

Headache Questionnaire

Today's Date: _____

At what age did you have your first headache? _____ When did your current headaches begin? _____ Any preceding trauma, infection, illness, or toxic exposure? _____
_____ When was your last headache? _____

How many total headaches, of any type, do you have, in a month? _____

How many severe headaches do you have, in a month? _____

Where does it hurt? Left Right Both equally Alternates

 Forehead Temple(s) Top of the head Back of the head Around eyes

How severe are your headaches, on average? (best) 0 1 2 3 4 5 6 7 8 9 10 (worst)

How severe are your headaches, at worst? (best) 0 1 2 3 4 5 6 7 8 9 10 (worst)

How long do they last on average? _____ Minutes Hours Days

How long do they last at worst? _____ Minutes Hours Days

What time of day do you get your headaches? _____

Are your headaches brought on by: (please circle)

Periods/hormonal changes	Change in weather	Bright lights/glare
Exercise	Smoke	Skipping meals/hunger
Stress	Odors	Certain foods
Lack of sleep/too much sleep	Noise	Alcohol

Do you have a warning ("aura") before your headache? If so, describe.

How would you describe the pain of your most bothersome headaches? (please circle)

Aching	Pounding	Shooting	Throbbing
Burning	Pressure	Squeezing	Tightening
Dull	Pulsating	Stabbing	Vice-like
Electric	Sharp	Sudden Gradual	

Do you have any of the following associated symptoms with your headaches? (please circle)

Neck pain	Light Sensitivity	Vision changes / Tunnel vision
Sweating	Sound/Noise Sensitivity	Double vision
Redness of eyes: R L	Smell Sensitivity	Confusion/lack concentration
Tearing of eyes: R L	Movement Sensitivity	Difficulty speaking
Nasal congestion: R L	Nausea/Vomiting	Weakness
Ringling/whooshing in ears	Dizziness	Numbness

Does change in position worsen your headache? Y | N Which? _____

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Have you ever tried any of the following treatments for your headaches? (Please circle)

Acupuncture

Biofeedback

Botox

Butterbur

Chiropractor

Coenzyme Q10

Feverfew

Hypnosis

Magnesium

Magnet therapy

Massage

Melatonin

Nerve block

Petadolex

Physical Therapy

Reflexology

Riboflavin (Vitamin B2)

Surgery

Transcutaneous Nerve

stimulation

Have you ever received IV medications for, or been hospitalized for, treatment of your headaches?

Previous medications – please circle the ones you've tried before.

Excedrin

Ibuprofen (Advil, Motrin)

Acetaminophen (Tylenol)

Naproxen (Aleve, Anaprox)

Aspirin (BC powder, Bufferin)

Anacin

Midrin

Indomethacin (Indocin)

Diclofenac (Cambia)

Sumatriptan (Imitrex,
Treximet)

- tablets

- nasal spray

- injection

Almotriptan (Axert)

Eletriptan (Relpax)

Frovatriptan (Frova)

Naratriptan (Amerge)

Rizatriptan (Maxalt)

Zolmitriptan (Zomig)

- tablets

- nasal spray

Ergotamine tablets (Cafergot,

Ergomar, Migergot,

Migracet, Wigraine)

Ergotamine suppository

DHE nasal spray (Migranal)

Ergostat sublingual

Axotal

Esgic

Butalbital (Fioricet, Fiorinal)

Amitriptyline (Elavil)

Nortriptyline (Pamelor)

Topiramate (Topamax)

Valproate (Depakote)

Zonisamide (Zonegran)

Lamotrigine (Lamictal)

Gabapentin (Neurontin)

Pregabalin (Lyrica)

Venlafaxine (Effexor)

Duloxetine (Cymbalta)

Propranolol (Inderal)

Candesartan (Atacand)

Olmesartan (Benicar)

Verapamil (Calan, Veralan)

Erunumab (Aimovig)

Fremanezumab (Ajovy)

Galcanezumab (Emgality)

Flunarizine (Sibelium)

Acetazolamide (Diamox)

Cyproheptadine (Periactin)

Indomethacin (Indocin)

Lithium (Eskalith, Lithobid)

Methysergide (Sansert)

Any others?

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The Migraine Disability Assessment Test

The **MIDAS** (Migraine Disability Assessment) questionnaire was put together to help you measure the impact your headaches have on your life. The information on this questionnaire is also helpful for your primary care provider to determine the level of pain and disability caused by your headaches and to find the best treatment for you.

INSTRUCTIONS

Please answer the following questions about ALL of the headaches you have had over the last 3 months. Select your answer in the box next to each question. Select zero if you did not do the activity in the last 3 months. Work or school means paid work or education if you are a student. Household work means housework, home repairs and maintenance, shopping, caring for children and relatives, etc. Please take the completed form to your healthcare professional.

	1. On how many days in the last 3 months did you miss work or school because of your headaches?
	2. How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches? (Do not include days you counted in question 1 where you missed work or school.)
	3. On how many days in the last 3 months did you not do household work (such as housework, home repairs and maintenance, shopping, caring for children and relatives) because of your headaches?
	4. How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches? (Do not include days you counted in question 3 where you did not do household work.)
	5. On how many days in the last 3 months did you miss family, social or leisure activities because of your headaches?
	Total (Add up questions 1-5)

MIDAS Grade	Definition	MIDAS Score	Recommendations
I	Little or No Disability	0-5	Low medical need. Simple over-the-counter medications may be effective in acute treatment. However, in those with infrequent but severe migraine, or who have failed to achieve effective relief with simple analgesics, should be considered for triptan or other specific migraine therapy.
II	Mild Disability	6-10	Moderate medical need. May require an acute prescription medication. Some may qualify for a triptan if headaches are severe, causing a lot of disruption in their lives, or if they have failed simple analgesics.
III	Moderate Disability	11-20	High medical need. Significant disability, severe impact on life. Specific acute therapy such as a triptan is the most appropriate therapy. Prophylactic treatment should be considered. Note a high score may indicate high frequency of non-migraine headache, and these should be managed accordingly.
IV	Severe Disability	21	

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Headache Impact Test (HIT)

The Headache Impact Test (HIT) is a tool used to measure the impact headaches have on your ability to function on the job, at school, at home, and in social situations. Your score shows you the effect that headaches have on normal daily life and your ability to function.

	Never (6)	Rarely (8)	Sometimes (10)	Very Often (11)	Always (13)
When you have headaches, how often is the pain severe?					
How often do headaches limit your ability to do usual daily activities including household work, work, school, or social activities?					
When you have a headache, how often do you wish you could lie down?					
In the past 4 weeks, how often have you felt too tired to do work or daily activities because of your headaches?					
In the past 4 weeks, how often have you felt fed up or irritated because of your headaches?					
In the past 4 weeks, how often did headaches limit your ability to concentrate on work or daily activities?					
ADD UP EACH COLUMN →					
				TOTAL SCORE	

If you scored...	Then...
60	Severe impact. You may be experiencing disabling pain and other symptoms that are more severe than those of other headache sufferers. Don't let your headaches stop you from enjoying the important things in your life, like family, work, school, or social activities.
56 - 59	Substantial impact. You may be experiencing severe pain and other symptoms, causing you to miss some time from family, work, school, or social activities.
50 - 55	Some impact. Your headaches should not make you miss much time from family, work, school, or social activities.
49 or less	Little to no impact.

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