

HEADACHE QUESTIONNAIRE

Chicago Dizziness and Hearing
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Chicago, Illinois, 60611
312-274-0197

NAME: _____

SEND REPORT(S) TO:

AGE: _____

Today's Date: _____

Social Sec # _____

HOME Phone: _____

WORK Phone: _____

PHARMACY Phone: _____

Email address

Fax

HEADACHE QUESTIONNAIRE

Please answer the following questions Please give necessary details for "yes" answers. We realize that this form is long, but when it is filled out carefully it allows us to devote more time to examining you.

Description of Present Illness

1a. My headaches started on:

1b. I get headaches about every: day week month three-months year (circle 1)

1c. My headaches last: seconds minutes hours days (circle 1)

1d. Describe the head pain you experience (circle one or several)

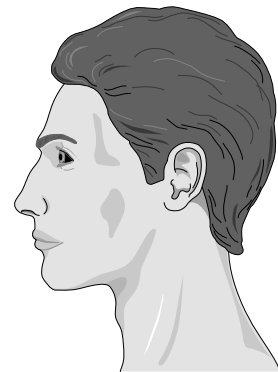
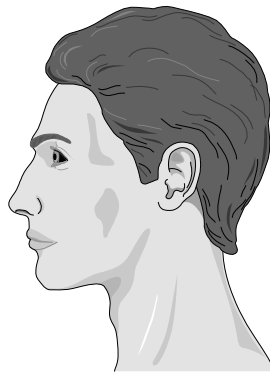
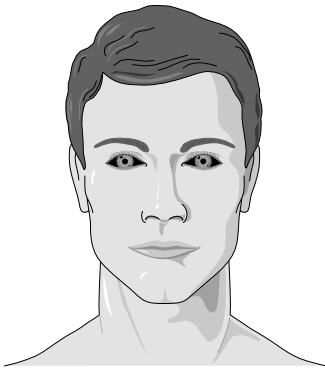
throbbing pulsating pounding constant

tight squeezing pressure sharp

grinding vise-like hat-band tender

other:

1e: My headaches are located (mark location, one or several)



HEADACHE QUESTIONNAIRE

Associations

2. Headache is accompanied by (circle)

diarrhea

dizziness

drooping eye lid

facial tenderness

fever

flushing on one side of the face

light sensitivity

loss of consciousness

nausea or vomiting

neck stiffness

noise sensitivity

numbness in face/arm/leg

red, tearing eye

runny nose/congestion

swelling of ankles

speech disturbance

visual disturbances

weakness in face/arm/leg

other:

HEADACHE QUESTIONNAIRE

3A. Is your head pain triggered by any of the following: (circle)

other:

Alcohol

Barometric pressure or weather

Bending over

Blood Pressure

Certain foods (such as cheese or Chocolate)

Colds

Coughing

Depression, anxiety, nerves, or stress

Exertion

Fatigue

Heat, hot showers

Head movement

Menstrual periods

Missing a meal

Monosodium glutamate (MSG)

Odors

Salt

Sex

Seasons

Swallowing

Sleep or Lack of sleep

Time of day

HEADACHE QUESTIONNAIRE

3A. Is your head pain relieved by any of the following: (circle)

Cold compresses

Eating

Heat

Massage

Medication (which ones ?)

Moving around

Relaxation

Sleep

Vomiting

Other

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Life Style

4. Habits

How many alcoholic drinks per day ? _____

How many caffeinated drinks per day _____

How many hours do you sleep per day ? _____

Do you smoke cigarettes, cigars or pipes ? No Yes

Are you currently involved in litigation with
respect to any medical problems ? No Yes

Are you usually highly stressed ? No Yes

Do you usually eat 3 meals/day ? No Yes

5. Injuries (Circle, date)

head

neck (for example whiplash)

dental work preceding onset of headache ?

6. Exposures or Infections (Circle, date)

Carbon Monoxide (car or house)

Venereal Disease or Syphilis ?

Tuberculosis or Cysticercosis ?

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MEDICATIONS

7a. What are your current medications, include hormones, birth control pills, vitamins, etc. (Name and amount/day)?

