Headache Screening Questionnaire

Date ________________ Patient Name ____ DOB_________________

Years experiencing headache? _______ Do you have more than one type of headache? ☐ Yes ☐ No ☐ Not sure

About how many **days per month** are you completely headache/migraine free (No headaches at all)? ______________

On Average, how many **hours per day** do your headaches/migraines last?

☐ 0-3 ☐ 4-7 ☐ 8-11 ☐ 12+

Over the past **3 months**, how has your headache/migraine frequency changed?

☐ Getting them more often ☐ Getting them less often ☐ No change

What symptoms do you **normally have** with your headaches/migraines? (Check all that apply)

☐ Moderate or severe pain ☐ Nausea ☐ Pain on one side or in specific areas ☐ Sensitivity to light

☐ Sensitivity to sound ☐ Vomiting ☐ Pulsating pain

On average, how many **days per month** do you have one or more of these headache/migraine symptoms?

☐ 0-4 ☐ 5-9 ☐ 10-14 ☐ 15+

On average, how painful are your headaches/migraines?

☐ Not very painful ☐ Somewhat painful ☐ Painful ☐ Very painful

How many **days last month** did you miss work or school or cancel plans due to headaches/migraines?

☐ 0 ☐ 1-2 ☐ 3-4 ☐ 5+

How many **times last year** did you go to the ER because of headaches/migraines?

☐ 0 ☐ 1-2 ☐ 3-4 ☐ 5+

Headache/Migraine Treatments

Preventive Treatment Examples	**Treatment name** (Write in the treatments you've taken)	**Dose** (If you remember)	**Results** (Write in how well it worked and why you stopped taking it, if applicable)
Antidepressants: e.g., Elavil (Amitriptyline), Effexor XR (Venlafaxine), Cymbalta (Duloxetine), Pamelor (Nortriptyline)			
Antiseizure medications: e.g., Depakote (Divalproex Sodium, Valproic Acid), Qudexy XR, Topamax, Trokendi XR (Topiramate), Neurontin (Gabapentin)			
Beta-Blockers e.g., Metoprolol, Nadolol, Propranolol, Atenolol, Timolol			
Calcium Channel Blockers e.g., Diltiazem, Verapamil, Amlodipine, Nifedipine			
Other: e.g., Botox, Aimovig, Emgality, Ajovy			

Over the past **3 months**, how do you feel your headache/migraine preventive treatments are working?

☐ Not at all ☐ Not well ☐ Average ☐ Well ☐ Very well

Acute Treatment Examples	**Treatment Name** (Write in the treatments you've taken)	**Dose** (If you remember)	**Results** (Write in how well it worked and why you stopped taking it, if applicable)
Analgesics/NSAIDs e.g., Acetaminophen, Aspirin, Diclofenac, Ibuprofen, Naproxen, etc.			
Triptans e.g., Rizatriptan, Sumatriptan, Zolmitiptan, etc.			
Other: e.g., Ubrelvy, Nurtec ODT			