubrelvy (ubrogepant)
<input type="checkbox"/> Compazine (prochlorperazine)	<input type="checkbox"/> Ultram(tramadol)
<input type="checkbox"/> Excedrin (acetaminophen/aspirin/caffeine)	<input type="checkbox"/> Vicodin (hydrocodone)
<input type="checkbox"/> Fioricet (butalbital/acetaminophen/caffeine)	<input type="checkbox"/> Zavzpret (zavegepant)
<input type="checkbox"/> Fiorinal (butalbital/aspirin/caffeine)	<input type="checkbox"/> Zofran (ondansetron)
<input type="checkbox"/> Frova (frovatriptan)	<input type="checkbox"/> Zomig (zolmitriptan)
<input type="checkbox"/> Imitrex (sumatriptan)	Any other narcotics:
<input type="checkbox"/> Indocin (indomethacin)	<input type="checkbox"/> D.H.E. 45 (dihydroergotamine)
<input type="checkbox"/> Maxalt (rizatriptan)	<input type="checkbox"/> Midrin (isometheptene mucate/ dichloralphenazone/acetaminophen)
<input type="checkbox"/> Motrin (ibuprofen)	<input type="checkbox"/> Nurtec ODT (Rimegepant)
<input type="checkbox"/> Percocet (oxycodone)	<input type="checkbox"/> Oxygen
<input type="checkbox"/> Phenergan (promethazine)	<input type="checkbox"/> Trudhesa (dihydroergotamine mesylate)
<input type="checkbox"/> Reglan (metoclopramide)	