

DUKE NEURORADIOLOGY
HEADACHE QUESTIONNAIRE

Name _____ D.O.B. _____

Primary Care Physician/Neurologist (name/phone#) _____

SECTION 1: ONSET OF HEADACHES

When did your current headache problem begin? _____

Have you had prior headaches of a different pattern? _____

If so, when did they begin? _____

Any recent change in the pattern of your headaches? ___ yes ___ no

If yes, please describe: _____

SECTION 2: HEADACHE FREQUENCY AND SEVERITY

In the past 28 days, how many days was your headache?

_____ severe (could not function)

_____ moderate (hard to function)

_____ mild (did not interfere with function)

_____ no headache at all

_____ Total = 28

SECTION 3: IF HEADACHES ARE EVERY DAY

When did every day headaches begin? _____

Did your headaches begin?

___ gradually, and become worse

___ suddenly, one day “out of the blue” and worst the first day

___ one day, “out of the blue,” and got worse over time

___ other: _____

SECTION 4: LOCATION

Headache location is (check all that applies):

___ always one-side and always the same side

___ always one-side, sometimes left or right

___ usually or mainly on one side

___ usually both sides or all over

___ mainly forehead

___ mainly side of head

___ mainly back of head or neck

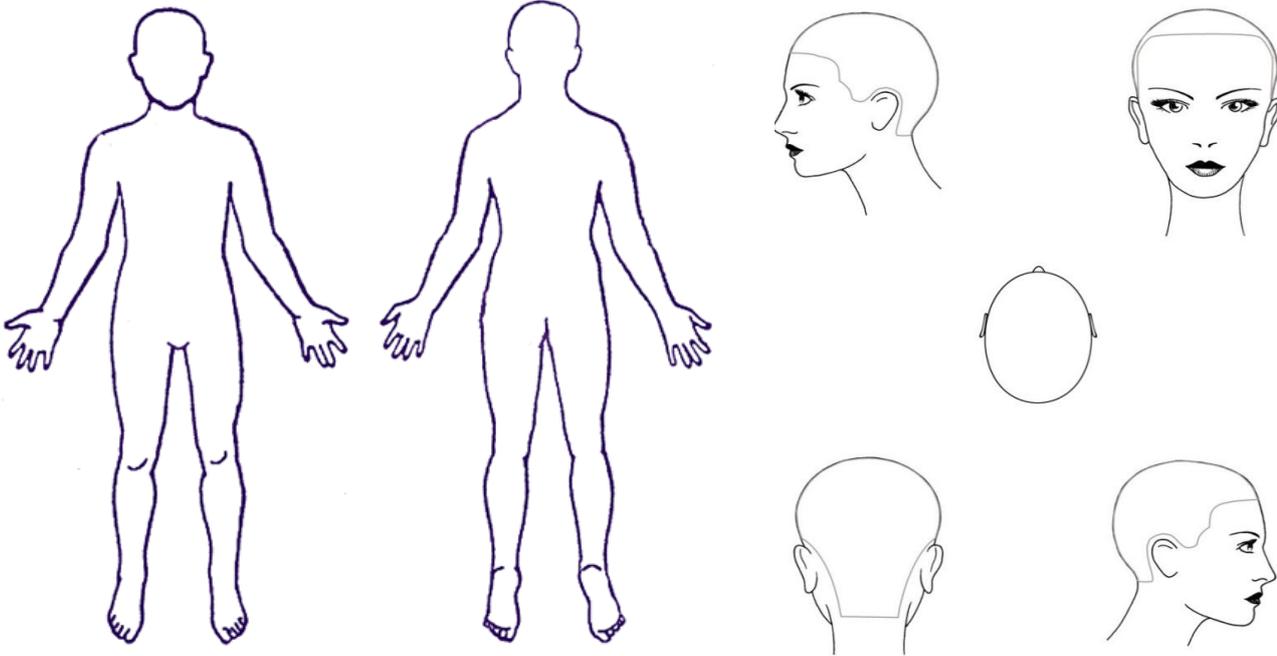
___ upper back/between shoulder blades

___ includes face (below the eyes)/cheeks

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Body Images front& back:

Draw the location of your headache and any neck or back pain:



SECTION 5: QUALITY OF HEADACHE PAIN (check all that apply):

- pounding/throbbing
- pressure/aching/squeezing
- jabbing/piercing/knife-like
- burning
- other _____

Any pattern to the headache? (check all that apply)

- may awaken me from sleep
- usually start as soon as I am awake
- usually starts soon after I've gotten out of bed
- usually starts sometime late in the day/evening
- for women, any relation to your periods? yes no
- other pattern (explain): _____

Is your headache influenced by:

	Better	Worse
Coughing/sneezing	_____	_____
Bending forward	_____	_____
Intercourse	_____	_____
When standing up?	_____	_____
When lying down?	_____	_____

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If better when lying down:

How long does it take for your headache to start once you stand up? _____

How long does it take for your headache to get better when you lie down?

___ almost instantly better after lying down

___ better within 15 minutes

___ takes more than 15 minutes to improve

How much better do you get when lying down?

___ completely

___ near complete

___ improved somewhat

SECTION 6: DESCRIPTION OF SEVERE HEADACHE

BEFORE or during your headaches, do you experience?

flashing lights, flickering or loss of vision? ___ yes ___ no

numbness or weakness on one side of the body? ___ yes ___ no

other unusual feelings? ___ yes ___ no

If yes, please explain _____

SECTION 7: ASSOCIATED SYMPTOMS DURING HEADACHE:

(check all that apply)

___ nausea or vomiting

___ sensitive to light

___ sensitive to noise

___ sensitive to odors

___ worse with physical activity

other unusual feelings? (explain) _____

Other symptoms, either during headache or unrelated to headache:

Visual changes:

___ Blurred or double vision

___ Changes in color vision

Other _____

Balance problems:

___ Room-spinning or moving dizziness

___ Poor balance/equilibrium is off

___ Difficulty speaking (slurred)

___ Stuttering

Hearing changes:

___ muffled hearing

___ ringing/roaring in ears

___ Decreased concentration/memory

___ Word-finding difficulty

___ Changes in smell

___ Changes in taste

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Other pain:

Neck pain

Facial pain

Back pain

Facial weakness

Chest pain

Joint or muscle pain

Pain all over

SECTION 8: PREVIOUS EVALUATIONS FOR HEADACHE

Have you ever had an imaging study of your brain?

CT scan of your head? yes no (if yes, when _____)

MRI scan of your head? yes no (if yes, when _____)

Lumbar puncture (spinal tap) yes no (if yes, when _____)

(Clinical staff will enter opening pressure): _____

Have you ever seen for your headaches or for a pain problem . . .

Neurologist Pain Clinic Other _____

Allergy doctor Dentist _____

ENT doctor Chiropractor _____

Eye doctor Acupuncturist _____

Do you have loose ligaments? yes no

Connective Tissue Disorders such as Marfan's or Ehler-Danlos Syndrome.

Have you been diagnosed with a connective tissue disorder? yes no

Has anyone in the family been diagnosed with a connective tissue disorder? yes no

SECTION 9: HEADACHE MEDICATIONS

Have you taken caffeine or caffeinated products or medications (Excedrin, BC, Fioricet)?

If so, did this help? Yes No

Have you taken Topamax? Yes No

If so were your headaches better, worse or unchanged?

Have any Triptans helped your headaches? Yes No

Have other migraine medications helped your headaches? Yes No

Any prior Bloodpatches? Yes No

If yes, when? _____

with improvement no Improvement