

## Adult Neurology Center Migraine/Headache Questionnaire

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Today's Date

### Headache/Migraine Frequency

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

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

- 0 to 3 hours       4 to 7 hours       8 to 11 hours       12 or more hours

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

- Getting them more often       Getting them less often       No change

### Headache/Migraine Symptoms

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

- Moderate or severe pain     Nausea     Vomiting     Sensitivity to light     Sensitivity to sound  
 Pain on one side or in specific areas     Pulsating pain     Throbbing     Weakness     Numbness

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

- 14 days or less       15 or more days

On average, **how painful** are your headaches/migraines?

- Not very painful       Somewhat painful       Painful       Very painful

### Headache/Migraine Symptoms

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

- 0 days       1 to 2 days       3 to 4 days       5 or more days

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

- 0 days       1 to 2 days       3 to 4 days       5 or more days

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

- 0 times       1 to 2 times       3 to 4 times       5 or more times

### Headache/Migraine Treatments

Medications	Tried/Currently Taking? Yes or No	Contraindicated? Yes or No	Start Date	Stop Date
Propranolol (Inderal)				
Atenolol (Tenormin)				
Metoprolol (Lopressor, Toprol)				
Nadolol (Corgard)				
Valporic Acid (Depacon)				
Timolol/Timoptic				
Frovatriptan (Frova)				
Pindolol (Visken)				
Labetalol (Labetalol)				
Verapamil (Calan, Verelan)				
Nicardipine (Cardene)				
Amlodipine (Norvasc)				
Diltiazem (Cardizem, Tiazac)				
Nifedipine (Procardia)				

**Continued on the other side**

<b>Medications (continued)</b>	<b>Tried/Currently Taking? Yes or No</b>	<b>Contraindicated? Yes or No</b>	<b>Start Date</b>	<b>Stop Date</b>
Amitriptyline (Elavil)				
Nortriptyline (Pamelor)				
Doxepin (Sinequan)				
Trazadone (Desyrel)				
Mirtazepin (Remeron)				
Imipramine (Tofranil)				
Fluxetine (Prozac)				
Paroxetine (Paxil)				
Sertraline (Zoloft)				
Citalopram (Celexa)				
Escitalopram (Lexapro)				
Vilazodone (Vibryd)				
Venlafaxine (Effexor)				
Duloxetine (Cymbalta)				
Rizatriptan (Maxalt)				
Desipramine (Norpramin)				
Imipramine (Tofranil)				
Protriptyline (Vivactil)				
Bupropin (Wellbutrin)				
Phenelzine (Nardil, Nardelzine)				
Milnacipran (Savella)				
Desvenlafaxine (Pristiq)				
Topiramate (Topamax)				
Gabapentin (Neurontin, Gralise)				
Leviteracetam (Keppra)				
Lamotrigine (Lamictal)				
Pregabalin (Lyrica)				
Valporic Acid (Depakote)				
Zonisamide (Zonegran)				
Carbamazepine (Tegretol)				
Oxcarbazepine (Trileptal)				
Lacosamide (Vimpat)				
Sumatriptan (Alsuma, Imitrex, Onzetra, Sumavel, Treximet, Zembrace)				
<b>Other Medications (List below)</b>	<b>Tried/Currently Taking? Yes or No</b>	<b>Contraindicated? Yes or No</b>	<b>Start Date</b>	<b>Stop Date</b>