

Associations

2. Headache is accompanied by (circle)

diarrhea
dizziness
drooping eye lid
facial tenderness
fever
flushing on one side of the face
light sensitivity
loss of consciousness
nausea or vomiting
neck stiffness
noise sensitivity
numbness in face/arm/leg
red, tearing eye
runny nose/congestion
swelling of ankles
speech disturbance
visual disturbances
weakness in face/arm/leg
other:

3A. Is your head pain triggered by any of the following: (circle)

Alcohol
Barometric pressure or weather
Bending over
Blood Pressure
Certain foods (such as cheese or Chocolate)
Colds
Coughing
Depression, anxiety, nerves, or stress
Exertion
Fatigue
Heat, hot showers
Head movement
Menstrual periods
Missing a meal
Monosodium glutamate (MSG)
Odors
Salt
Sex
Seasons
Swallowing
Sleep or Lack of sleep
Time of day
other:

3A. **Is your head pain relieved by any of the following:** (circle)

Cold compresses

Eating

Heat

Massage

Medication (which ones?)

Moving around

Relaxation

Sleep

Vomiting

Other

Life Style

4. Habits

How many alcoholic drinks per day ?

How many caffeinated drinks per day

How many hours do you sleep per day ?

Do you smoke cigarettes, cigars or pipes ? No Yes

Are you currently involved in litigation with
respect to any medical problems ? No Yes

Are you usually highly stressed ? No Yes

Do you usually eat 3 meals/day ? No Yes

5. Injuries (Circle, date)

head

neck (for example whiplash)

dental work preceding onset of headache ?

6. Exposures or Infections (Circle, date)

Carbon Monoxide (car or house)

Venereal Disease or Syphilis ?

Tuberculosis or Cysticercosis ?

7c. **Which medications have you taken for your headaches:**

Past Medical History, Review of Systems

8. My health has been affected by (circle, date)

Heart problems	AIDS
High cholesterol	Arthritis
High or low blood pressure	Blood diseases, anemia
Diabetes	Skin diseases
Palpitations (abnormal or fast beating) of the heart	Lupus
Cancer What type	Fevers or swollen glands
15 lb or more weight loss	Syphilis or venereal disease
Kidney problems, Dialysis	Mononucleosis (Epstein Barr)
Liver problems	Lyme disease
Low sugar (hypoglycemia)	Meningitis
Thyroid disorders	Tuberculosis (TB)
Psychological Troubles	Crossed eyes, lazy eye
Treatment by a psychiatrist or counselor	Poor vision in one eye (amblyopia)
Depression or unusual amounts of stress	Bladder problems
Panic Attacks	Tremor or incoordination
Pain	Loss of consciousness (faints or seizures)
Pain in back of jaw (TMJ)	Pins and needles, numbness (where)
Migraine or other headaches	Muscle weakness (where)
Low Back or Neck Pain	Problems with sexual function
	Trouble speaking

Family History

9. Are there any family members with (circle):

Headaches just like mine
Diabetes
Stroke
Heart disease or high blood pressure
Migraine headaches
Other diseases that run in the family (list)

PREVIOUS STUDIES

11. Have you had any of these tests or procedures? (circle, date if done, and please note result if known)

NEUROLOGICAL TESTS
Carotid Doppler
Lumbar puncture (spinal fluid examination)
EEG (Brain Wave test for seizures)
Cerebral Angiogram
CT scan of the head, neck
MRI, MRA
Sinus X-rays or CT

