

Headache Questionnaire

Name: _____ DOB: _____ Date: _____

Where do you feel your headaches? _____

How would you describe the pain you feel with headaches? _____

What symptoms do you experience with your headaches? Check all that apply:

Nausea Vomiting Visual Disturbances Altered Hearing Ringing in ears

Loss of balance None Other: _____

I have a headache: 1 per month More than 1 but less than 4 monthly More than 1 weekly

My headaches are: Mild Moderate Severe

What time of day are you most likely to get a headache? Morning Mid-day Evening

Mark a 'x' in the appropriate box

| | Yes | Sometimes | No |
|--|-----|-----------|----|
| Because of my headaches, I feel handicapped. | | | |
| Because of my headaches, I feel restricted in performing my routine daily activities. | | | |
| No one understands the effect my headaches have on my life. | | | |
| I restrict my recreational activities because of my headaches. | | | |
| My headaches make me angry. | | | |
| Sometimes I feel I am going to lose control because of my headaches. | | | |
| Because of my headaches, I am less likely to socialize. | | | |
| My spouse, or family and friends have no idea what I am going through because of my headaches. | | | |
| My headaches are so bad I feel I am going insane. | | | |
| My outlook of the world is affected by my headaches. | | | |
| I am afraid to go outside when I feel a headache starting. | | | |
| I feel depressed because of my headaches. | | | |
| I am concerned I am paying penalties at work and home because of my headaches. | | | |
| My headaches place stress on my relationships with family and friends. | | | |
| I avoid being around people when I have a headache. | | | |
| I believe my headaches are making it difficult for me to achieve my goals in life. | | | |
| I am unable to think clearly because of my headaches. | | | |
| I get tense because of my headaches. | | | |
| I do not enjoy social gatherings because of my headaches. | | | |
| I feel irritable because of my headaches. | | | |
| I avoid traveling because of my headaches. | | | |
| My headaches make me feel confused. | | | |
| My headaches make me feel frustrated. | | | |
| I find it difficult to read because of my headaches. | | | |
| I find it difficult to focus my attention away from my headaches and on other things. | | | |