

HEADACHE HISTORY FORM

Your Name: _____ Date: _____

Your age: between 10 and 30 30 – 50 > 50

What is your headache complaint?

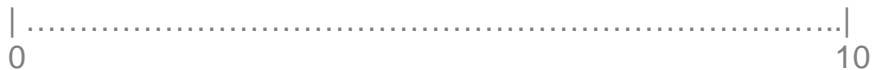
Where is your headache located?

How severe is your headache? (please rate the severity of your headache on the scale of 1 to 10, by placing an 'X' on the dotted line. 1 is the lowest and 10 is the worst)

Location: _____



Location: _____



Location: _____



How often do you have these headaches?

2 – 5 times per month

- less than 15 times per month
- 1 – 6 times daily for weeks to months
- increasing in frequency
- intermittent

How would you describe your headaches?

Side

- left side only
- right side only
- both sides

Description

- pulsating
- throbbing
- tight band / vice around your head
- pressing
- shock-like
- stabbing / jabbing like a thunderclap
- burning
- explosive

Intensity

- mild
- moderate
- severe
- stable
- improving
- steadily worsening

Location

- generalised (all over)
- frontal (above your eye brows)
- over your jaw joints
- temple
- top of your head
- back of your head at the hair line
- behind your eyes
- around your eyes
- side of your head
- directly in front of your ears
- behind your ears
- upper back teeth
- lower back teeth
- upper front teeth
- lower front teeth
- generalised (all teeth)
- nose
- cheeks
- gums
- teeth
- on one side only
- on one side only
- on one side only
- Upper: on one side only
- both sides
- both sides
- both sides
- Upper and lower: on one side only

over all teeth

front teeth

back teeth

What brings on your headaches?

- mental / intellectual exertion
- exercises
- orgasm (sex)
- medications e.g. non-steroidal anti-inflammatories, valium, nitroglycerine,
Please state: _____
- foods and food additives
- food allergies
- smoking
- neck movements
- bright lights / sun
- fatigue
- sleep loss / insomnia / poor interrupted or disturbed sleep / too much sleep
- hypoglycaemia (low blood sugar levels)
- stress
- alcohol
- menstruation / hormonal changes
- exposure of head to cold temperatures
- washing your face
- shaving
- brushing your teeth
- talking

How long do your headaches last?

- less than 1 minute
- several minutes
- 15 to 30 minutes
- 30 to 90 minutes
- less than or up to 24 hours
- 4 to 72 hours
- from 30 minutes up to 1 week
- continuous
- transient / on and off

What makes your headaches worse?

- allergy season
- loud noises
- certain foods
- dental treatment
- bending head forward
- standing upright
- bright lights
- physical exertion
- antidepressant or nerve pain medications
- body or head movement
- jarring of the head
- coughing

What improves your headaches?

- hot packs
- medications
 - non-narcotic analgesics (pain killers)
 - non-steroidal anti-inflammatories
 - migraine medications
 - antidepressants
 - muscle relaxants
 - lithium
 - indomethacin
- lying down
- rest
- dark room
- tractioning the neck
- caffeine

Have you ever had a break / remission from your headaches?

- never
- yes – months
- yes – months to years

ONSET

How and when did you start getting your headaches?

- no history of previous headache until recently
- long history of headache
- during a period of stress
- following head injury / head trauma
- sudden onset
- gradual onset
- 2 hours after going to bed
- with exertion / neck movement

At what age did you start getting bad headaches?

- 0 – 10 years old
- 10 – 20 years old
- 20 – 40 years old
- 40 – 50 years old
- over 50 years old

Has your headache been getting worse? Yes No

When you were a child, did you have

- Car / motor sickness? Yes No
- Drooping / lazy eye? Yes No

Childhood headaches?
Double vision?

Yes
 Yes

No
 No

What other symptoms do you suffer from?

Before your headaches

(hours to 2 days before)

- lethargy
- hyperactivity
- depression
- food cravings
- appetite loss / anorexia
- fluid retention
- diarrhoea
- urticaria

Before your headaches

(up to 60 minutes before)

- scotoma (area of visual loss)
 - partial
 - worsening
 - complete
- scintillation (shimmering borders) /
 - fortification (zig zag forms)
- crescent figures (crescent-shaped areas of visual loss)
- scintillating edges
- photopsia (flashing light or colours)

During your headaches

- nausea
- vomiting
- photo-phobia (sensitive to bright lights)
- phono – phobia (sensitive to noise)
- osmophobia (sensitive to smells)
- vertigo (loss of balance)
- fatigue
- anorexia
- malaise (generally feeling unwell)
- asthenia (lack of strength)
- sweating: day night
- miosis (excessive contraction of the pupil of the eye)
- stomach / intestinal upset

Previous Medical History

Do you have a history of:

