



Headache Patients

1. When did they start?
2. Do they start off all of the sudden or is it a gradual development?
3. How long do they last?
4. How many headaches do you have a week?
5. Are they located on one side, both sides, back, front, or all over?
6. Do you have any associated eye tearing, droopy eyes, nose running or nasal congestion?
7. Describe the pain: Examples include: Sharp, Stabbing, Dull, Throbbing, Pressure, etc
8. What is the intensity of the pain on a scale of 1-10 (1 -not so bad, 10 – worst pain of your life)
9. Do you have associated light sensitivity?
10. Do you have associated sound sensitivity?
11. Do you have associated nausea or vomiting?
12. Do you have associated numbness or tingling?
13. Do you have associated visual changes?
14. Do you have associated speech problems?
15. Do you have associated weakness?
16. Do you have any known triggers? Examples include: stress, lack of sleep, dehydration, skipping meals, chocolate, caffeine, or anything else you may have noticed?
17. What makes it better? Examples include: lying down in a quiet dark room, sleep, cold compresses, etc..
18. What have you tried to abort them?
19. What have you tried to prevent them?
20. Is there anyone else in the family who may have headaches?