



## HEADACHE HISTORY

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Below are questions that your physician may specifically ask about your headache condition. It would be worthwhile to reflect on these questions and keep a headache calendar for accuracy to maximize the benefits you get from your office visit.

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Do you have one type of headache or are some worse or different than others? If you suffer from more than one type, record characteristics below separately for each headache type.

- 1) Where is your headache located? (one side, both sides, front, back, all over, anywhere?)
- 2) What is the quality of the pain? (throbbing or pulsating, pressure or squeezing, stabbing or burning?)
- 3) What is the typical and worst pain intensity for this type of headache? (mild, moderate, severe, excruciating?) How long does it take your pain to reach peak intensity? (seconds, minutes, hours?)
- 4) How disabled are you during your headache? (normal function, reduced function but can still work, incapacitation?) What do you do during a bad headache (lay down, pace)? Over the last 1 to 2 months, how many days have you missed school/work and/or gone to bed with your headaches? Have you ever gone to the emergency room for treatment?
- 5) Do you have any associated symptoms with your headache? (nausea, vomiting, sensitivity to light, sound or smell, eye watering, nasal congestion, aura with vision changes, numbness and/or weakness)? What is the timing of these symptoms in relation to your headache pain?

6) At what age did you first start with this headache? Did anything trigger headache onset? (viral illness, head trauma, stress?) How has your headache evolved over time? (change in frequency, severity, characteristics?) Has there been a recent change in pattern? Was this change gradual or abrupt? Is there any possible cause for this change?

7) What was the frequency and duration of your headaches over the last 2 months? How many totally headache-free days have you had over these 2 months?

8) Are you aware of anything that triggers your headaches? (menstrual period, foods, odors, change in sleep, stress?) If menses is a trigger, plot dates of menses and headaches on a calendar.

9) What medications (prescription, over-the-counter, herbal, or vitamins) have you used over the last month for any reason? How many days per week or month do you use acute headache medication, and how many do you use on a typical treatment day? How many caffeinated beverages do you drink on an average day? (coffee, tea, cola?)

10) What level of relief have you had with these medications (complete, partial, none, inconsistent) and how long does it take to get relief? How often are you incapacitated despite treatment? What, if any, side effects do you experience? Are you functional with medication? Are you satisfied with your current medications?

11) What past medications (acute, 'as needed' and/or daily, preventive) have you tried for your headaches and did any help? How long did you take them and what was the dosage? Did you have side effects? Why did you stop taking them?

12) What non-pharmacologic treatments (manipulation, acupuncture, biofeedback) have you tried and did they help?

13) What testing have you had and what were the results? (head scans, neck and back scans, blood tests, cardiac testing)

14) Have you seen other specialists for your headaches? Who did you see and what were their impressions and recommendations?