Headache History Form

Name: _____

DOB: _____

Dear Patient and/or Parent:

You have been scheduled with one of our physicians to discuss concerns regarding chronic headaches. Please review the headache history form and answer the pertinent questions. Please bring the completed questionnaire with you on the day of your appointment. You may write directly on this form, using both sides as needed.

1. Do you have a single type of headache or several types of headaches?
2. How did the headaches begin? Did you injure your head or neck?
3. How long has each headache type been present?
4. Are the headaches worsening in severity or staying the same?
5. How frequently do the headaches occur? Are they becoming increasingly frequent?
6. Do they occur under any special conditions, such as your period, or at examination time? Any special time or season?
7. Are they related to specific foods?
8. Are they preceded by warning signs? What are those signs-and how soon before the headache do you notice them?
9. Where is the pain located?
10. How would you describe the pain? Is it pounding? Squeezing? Sharp? Hammering?
11. Are there symptoms that accompany the headache, such as nausea, vomiting, dizziness, or light-headedness. Or weakness? Does light or sound bother you during a headache?
12. What do you do during the headache? Do you stop playing? Do you have to lie down?
13. How long does the headache last?
14. What medications do you use or which maneuvers do you try to make the headache better? Does sleep relieve the headache?
15. Does anything you do make the headache worse?
16. Between headaches, do you have problems with your balance or vision? Do you feel tired or weak, or lose your temper? Do you feel restless?
17. Are you being treated for, or do you have any chronic medical problems, such as sinusitis? Asthma? High blood pressure?
18. Do you take medication for any other problems on a regular basis?
19. Does anyone else in your family have headaches? What kind of headaches do they have?
20. Can you tell me what you think is causing your headaches?
21. Have you had any other medical problems in the past? Did you have any surgeries?
22. (To the parents) Were there any problems during the pregnancy, labor, or delivery?
23. Are there any problems at school or with your friends?

*Adapted from Rothner AD et al, In: Diamond ML, Solomon GD, eds. Diamond and Dalessio's The Practicing Physician's Approach to Headache. 1999.