

Headache Australia Helping your Doctor Treat Your Headache

The answers to the following questionnaire will assist your doctor to identify your headache and in planning your treatment. Think about your headache and fill out the answers to the following questions before your next visit to your doctor.

1. How long have you suffered the headaches?
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2. What is the frequency of attacks? i.e., how many times do you have them in a week, month, or a year
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3. Of your last 10 attacks, how many commenced while you were asleep?
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4. Which part of your head hurts during an attack?
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5. How would you describe the quality of the pain? For example, throbbing like a heartbeat, boring or piercing, pressure-like burning or stabbing
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6. In association with your attacks, do you develop any of the following? Tick all those that apply to you.

<input type="checkbox"/> Visual shimmering	<input type="checkbox"/> Nausea
<input type="checkbox"/> Numbness/tingling	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Glare/light sensitivity	<input type="checkbox"/> Noise sensitivity
<input type="checkbox"/> Blockage of a nostril	<input type="checkbox"/> Tearing from your eye/s

7. Do you have a recognisable warning that a headache is about to occur? For example, sweet craving, hunger, excessive yawning, an abnormal sense of well-being, excessive noise sensitivity or irritability, signs of fluid retention, i.e., tightening rings on your fingers or ankle swelling.
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8. How disabled are you when you experience a headache?
 - I can continue with normal activities.
 - Normal activities are restricted but not prevented.
 - I am disabled and bed-bound.
9. Are you aware of any triggering or aggravating factors such as physical exertion, stress, coughing, stooping, straining, menstruation, the ingestion of alcohol or foodstuffs?
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10. Are you aware of any alleviating factors? For example, bed-rest, avoidance of glare and noise, specific medications or physical interventions such as massage, application of heat/cold pack.
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11. Take with you a listing of all medications you have tried in an attempt to control your headaches in the past, preferably with:
 - an indication of the dosages used;
 - the duration of the therapy; and
 - the outcome.