

**Pre Treatment
Migraine Headache Questionnaire**

Name _____ Date _____

(H)Telephone _____ Cell Phone _____

Date of Birth _____ Female Male

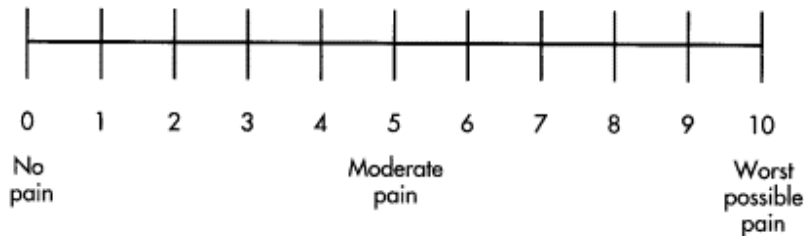
Marital Status: Married Single Divorced Widowed

Education Level: HS graduate 2year degree 4year degree Advanced degree

Occupation _____ Health Insurance Company _____

1. How many migraine headaches do you experience per month? _____ on average.
2. How many regular headaches do you have per month? _____ on average.
3. How long do your migraine headaches usually last? (Check one)
No more than 2 hours 3-4 hours 5-12 hours 12-24 hours Several days 1 week or longer

4. How painful are your migraine headaches? (Circle one number)



5. Where is your migraine headaches usually located? (Check all that apply)

- | | |
|-----------------------|----------------------|
| Behind right eye | Behind left eye |
| Right temple | Left temple |
| Above right eyebrow | Above left eyebrow |
| Back of head on right | Back of head on left |

6. How old were you when your migraine headaches started? _____

7. Are your migraines affecting your sleep? Yes No

8. How would you describe your migraine headaches? (Check all the apply)
Throbbing/Pounding Ache/pressure Like a tight band Dull Other_____

9. Do your migraine headaches awaken you at night?
Never Occasionally Often

10. Do any of the following occur before or during your migraine headaches? (Check all that apply)

Nausea	Runny Nose	Diarrhea
Bothered by light	Vomiting	Sparkling, flashing, or colored lights
Bothered by noise	Blurred/double vision	Loss of vision
Eyelid puffy	Eyelid droops	Weakness of arm or leg
Feeling lightheaded	Numbness/ tingling	Loss of consciousness
Difficulty concentrating	Speech difficulty	Other_____

11. Do any of the following trigger your migraine headaches or make them worse? (Check all the apply)

Stress	Bright sunshine	Heavy lifting
Letdown after stress	Loud noise	Certain smells or perfume
Air travel	Fatigue	Coughing, straining, or bending over
Missed	Sexual activity	Other_____
Certain foods	Weather changes	

12. Do any of the following make your migraine headaches better?

Rest	Exercise
Hot compress	Massage
Cold compress	Quiet and darkness
Pressure over migraine headache area	Warm shower
	Other_____

13. If you are female, do your migraine headaches change with the following? (Check all that apply)

Menstrual periods Birth control pills Pregnancy Other hormonal drugs

14. Do any of your family members have migraine headaches?

No Yes If "yes" who: _____

15. Have you ever had a head or neck injury requiring medical treatment (example: concussion)?

No Yes If "yes" please explain _____

16. Have you ever been diagnosed to have any health disorder (e.g. high blood pressure, asthma, heart disease, Gastric ulcer)?

No Yes If "yes," please list: _____

17. Have you had your migraine headaches evaluated by a neurologist?

No Yes If "yes", when, where and by whom? _____

18. List all past tests you have had for your migraine headaches (example: MRI of the brain. CT brain): _____

_____.

19. List all past treatment(s) for your migraine headaches: _____

_____.

20. Are you taking any *prescription* drugs to treat your migraine headaches?

No Yes If "yes", please list the medications: _____.

21. How many times in the last month have you used over-the counter medications? : _____

_____.

22. Present history of motion sickness:

Yes No

23. How would you rate your general health in the last month? (Check one)

Excellent Good Fair Poor

24. To what extent do your migraine headaches affect your quality of life? (Check one)

Extremely Moderately Very little Not at all

25. Have you used past prescription treatments such as: (Check all that apply)

Tricyclics (Amitriptyline, Nortriptyline)

Beta Blockers (Inderal)

Anti-Seizure (Topamax, Gabapentin, Neurontin)

BOTOX

Calcium Channel Blockers (Verapamil)

Supplements (list all including magnesium)_____

26. Have you used any rescue medications such as: (Check all that apply):

Triptans (Imitrex, Maxalt)

DHE

Nonsteroidals

Combinations (Fiorinal, Midrin, Excedrin)

Antinausea (Phenergan, Reglan)