

## CHRONIC HEADACHE QUESTIONS

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

1. Describe the headache. Is it pounding? Squeezing? Sharp? Hammering?
2. Where is the pain located?
3. When did the headaches start?
4. How long do they last?
5. Do you wake up during the night with a headache? Y N
6. Do you vomit first thing in the morning? Y N
7. Are the headaches worsening in intensity or staying the same?
8. How frequently do they occur? Are they increasing in frequency? Y N
9. Are there any symptoms that accompany the headache such as nausea, vomiting, dizziness, weakness, or light sensitivity?
10. Are they related to specific foods or caffeinated beverages?
11. Are you taking any medication or herbal supplements on a regular basis?
12. What makes it better?
13. Does anything you do make the headache worse?
14. Are there any stressors at home or at school?
15. Is there a family history of headaches or migraines?