Olympia Neurology PLLC

Headache Questionnaire

Name:	
DOB:	Today's Date:

Onset:

At what age did you start having headaches?

○ Childhood ○ Teens ○ 20's ○ 30's ○ 40's ○ 50's ○ 60's

Frequency:

How many days per month do you have some form of headache? _____

How many days in the past month did you take pain medication? (including Tylenol, Excedrin etc..)

_____

How often do your headaches occur?

Per Day	Per Week	Per Month	Per Year	Constant

Have your headaches changed in severity over time? Please describe:

Has the pattern of your headaches changed in the last six months? How?

Duration:

How long does a typical headache last?

Seconds	Minutes	Hours	Days	Constant

Quality of Pain:

How would you best describe the quality of the pain? *Mark all that apply*

Throbbing/Pulsating	Pressing/Squeezing	Stabbing	Dull/Nagging	Other:

Does the headache ever waken you from sleep?

Yes	No

Location:

On what part of your head does the headache start?

Left	Right	Both Sides	Around Eye(s)	Front	Back	All Over

Severity:

Please note the number of headaches each month that are:

Mild	Moderate	Severe

How would you grade the severity of your *average* headache? Where 1 is a slight headache and 10 is your worst headache. Please circle

1 2 3 4 5 6 7 8 9 10

Associated Symptoms:

Please circle all symptoms that apply to your typical headache.

Nausea	Watery Nasal Discharge
Vomiting	Drooping Eyelid(s)
Light Sensitivity	Difficulty Speaking
Noise Sensitivity	Difficulty Understanding
Sensitivity to Odors	Strange Visual Patterns: Zigzags/ Sparkles/ Spots
Vision Changes: partial loss, seeing spots, double vision, blurred vision, total loss, seeing zigzags, seeing sparkles	Numbness
Flashing Lights	Weakness
Tearing, Watery Eyes	Dizziness/Vertigo
Congestion	Other:

Do you ever have warning symptoms 20 to 30 minutes prior to a headache?

YES	NO

Triggers:

Please circle any of the items that seem to bring on your headaches.

Menstrual cycle	Insufficient sleep
Missed meals	Odors
Change in weather	Loud noises
Exertion	Stress
Bright lights	Alcohol
Other triggers:	Food triggers:

Testing:

Have you had any of the following tests?

Test type	Done	When	Where
MRI	YES ○ NO○		
MRA	YES ○ NO○		
EEG	YES ○ NO○		

Treatment:

Please note your experience with the following **abortive** headache medications.

ABORTIVE TREATMENTS		
MEDICATION TAKEN	**MAXIMUM DOSAGE REACHED**	**OUTCOME/ SIDE EFFECTS IF ANY**
Acetaminophen (Tylenol) ○		
Acetaminophen+ codeine ○		
Advil, Ibuprofen, Motrin ○		
Anaprox ○		
Amerge ○		
Aspirin ○		
Ativan, Lorazepam ○		
Axert ○		
Celebrex ○		
Codeine ○		
Compazine ○		
Darvocet, Darvon ○		
Daypro ○		
Decadron ○		
Demerol ○		
DHE/ Migranal ○		
Eletriptan ○		
Equagesic ○		
Esgic ○		
Excedrine ○		
Feldene ○		
Fioricet ○		
Frova, Frovatriptan ○		
Imitrex ○		
Lidocaine ○		
Lodine ○		
Lorcet, Lortab ○		
Maxalt ○		
Medrol ○		
Midol ○		
Midrin ○		
Morphine ○		
Mobic ○		
Naproxen, Naprosyn,Aleve ○		
Naratriptan ○		
Nardil ○		
Oxygen ○		

ABORTIVE TREATMENTS CONTINUED			
MEDICATION TAKEN		**MAXIMUM DOSAGE REACHED**	**OUTCOME/ SIDE EFFECTS IF ANY**
Percocet	○		
Percodan	○		
Penergan, Promethazine	○		
Prednisone	○		
Relafen	○		
Relpax	○		
Rizatriptan	○		
Solumedrol	○		
Stadol	○		
Sumatriptan	○		
Talwin	○		
Toradol	○		
Ultracet	○		
Ultram	○		
Valium, Diazepam	○		
Voxx	○		
Vistaril	○		
Voltaren	○		
Wigraine	○		
Wygesic	○		
Xanex	○		
Zomig	○		
Other:			

Please note your experience with the following **preventative** headache medications.

PREVENTIVE TREATMENT			
MEDICATION TAKEN		**MAXIMUM DOSAGE REACHED**	**OUTCOME/ SIDE EFFECTS IF ANY**
Amitriptyline, Elavil	○		
Botulinum Toxin (Botox)	○		
Cardizem	○		
Carisoprodol	○		
Depakote	○		
Doxepin	○		
Effexor, Venlafaxine	○		

PREVENTIVE TREATMENT CONTINUED		
MEDICATION TAKEN	**MAXIMUM DOSAGE REACHED**	**OUTCOME/ SIDE EFFECTS IF ANY**
Flexeril, Cyclobenzaprine ○		
Gabapentin, Neurontin ○		
Methergine ○		
Nadolol, Corgard ○		
Nifedipine, Procardia ○		
Nortriptyline, Pamelor ○		
Paxil ○		
Propranolol, Inderal ○		
Prozac, Fluoxetine ○		
Remeron ○		
Serzone ○		
Soma, Carisoprodol ○		
Tenormin, Atenolol ○		
Topiramate, Topamax ○		
Valproic Acid ○		
Verapamil ○		
Vivactil, Protriptyline ○		
Wellbutrin, Bupropion ○		
Zoloft, Sertraline ○		
Other:		