HEADACHE & NECK PAIN INSTITUTE

Headache & Neck Pain Questionnaire

Patients Name: _____ DOB: _____

1. Location of head pain._____
2. Character or description of head pain, such as throbbing, stabbing, shooting, or burning pain.

   _____

   _____
3. Typical duration of headaches?_____
4. How many headache days per week do you currently have? _____
5. Have you identified any triggers that may cause headaches?_____

   _____
6. Associated symptoms present? This would include nausea, difficulty tolerating bright lights or loud noises, scalp tenderness, or neck tenderness._____

   _____
7. Are headaches proceeded with an aura, this is an abnormal visual phenomenon that may present as flashing lights, or squiggly lines._____

   _____
8. Are autonomic symptoms present such as tearing of the eye on the side where the pain is located, or drooping of the eyelid? _____
9. At what age did you start having headaches?_____
10. When you for started having headaches, did they gradually build her were of a sudden in onset? _____
11. Do you have a history of head injury or concussion?_____

    _____

Please continue on the back

12. Do you have a history of the following disorders:
    A history of sleep apnea?_____
    A history of neck pain?_____
    A history of stroke?_____

13. What current abortive therapies (things to get rid of the headache) are you using? Examples may include Motrin/ibuprofen, Tylenol, Excedrin Migraine, or prescription medicines such as Imitrex, or similar medications.

    _____

    _____

14. What current preventative strategies or medications have been employed?

    _____

    _____

15. If not currently using preventative strategies, have you used them in the past? If so what did you use? _____

    _____

16. Have you ever had imaging of your brain?_____

17. Has never been hospitalized for headache?_____

18. When your headache is severe, does it limit your ability to do normal activities?

    _____

19. If you could do anything you wanted, would you take a nap if you had a headache?

    _____