Headache & Migraine Questionnaire

Patient Name: ______________________

1. How old were you when they first started? ____

2. How many headaches/migraines do you experience per month? ____

3. How long do your headaches/migraines usually last?
   - ❑ No more than 2 hours ❑ 3-4 hours ❑ 5-12 hours ❑ Several days ❑ 1 week or longer

4. How painful are your headaches/migraines?

   Mild ❑ 1 ❑ 2 ❑ 3 ❑ 4 ❑ 5 ❑ 6 ❑ 7 ❑ 8 ❑ 9 ❑ 10 Severe

5. Where are your headaches/migraines usually located?

Above eyebrows	❑ Right	❑ Left	❑ Both
Behind the eyes	❑ Right	❑ Left	❑ Both
Temple	❑ Right	❑ Left	❑ Both
Back of head	❑ Right	❑ Left	❑ Both

❑ Other: _______________________

6. Headache Type
   - ❑ Throbbing/Pounding ❑ Ache/Pressure ❑ Tight band squeezing the head
   - ❑ Dull ❑ Other:______________

7. Additional symptoms related to headache/migraine onset:

❑ Runny nose	❑ Eyelid puffy	❑ Difficulty concentrating
❑ Nausea	❑ Feeling lightheaded	❑ Sparkling, flashing, or colored lights
❑ Vomiting	❑ Eyelid droops	❑ Loss of vision
❑ Diarrhea	❑ Numbness/tingling	❑ Weakness of arm or leg
❑ Blurred/double vision	❑ Speech difficulty	❑ Loss of consciousness
❑ Bothered by light/noise	❑ Auras	❑ Other: ___________________________

8. Do your headaches/migraines awaken you at night?
   - ❑ Never ❑ Occasionally ❑ Often

9. Do any of the following bring on your headaches/migraines or make them worse? (Check all that apply)

❑ Stress (worry, anger)	❑ Bright sunlight	❑ Weather changes
❑ Letdown after stress	❑ Loud noise	❑ Heavy lifting
❑ Air travel	❑ Fatigue	❑ Certain smells or perfumes
❑ Missed meals	❑ Sexual activity	❑ Coughing, straining, bending over
❑ Medications	❑ Certain foods (chocolate, cheese, beer, MSG)	
❑ Other: ___________________________		

10. Do any of the following make your headaches/migraines better?

❑ Rest	❑ Exercise	❑ Quiet and darkness
❑ Hot or cold compress	❑ Massage	❑ Warm shower
❑ Pressure over headache area		❑ Other: _______________________________

11. If you are female, do your headaches/migraines change with the following? (Check all that apply)
    - ❑ Menstrual periods ❑ Pregnancy ❑ Birth Control Pills ❑ Other hormonal drugs

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Systems Survey form:

❑ 52-Blood Sugar ❑ 83-Gallbladder/Sinus ❑ 132-Thyroid ❑ 140-Pituitary ❑ 151-Adrenaline ❑ 179-B Complex

Ragland's:

❑ Adrenals ❑ Kidneys ❑ Heart ❑ ANS:Sympathetic ❑ ANS: Parasympathetic

Calcium Cuff Test:

Initial: _______________ Final: _______________