



# NATIONAL HEADACHE FOUNDATION

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Toll Free (888) NHF-5552

Web Site Address: [www.headaches.org](http://www.headaches.org)

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_

## HEADACHE QUESTIONNAIRE

**Directions:** Please circle yes to answer any questions that seem to pertain to your headaches. Skip the question if the answer is no.

	M	TT	C	O
1. Did this same headache ever occur before?	yes			
2. Do you have more than one type of headache?	yes			
3. Do your headaches usually occur during daytime hours?	yes			
4. Does your mother, father, siblings, children or any blood relative have similar headaches? (answer NA if adopted)	yes			
5. Do you have any changes in vision (flashing lights, blurred vision, or spots) before or during a headache?	yes			
6. Does your headache pain throb or pound?	yes			
7. Do your headaches occur during weekends and holidays?	yes			
8. Do alcoholic drinks cause or aggravate your headaches?	yes			
9. Does chocolate, cheese, milk, nuts, Chinese food, or any food cause or worsen your headache?	yes			
10. Have you noticed any paralysis, muscle weakness, numbness, swallowing problems or speech changes during your headaches?	yes			
11. Would you describe your headache as moderate to severe in intensity?	yes			
12. Does your headache ever require you to lie down?	yes			
13. Do you prefer a dark, quiet room when you have a headache?	yes			
14. Do you ever miss work (or school) because of headache?	yes			
15. Do you see zig zag lines before a headache?	yes			
16. Does your headache last between 1 to 3 days?	yes			
17. Is your headache <u>unresponsive</u> to plain aspirin or Tylenol?	yes			
18. Do bright lights or sunshine cause your bad headaches?	yes			
19. Does a change in barometric pressure, or storms, ever trigger your headache?	yes			
20. Does a change in your sleep schedule trigger your headaches?	yes			
21. Does your headache pain feel as if your heart is beating in your head?	yes			
22. Did your headaches begin in adolescence or early adulthood?	yes			
23. Do you ever feel tired prior to a headache starting?	yes			
24. Do you ever have excessive thirst/hunger prior to a headache?	yes			
25. Do odors such as perfumes or gasoline fumes ever trigger a headache?	yes			
26. Do you feel drained or "worn-out" the day after a headache?	yes			