- | | | |
|--|---------------------------|--------------------------|
| Heart / circulatory problems? | <input type="radio"/> Yes | <input type="radio"/> No |
| High blood pressure (especially diastolic)? | <input type="radio"/> Yes | <input type="radio"/> No |
| High cholesterol? | <input type="radio"/> Yes | <input type="radio"/> No |
| Recent lumbar puncture procedure? | <input type="radio"/> Yes | <input type="radio"/> No |
| Urticaria? | <input type="radio"/> Yes | <input type="radio"/> No |
| Nasal congestion? | <input type="radio"/> Yes | <input type="radio"/> No |
| Sinus problems? | <input type="radio"/> Yes | <input type="radio"/> No |
| Pheochromocytoma? | <input type="radio"/> Yes | <input type="radio"/> No |
| Loss of / compromised vision? | <input type="radio"/> Yes | <input type="radio"/> No |
| Failing eyesight? | <input type="radio"/> Yes | <input type="radio"/> No |
| Blurred vision? | <input type="radio"/> Yes | <input type="radio"/> No |
| Visual aura? | <input type="radio"/> Yes | <input type="radio"/> No |
| Lacrimation (tearing)? | <input type="radio"/> Yes | <input type="radio"/> No |
| Sore throat? | <input type="radio"/> Yes | <input type="radio"/> No |
| Clicking jaw? | <input type="radio"/> Yes | <input type="radio"/> No |
| Locking jaw? | <input type="radio"/> Yes | <input type="radio"/> No |
| Pain on chewing? | <input type="radio"/> Yes | <input type="radio"/> No |
| Sore jaw? | <input type="radio"/> Yes | <input type="radio"/> No |
| Teeth clenching / grinding (during the day)? | <input type="radio"/> Yes | <input type="radio"/> No |
| Teeth clenching / grinding (during sleep)? | <input type="radio"/> Yes | <input type="radio"/> No |
| Dizziness? | <input type="radio"/> Yes | <input type="radio"/> No |
| Tinnitus (ringing in ears)? | <input type="radio"/> Yes | <input type="radio"/> No |
| Loss of / worsening hearing? | <input type="radio"/> Yes | <input type="radio"/> No |
| Ear infection? | <input type="radio"/> Yes | <input type="radio"/> No |
| Blocked ears (cannot be cleared by swallowing)? | <input type="radio"/> Yes | <input type="radio"/> No |
| Head and / or neck trauma? | <input type="radio"/> Yes | <input type="radio"/> No |
| Whiplash? | <input type="radio"/> Yes | <input type="radio"/> No |
| Loss of consciousness? | <input type="radio"/> Yes | <input type="radio"/> No |
| Irritable bowel syndrome? | <input type="radio"/> Yes | <input type="radio"/> No |
| Fibromyalgia? | <input type="radio"/> Yes | <input type="radio"/> No |
| Diabetes / diabetic neuropathy? | <input type="radio"/> Yes | <input type="radio"/> No |
| Herpes? | <input type="radio"/> Yes | <input type="radio"/> No |
| Pyrexia (fever)? | <input type="radio"/> Yes | <input type="radio"/> No |
| Hydrocephalus? | <input type="radio"/> Yes | <input type="radio"/> No |
| Raised ESR (erythrocyte sedimentation rate) in blood test? | <input type="radio"/> Yes | <input type="radio"/> No |

Do you take / have you taken the following medications?

- | | | |
|--------------------------------------|---------------------------|--------------------------|
| Barbiturates | <input type="radio"/> Yes | <input type="radio"/> No |
| Ergotamines | <input type="radio"/> Yes | <input type="radio"/> No |
| Analgesics (pain killers) | <input type="radio"/> Yes | <input type="radio"/> No |
| Contraceptives (birth control pills) | <input type="radio"/> Yes | <input type="radio"/> No |
| Tricyclic anti-depressants | <input type="radio"/> Yes | <input type="radio"/> No |

- | | | |
|---|---------------------------|--------------------------|
| Cimetidine (usually used for peptic ulcers) | <input type="radio"/> Yes | <input type="radio"/> No |
| Selective serotonin re-uptake inhibitors
(e.g. Prozac, Cipramil, Efexor) | <input type="radio"/> Yes | <input type="radio"/> No |
| Corticol steroids | <input type="radio"/> Yes | <input type="radio"/> No |
| Trimethoprim / sulfamethozazole
(e.g. Bactrim, Septrin) | <input type="radio"/> Yes | <input type="radio"/> No |
| Hormone replacement therapy | <input type="radio"/> Yes | <input type="radio"/> No |
| Long term antibiotics | <input type="radio"/> Yes | <input type="radio"/> No |
| Artane | <input type="radio"/> Yes | <input type="radio"/> No |
| Anti-migraine medication | <input type="radio"/> Yes | <input type="radio"/> No |
| Did the anti-migraine medication help you? | <input type="radio"/> Yes | <input type="radio"/> No |

Do you smoke? Yes No

Is there a family history of:

- | | | |
|-----------------|---------------------------|--------------------------|
| Heart problems? | <input type="radio"/> Yes | <input type="radio"/> No |
| Strokes? | <input type="radio"/> Yes | <input type="radio"/> No |
| Headaches? | <input type="radio"/> Yes | <input type="radio"/> No |

Do you suffer from:

- depression
- bipolar disorder
- borderline personality disorder
- eating disorder
- obsessive compulsive disorder
- appetite change
- insomnia
- sexual dysfunction
- decreased libido
- anhedonia (inability to experience pleasure)
- restlessness
- anxiety / panic attacks
- irritability
- loss of memory
- chronic fatigue
- difficulty concentrating

During your headaches, do you feel

- active? restless? pacing?

Sleep history

Do you suffer from / have the following:

- loss of sleep
- insomnia (sleeplessness)
- dyssomnia (sleep problems)
- explosive headache during sleep

- headache that disturbs sleep
- headache that does not disturb sleep
- snoring
- sleep apnoea
- frequent awakenings during the night (no. of awakenings: _____)
- feeling unrefreshed in the morning
- daytime lethargy / sleepiness
- positive dream recollections (remembering dreams vividly)
- never / rarely remembers dreams
- headache present upon waking
- headache in the morning
- headache during the day
- headache in the evening

Usual sleep posture:

- back
- left side
- right side
- stomach
- toss and turns