



Headache Questionnaire

At what age did you begin to have head pain?

On what part of the head does the head pain start?

After the head pain starts, does it stay in one place or move around?

How do you describe the pain? (please circle) Pulsating, Throbbing, Achy, Sharp, Dull, Pressure, Stiff, Burning

What intensity would you give the pain? What range would you give the pain? 1-10 scale

How often do you have head pain in a month?

How long does your head pain typically last?

Is your pattern of head pain stable for at least 6 months?

Do you have head pain that interferes with work, family or social functions?

Are any of the following symptoms associated with the head pain? (Please circle)

Light sensitivity	Blindness or partial blindness	Double vision	Eye redness	Weakness
Noise sensitivity	Spots before eyes	Ringling in the ears	Eye puffiness	Speech Problems
Odor sensitivity	Numbness	Dizziness	Nose blocked/discharge	Fatigue
Nausea	Tingling		Tearing	Difficulty concentrating
Vomiting			Restlessness	
Stiff neck				
Blurry vision				