



NEW YORK HEADACHE CENTER

The Following Questions are About Your Headaches::

At what age did you have the very first headache you can remember:.....

Describe any details of that headache that you can recall:.....

What year did your **current** headaches begin:.....

Did anything trigger them:.....

Have they changed or become worse:.....When:.....

When was your last headache:.....

Do you have more than one type of headaches? Yes No. If yes, describe them separately:

.....

How many headaches (any type) do you have each month:....., how long do they last:.....

How would you describe the pain of your most serious headaches (circle one or several):

Throbbing/pulsating dull/aching pressure-like sharp stabbing electric-like vise-like other:.....

Does the pain feels like (1) going from outside – in (compressing, stabbing in) or (2) from the inside – out (exploding, pushing out).

When you have a headache (and possibly after), do your scalp and face become sensitive to touch and do you avoid putting on glasses, jewelry or combing your hair? Yes No.

Are your headaches brought on or worsened by: your periods/hormonal changes, exercise, stress, relaxation after stress, change in weather, alcohol, bright light/glare, odors, smoke, noise, lack of sleep, too much sleep, hunger, food additives, certain foods,

Are your headaches worse at any particular day of the week:.....

At what time of day does the pain usually begin:.....

Do you have any warning signs **before** the start of a headache: Yes No. Describe:.....

.....

Circle any of the following symptoms you have with your headaches:

Neck pain Nausea Vomiting Light sensitivity Dizziness Noise sensitivity Numbness Weakness

Fever Confusion Difficulty speaking Tearing Nasal congestion Eyelid drooping Other:.....

On the following figures, shade in the area(s) where you have been having head pain. Use one or more of the figures as needed for different kinds of head pain. Indicate right and left.

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