



Consultants in Neurology
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Headache Patient Questionnaire

1. How often do you get headaches bad enough to interfere with your daily activities and how long do they last?

2. How often do you get milder headaches and how long do they last?

3. How old were you when you first recall having any kind of headache?

4. Has there been a significant change in your headaches recently?

5. Are your headaches sometimes accompanied by (circle all that apply):
 - a. Nausea
 - b. Vomiting
 - c. Sensitivity to light
 - d. Sensitivity to sound
 - e. Sensitivity to odor

6. Are your headaches sometimes associated with (circle all that apply):
- a. Seeing zig-zag lines
 - b. Having a blind spot
 - c. Losing vision to one side
 - d. Sensation of room spinning
 - e. Things look too big or too small
 - f. You pass out or come close to it
 - g. You go numb on one side
 - h. You get weak on one side
7. Is your headache pain sometimes (circle all that apply):
- a. Made worse with movement/activity
 - b. One-sided
 - c. Pounding
 - d. Stabbing
 - e. Throbbing
 - f. Pressure
 - g. Other _____
8. Do you have any of the following with your headaches?
- a. Runny nose
 - b. Stuffy nose
 - c. Ringing ears
 - d. Swollen eyelids
 - e. Neck pain
 - f. Tender scalp
9. How often do you miss work or social activities due to headaches?
10. How often do you take headache relievers or pain pills?
11. Does your headache medicine work consistently in the majority of your attacks?
12. Does your headaches pain disappear within two hours of taking your medicine?
13. Are you able to function normally within two hours of taking your headache medicine?
14. Are you comfortable enough with your medication to be able to plan your daily activities?