

# NEUROLOGY CLINIC HEADACHE QUESTIONNAIRE

NAME \_\_\_\_\_ DATE \_\_\_\_\_

1. Do you have any idea of what may be causing your headache?  
(whiplash, diabetes, high blood pressure, eye strain, etc.) Yes No
2. Did this same type of headache ever occur before? Yes No
3. Do you have more than one type of headache? Yes No
4. Is the headache pain so intense that sometimes it becomes unbearable? Yes No
5. Do your headaches occur during stress, tension, or nervousness when at home, at work, or during social occasions? Yes No
6. Dose your neck, shoulder muscles or head feel tight and painful during the headache? Yes No
7. Is your headache pain dull and steady, like an intense constant pressure? Yes No
8. Does you headache feel like a tight band around you head? Yes No
9. Do you usually have (1) or more headaches during the week? Yes No
10. Do your headaches occur only during the daytime? Yes No
11. Does your mother, father, or any blood relative have similar headaches? Yes No
12. Do you have a warning prior to the onset of your headache? Yes No
13. Does exertion affect you headache? (lifting, running, straining, or sex) Yes No
14. Does nausea and/or vomiting occur before or during you headaches? Yes No
15. Do you have any changes in vision?  
(flashing lights, sensitivity, to light, spots, blurred vision. etc.) Yes No
16. Does your headache usually start on one side of your head? Yes No
17. Does you headache throb and pulsate or feel like it is pounding? Yes No
18. Do your headaches usually occur during the night or upon awakening? Yes No
19. Do your headaches usually occur during weekends or holidays? Yes No
20. (Females only) Is your headache associated with your menstrual period? Yes No
21. Do you have watering of the eye on the affected side of the headache? Yes No
22. Do alcoholic drinks cause or aggravate you headaches? Yes No
23. Does chocolate, cheese, milk, nuts, Chinese food, or any other food cause or worsen you headache? Yes No
24. Do you have any hearing problems, noise, drainage, or stuffiness in either ear? Yes No
25. Have you noticed any paralysis, muscle weakness, numbness, swallowing problems, or speech changes during you headaches? Yes No
26. Do you have any facial pain, aching jaws, stuffiness, or congested sinuses along with your headache? Yes No