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neurosciencegroup

Neuroscience Group Headache Questionnaire

How often do you have headaches in a month?

Is your pattern of headaches stable for at least 6 months?

Do you have headaches that interfere with work, family, or social functions?

How effective is your treatment?

Do other family members have migraine headaches?

(For Women) Are your headaches worse around your menstrual cycle?

On what part of the head do the headaches start?

After the headaches start do they stay in one place or move around?

How do you describe the pain?

How long does a typical headache last?

Are any of the following symptoms associated with the headache? (please circle)

Spots before eyes, Blindness or partial blindness, Blurry Vision, Double Vision, Eyelid Droop, Tearing, Eye redness, Eye puffiness, Light sensitivity, Noise sensitivity, Odor sensitivity, Stiff Neck, Nose blocked or nasal discharge, Nausea, Vomiting, Dizziness, Numbness, Weakness, Speech problems, Fatigue, Difficulty concentrating

What medications have you used over the counter to treat your headaches? (Advil, Aspirin, Tylenol, Excedrine Migraine, etc...)

Have you ever been prescribed a medication for your headaches? If so, which ones and how did they help?
Any side effects?