Pre Treatment
Migraine Headache Questionnaire

Name_____ Date_____

(H) Tel_____ (W) Tel_____

Date of Birth_____ ☐Female ☐Male

Marital Status: ☐Married ☐Single ☐Divorced ☐Widowed

Race: ☐Caucasion ☐Afr.Amer ☐Hispanic ☐Other_____

Education Level: ☐HS grad ☐2yr degree ☐4yr degree ☐ advanced degree

Occupation_____ Health Insurance Co._____

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)

1 2 3 4 5 6 7 8 9 10

Mild Severe

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

☐ Behind right eye	☐ behind left eye	☐ behind both eyes
☐ Right temple	☐ left temple	☐ both temples
☐ Above right eyebrow	☐ above left eyebrow	☐ above both eyebrows
☐ Back of head on right	☐ back of head on left	☐ back of head on both sides

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

7. How would you describe your migraine headaches? (Check all that apply)

☐Throbbing/pounding ☐ Ache/pressure ☐Like a tight band ☐ Dull ☐Other

8. Do your migraine headaches awaken you at night?

☐Never ☐ Occasionally ☐Often

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

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

10. Do any of the following bring on your migraine headaches or make them worse? (Check all that apply)

☐Stress (worry, anger)	☐Bright Sunshine	☐Weather change
☐Letdown" after stress	☐Loud noise	☐Heavy lifting
☐Air travel	☐Fatigue	☐Certain smells or perfume
☐Missed meals	☐Sexual activity	☐Coughing, straining, *bending over*
☐Certain foods (chocolate, cheese, beer, MSG)		☐Other_____

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

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

12. 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

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

☐No ☐Yes If "yes", explain (who): _____

14. Have you ever had a head or a neck injury requiring medical treatment?

☐No ☐Yes If "yes", describe:_____

15. Have you ever been diagnosed to have any health disorder (e.g. high blood pressure, asthma, heart disease, gastric ulcers)?

☐No ☐Yes If "yes," please list:_____

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

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

What was the diagnosis? (Check all that apply)
☐Migraine ☐Tension-type ☐Cluster ☐Other, specify _____

17. List all past tests you had for your migraine headaches:_____

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

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

☐No ☐Yes If "yes", list the medications: _____
How many times in the last month have you used the *prescribed* medications?_____

20. Are you taking any *over-the-counter* drugs to treat your migraine headaches?

☐ ☐Yes If "yes", list the medications: _____
How many times in the last month have you used the *over-the-counter* medications? ___

21. What is your estimated cost per month of your migraine headache medications and visits to the physician?_____

22.How much of these medical expenses are covered by your health insurance? _____

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