MD Neurology - Headache History Inventory

Name: ____________ DOB: ________ Date: ________

1. When did your headaches start? ____________

2. How often do your headaches occur?
   - ☐ Daily
   - ☐ Weekly
   - ☐ Monthly
   - Other: ____________

3. What is the severity of your headache?
   - ☐ Mild
   - ☐ Moderate
   - ☐ Severe
   - ☐ Incapacitating

4. How would you describe the pain?
   - ☐ Throbbing
   - ☐ Pulsating
   - ☐ Boring
   - ☐ Shock-Like
   - ☐ Stabbing
   - ☐ Dull
   - ☐ Nagging
   - ☐ Tightness (hatband distribution)
   - Other: ____________

5. How long does your headache last?
   - ☐ One hour or less
   - ☐ Two to 24 hours
   - ☐ More than 24 hours
   - ☐ Constant
   - Other: ____________

6. Are your headaches associated with any other symptoms?
   - ☐ Nausea
   - ☐ Vomiting
   - ☐ Intolerance to light
   - ☐ Aversion to loud sounds
   - ☐ Nasal Congestion
   - ☐ Nasal Discharge
   - ☐ Dizziness
   - ☐ Tearing of eye
   - Other: ____________

7. Have any of your family members ever experienced headaches?

   ____________ ____________

   ____________ ____________

8. Describe any forewarning that your headache is about to start:

   ____

   ____

Onset of headache:
Time interval between onset of pain and maximal intensity of pain:
________ Minutes ________ Hours

Factors that trigger headaches: ☐ Food ☐ Alcohol
☐ Too much sleep ☐ Allergies ☐ Menstrual Periods
☐ Medications ☐ Other trigger factors: ____________

Habits: Number of cups of coffee/day: _____
Soft drinks: _____ Iced tea: _____

CT/MRI Scans: Did you ever have scans of brain in the past?
☐ CT Scan ☐ MRI Scan Year: _____

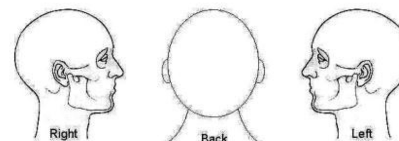
Sleep:
Usual bed time: ____ ☐ pm ☐ am | Usual wake up time: ____ ☐ am ☐ pm
Time taken to fall asleep: ____________ minutes/hours.
☐ Frequently wake up during sleep or early morning hours?
☐ Do you snore during sleep? ☐ Do you have headaches upon waking?
☐ Does your spouse complain about excessive leg movements during sleep?
☐ Do you fall asleep easily through the day at work?

Have you seen any other physician for headaches?
☐ Neurologist/ Allergist/ Pain Management Specialist/ Chiropractor
Mention year seen, treatment, and investigation: ____________

____

Check if you have any of the following symptoms:
☐ Poor Concentration ☐ Memory Difficulties ☐ Loss of Appetite
☐ Increased Appetite ☐ Weight Gain ☐ Weight Loss
☐ Depressed Mood ☐ Anxiety ☐ Loss of Interest ☐ Fatigue
☐ Sleeping too Much ☐ Inability to sleep ☐ Frequent Awakenings during Sleep

Last Eye Exam: ☐ Normal
Details if abnormal: ____________



Indicate the location of your headache pain on these diagrams. Or here:
____

Name: ______________________ **Date:** ________

Please check all the medicines on this list that you have taken for headaches, indicating dose and duration.

x	Drug		Currently Taking?
☐	Advil (Ibuprofen)		☐Y ☐N
☐	Aleve (Naprosyn)		☐Y ☐N
☐	Anaprox		☐Y ☐N
☐	Aspirin		☐Y ☐N
☐	Axocet		☐Y ☐N
☐	Buprenex		☐Y ☐N
☐	BC Powder		☐Y ☐N
☐	BC Powder		☐Y ☐N
☐	Darvocet N100		☐Y ☐N
☐	Darvocet N50		☐Y ☐N
☐	Daypro		☐Y ☐N
☐	Demorol Tablets		☐Y ☐N
☐	Demorol Inject		☐Y ☐N
☐	Duragesic		☐Y ☐N
☐	Ecotrin		☐Y ☐N
☐	Excedrin		☐Y ☐N
☐	Esgic Plus		☐Y ☐N
☐	Fioricet		☐Y ☐N
☐	Fioricet Codeine		☐Y ☐N
☐	Fiorinal		☐Y ☐N
☐	Indocin		☐Y ☐N
☐	Lodine		☐Y ☐N
☐	Lorcet 10/650		☐Y ☐N
☐	Lortab		☐Y ☐N
☐	Midrin		☐Y ☐N
☐	Motrin		☐Y ☐N
☐	Naprosyn		☐Y ☐N
☐	Norgesic		☐Y ☐N
☐	Orudis		☐Y ☐N
☐	Percocet		☐Y ☐N
☐	Percodan		☐Y ☐N
☐	Phrenalin		☐Y ☐N
☐	Phrenalin Forte		☐Y ☐N
☐	Relafen		☐Y ☐N
☐	Stadol		☐Y ☐N
☐	Talwin		☐Y ☐N
☐	Torado		☐Y ☐N
☐	Tylenol		☐Y ☐N
☐	Ultram		☐Y ☐N
☐	Vicodin		☐Y ☐N
☐	Hydrocodone		☐Y ☐N
☐	Methadone		☐Y ☐N

x	Drug		Currently Taking?
☐	Imitriex Inject		☐Y ☐N
☐	Imitrex Nasal		☐Y ☐N
☐	Zomig Tablet		☐Y ☐N
☐	Zomig Nasal		☐Y ☐N
☐	Frova		☐Y ☐N
☐	Axert		☐Y ☐N
☐	Relpax		☐Y ☐N
☐	Maxalt		☐Y ☐N
☐	Cafergot		☐Y ☐N
☐	Migranol		☐Y ☐N
☐	DHE Injection		☐Y ☐N
☐	Duradrin		☐Y ☐N
☐	Amerge		☐Y ☐N
☐	Elavil		☐Y ☐N
☐	Amitryptilene		☐Y ☐N
☐	Pamelor		☐Y ☐N
☐	Nortriptylene		☐Y ☐N
☐	Vivactil		☐Y ☐N
☐	Prozac		☐Y ☐N
☐	Effexor		☐Y ☐N
☐	Serzone		☐Y ☐N
☐	Zoloft		☐Y ☐N
☐	Trazadone		☐Y ☐N
☐	Paxil		☐Y ☐N
☐	Depakote		☐Y ☐N
☐	Inderal		☐Y ☐N
☐	Calan		☐Y ☐N
☐	Lithium		☐Y ☐N
☐	Neurontin		☐Y ☐N
☐	Celexa		☐Y ☐N
☐	Topamax		☐Y ☐N
☐	Celebrex		☐Y ☐N