7c. Have you ever taken any of the following medicines for headache : (circle)

Abilify	DHE	Mexetil	Sinutab
Adipin	Duradrin	Micranin	Skelaxin
Acetaminophen	Duragesic	Midol	Soma
Advil	Ecotrin	Midrin	Stadol Nasal Spray
Alleve	Effexor	Migranol	Sumatriptin (triptan)
AlkaSeltzer	Elavil (amitriptyline)	Motrin	Surmontil
Amerge (triptan)	Empirin	Naprosyn	Talwin
Amitriptyline	Ergomar (ergot)	Neurontin	Tenormin
Anacin	Ergostat (ergot)	Nimodipine	Thorazine
Anafranil	Esgic	Norflex	Timonol
Antihistamines	Equigesic	Norgesic	Topamax
Asendin	Excedrin	Norpramin	Toprol
Aspirin	Fentanyl patch	Nortriptyline	Torecan
Axert (triptan)	Feverfew	Nubain	Trexan
Axotal	Fiorinal	Nuprin	Triavil
Aventyl	Fioricet	Oxygen	Trilifon
Baclofen	Flexeril	Oxycontin	Trileptal
Bellergal	Gabapentin	Pamelor	Tylox
Beta-blocker	Ibuprofen	Panadol	Tylenol
Blockadren	Imitrex	Parafon Forte	Tylenol #3 or #4
Bufferin	Inderal (propranolol)	Parnate	Vanquish
Cafergot	Indocin	Paxil	Venlafaxine (Effexor)
Calan (verapamil)	Indomethacin	Pertofrane	Verapamil (Calan)
Cardene	Isoptin	Percocet	Verelan (verapamil)
Cardizem	Lamictal	Percodan	Viskin
Catapres	Lexapro	Percogesic	Vivactyl
Corguard	Limbitrol	Periactin (cyproheptadine)	Vicodin
Codeine	Lithium	ohenergan	Wellbutrin
Cymbalta	Liorisal	Phrenilin	Wigraine
Cyproheptadine	Lopressor	Procardia	Zomig
Darvon/Darvocet	Lortabs	Propranolol (inalderal)	Zonegran
Datril	Lorcet	Prozac	Zoloft
Dapro	Ludiomil	Reglan	
Desyrl	Lyrica	Relpax (triptan)	Herbal products
Dilantin	Magnesium	Robaxin	Petadolex
Decongestants	Marplan	Serzone	
Demerol	Maxalt (triptan)	Sansert	
Depakote	Methadone	Sinequan	

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Past Medical History, Review of Systems

8. My health has been affected by (circle, date)

General Health Problems

Heart problems

High cholesterol

High or low blood pressure

Diabetes

Palpitations (abnormal or fast beating) of the heart

Cancer

What type

15 lb or more weight loss

Metabolic

Kidney problems, Dialysis

Liver problems

Low sugar (hypoglycemia)

Thyroid disorders

Psychological Troubles

Treatment by a psychiatrist or counselor

Depression or unusual amounts of stress

Panic Attacks

Pain

Pain in back of jaw (TMJ)

Migraine or other headaches

Low Back or Neck Pain

Systemic Diseases

AIDS

Arthritis

Blood diseases, anemia

Skin diseases

Lupus

Fevers or swollen glands

Syphilis or venereal disease

Mononucleosis (Epstein Barr)

Lyme disease

Meningitis

Tuberculosis (TB)

Eye Problems

Crossed eyes, lazy eye

Poor vision in one eye (amblyopia)

Neurological Problems

Bladder problems

Tremor or incoordination

Loss of consciousness (faints or seizures)

Pins and needles, numbness (where)

Muscle weakness (where)

Problems with sexual function

Trouble speaking

Surgery

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Family History

9. Are there any family members with (circle):

Headaches just like mine

Diabetes

Stroke

Heart disease or high blood pressure

Migraine headaches

Other diseases that run in the family (list
for malaria)

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PREVIOUS STUDIES

11. Have you had any of these tests or procedures ? (circle, date if done, and please note result if known)

OTHER SPECIALTY VISITS

Eye Doctor

Dentist

Chiropracter

NEUROLOGICAL TESTS

Carotid Doppler

Lumbar puncture (spinal fluid examination)

EEG (Brain Wave test for seizures)

GENERAL MEDICAL TESTS

Recent general medical checkup?

Recent general blood tests (Glucose, blood count)

Heart testing (EKG, Stress test, Holter Monitor)

X-RAYS

Cerebral Angiogram

CT scan of the head

MRI, MRA

Sinus X-rays or CT

Neck X-rays, CT or MRI

Chest X-ray

THANK YOU !