

Headache History

1. How old were you when the headaches started? _____
2. How many times per week do you have a headache? _____
3. How long does the headache last? _____
4. Is the headache on one side or both sides of your head? _____
5. Any history of head injury? _____
6. What makes your headache worse? _____
7. What makes your headache better? _____
8. Describe your headache whether it is throbbing, pressure or muscle tension (circle one).

Associated Symptoms

1. Sensitivity to light
2. Sensitivity to noise
3. Sensitivity to smell
4. Nausea
5. Vomiting
6. Numbness
7. Weakness on one side of the body
8. Difficulty talking
9. Slurring of Speech

Triggers (Circle what triggers your headache)

1. Food: Chocolate, Cheese, Processed Meat, Alcohol
2. Lack of sleep or too much sleep
3. Menstruation
4. Physical stress
5. Social stress

List all medications you have taken for your headaches:

List the current medications you are taking for your headache treatment:
