UT Southwestern Medical Center

Migraine Headache Questionnaire
Post-treatment

Pt. Name: _____
Address: _____
_____
City State Zip
MRN: _____
DOB: _____
SSN: XXX-XX-___ ___ ___ ___ SEX: _____
DOS: _____

Name: _____ Date: _____

After your procedure, how many migraine headaches did you experience each month? _____
How many regular/non-migraine headaches did you experience each month? _____
How many days per month do you miss work or school due to migraine headaches? _____

Have you experienced any numbness or other side effects from the procedure?
☐ No ☐ Not sure ☐ Yes, I experienced _____

If you had a migraine headache in the last month, what was the duration?

	> 2 hours	3-5 hours	6-9 hours	10-15 hours	16-24 hours	24 hours +
If you took medication at onset	○	○	○	○	○	○
If you did not take medication	○	○	○	○	○	○

If you had a migraine headache in the last month, how painful were your migraine headaches?

	Mild	2	3	4	5	6	7	8	9	Severe
Pain scale	○	○	○	○	○	○	○	○	○	○

Where do your migraine headaches typically start?

	Behind eye	Above eyebrow	Temple	Back of head
Left	○	○	○	○
Right	○	○	○	○

Following your procedure, did you experience migraines that started in a different location?
☐ No, I didn't have a migraine ☐ No, they started the same place ☐ Yes, they started in _____

Was there any change in the amount or dosage of medication you took for migraines? (check all that apply)
☐ No, I took the same amount and dosage ☐ Yes, I didn't need my medication at all
☐ Yes, I took fewer pills to control the symptoms or pain ☐ Yes, I took a lower dose to control the symptoms or pain

Comments _____
_____

Did your migraines negatively impact your life or daily routine following this procedure?
☐ No, I didn't have a migraine ☐ No, they did not affect my life in general ☐ Yes, they had a negative effect

How effective would you say this procedure been in treating your migraines?
☐ Minimal ☐ Moderate ☐ Good ☐ Exceptional

Were there other circumstances or life events that may have triggered or affected your migraine occurrences following this procedure?
☐ No, I didn't have a migraine ☐ No, there were no circumstances that I think would have triggered a migraine
☐ Yes, _____
_____
_____