

# HEADACHE QUESTIONNAIRE

Date: \_\_\_\_\_ Patient's Name: \_\_\_\_\_

When did the headaches start? \_\_\_\_\_

Over the past 2 months, how many episodes of headaches? \_\_\_\_\_

How long does a typical headache last? \_\_\_\_\_

Is there any time of day that the headaches occur? \_\_\_\_\_

Does the headache wake your child in the middle of the night? \_\_\_\_\_

Does the headache cause vomiting, or has your child had any episodes of vomiting over the past 2 months? \_\_\_\_\_

Has there been any recent change in the character or frequency of the headaches? If yes, what type of change? \_\_\_\_\_

**CIRCLE** if any of the following appear to trigger a headache attack:

fatigue	missing a meal	emotional stress
certain foods	menstruation	caffeine
odors	change in weather	other _____

Are the headaches incapacitating to your child (e.g., having to leave school or lie down undisturbed)? \_\_\_\_\_

If yes, how many days a month does this happen? \_\_\_\_\_

Does the headache occur in one area of the head? \_\_\_\_\_

Is the headache throbbing (if capable of saying)? \_\_\_\_\_

Does the headache typically occur at a certain time of day or on a certain day of the week? If yes, when: \_\_\_\_\_

Does your child ever have any warning signs that alert her of an oncoming headache?  
\_\_\_\_\_

Does your child ever experience any of the following symptoms in association with the headaches (before, during, or after)? Please **CIRCLE**

nasal congestion

nausea

vomiting

diarrhea

visual changes

speech problems

inability to tolerate bright light

numbness and or tingling in face  
arm, or leg

inability to tolerate loud noise

loss of balance

vertigo (spinning)

extreme thirst, food craving

Does anything seem to make the headaches worse? \_\_\_\_\_

Does anything help the headaches? \_\_\_\_\_

Does your child have difficulty sleeping (insomnia, early awakening)? \_\_\_\_\_

Is your child appear stressed or worried? \_\_\_\_\_

When does your child eat breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_

Has your child had any head injuries in the past 6 months? \_\_\_\_\_

Has your child ever had seizures? \_\_\_\_\_

Please list prescription medicines/ over the counter medicines/ herbs/ vitamins that your child is taking?

\_\_\_\_\_

Is there a family history of migraine headaches? If yes, who? \_\_\_\_\_