



Dr. Itkin
Neurologic and Headache Clinic S.C.

HEADACHE QUESTIONNAIRE

Name: _____ Date: _____

General and Aura

Approximately how old were you when you started to suffer headaches? _____

Do you have any of the following warning symptoms (1-12 hours before pain onset)?

Elation/Irritability depression drowsiness hunger thirst

Light sensitivity

Do any symptoms typically come a few minutes before a headache?

Decreased hearing visual disturbance pins & needles numbness

Double vision disturbed speech confused thinking dizziness

Noise in the ears Incoordination

If checked, please specify: _____

The Headache

Mark the answer that best describes the symptoms you experience.

Pressure/tightening eye redness eye tearing nasal congestion

Throbbing/pulsating burning/stabbing boring/bursting

Other: _____

Do you ever have the need to go lie in a dark room? yes no

If "yes", how often and for how long: _____

Is the headache usually so severe as to stop you from performing your usual activities i.e. work, school, family life, etc.? Yes No

If "yes" please indicate what activities and frequency: _____

Spatial Characteristics

Where in your head do you feel the pain?

Eye forehead temples back of head allover/all around

Not localized

Do you feel pain on one side or on both?

One Both

If on one side, is it always on the same side?

Yes No

If on both sides, does the pain start on one side?

Yes No

Precipitants

Do any of these factors trigger a headache?

Odors change in weather time of the year loss of sleep

Allergens menses flicker/glare sleep excess hunger

Jaw clenching relaxation after stress sexual activity smoking

Head neck movement exercise fatigue emotion eye strain

Stress

Time Characteristics

How many days of work or school have you missed in the last month because of headache?

0 1 2 or more

Fill this out to see if you may have Chronic Migraine

A. How many days in the past month did you spend with headache or migraine? Include all days with any headache pain of any kind, even those days you didn't feel you needed to take any medication for or only took an over-the-counter-medication. _____

B. How many days in the past month did you spend without ANY Headache pain of any kind (headache free days) _____

Did any of your headaches/migraines last more Than 4 hours if you didn't treat them?

Yes No

Have you ever been diagnosed as having chronic Headaches (including chronic tension-type headaches or chronic sinus headaches)?

Yes No

Have you ever been diagnoses as having migraines?

Yes No

Do your headaches/migraines impact your daily life:

Yes No

Rate the Impact of your headaches/migraines on your daily life?

1 2 3 4 5 6 7 8 9 10
(mild) (severe)

How many days in the past month have your Headaches/
migraines severely affected your daily life: _____

Describe how they affect your life: (missing work, social events, etc.)

For woman only:

Has pregnancy affected your headaches? Are you currently pregnant?

Yes

Yes No

Are you taking birth control pills?

Yes

Onset of menses: _____

Are you menopausal? Yes No If yes has your headache pattern
changed? Explain: _____

Are your headaches worse around your menstrual cycle?

Yes No

Past Health

Head injury neck injury arthritis hypertension seizures

Blood disorders sinus disease dental disease stroke

Heart problems jaw/joint problems eye/ear problems

Asthma meningitis allergies kidney stones blood clots

Other: _____

Specify: _____

Previous Testing (please give date and results)

Brain MRI _____ Cervical Spine Xrays _____

Brain Cat Scan _____ Sinus Xrays _____

EEG _____ Angiogram _____

Previous Evaluations (please give name, date, and results)

Neurologist _____ Headache Specialist _____

Internist _____ EMT _____

Dentist _____ Eye Exam _____

Psychological testing _____ Allergist _____

Previous Non-Medical Treatments

Biofeedback/relaxation/self-hypnosis _____

Chiropractor _____ Acupuncture _____

Physical Therapy _____ Allergy testing _____

Nutritional counseling _____

NEUROLOGIC AND HEADACHE CLINIC, S.C.

MEDICATION HISTORY FORM

Please check medications you have tried, if they worked and indicate side effects (explain below).

Over the Counter

Drug	Worked			Side effects	Drug	Worked			Side effects
	Yes	No	Yes	Yes		Yes	No	Yes	
<input type="checkbox"/> Acetaminophen Tylenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Aspirin Free Excedrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Aleve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Excedrin Migraine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Anacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ibuprofen (Motrin, Advil, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Aspirin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Explain: _____

Herbal

Herbal	Worked			Side effects	Herbal	Worked			Side effects
	Yes	No	Yes	Yes		Yes	No	Yes	
<input type="checkbox"/> Feverfew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Petadolex (butterbur)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Magnesium Oxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vitamin B2(riboflavin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Prescription Pain Medication

Drug	Worked			Side effects	Drug	Worked			Side effects
	Yes	No	Yes	Yes		Yes	No	Yes	
<input type="checkbox"/> Demerol (Meperidine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Naproxen Sodium (Anaprox, Naprelan, Naprosyn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Esgic (Acetaminophen Butalbital Caffeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Norgesic, Norgesic Forte, Norflex, Tylenol #3 or #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Esgic Plus (Acetaminophen, Buralbita V Caffeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oxycotin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fioricet (Butalbital, Acetaminophen, Caffeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Percocet, Percodan, Tylox (Oxycodone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fiorinal (Aspirin, Butalbital V Caffeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Phrenilin (Butalbital V Acetaminophen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fiorinal/Fioricet with Codeine/Fiorinal #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stadol Nasal Spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lidoderm Patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Toradol (Ketorolac) tabs, injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Methadone (Dolophine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ultram (Tramadol) Ultracet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Morphine IV/IM MS Contin, Kadian, Avinza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vicodin, Vicoprofen, Lorcet (Hydrocodone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

Headache Medications

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Amerge (Naratriptan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Maxalt (Rizatriptan) table or IVILT dissolves)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Axert (Almotriptan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Midrin(Isometheptene, dichloralphenazone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CafergotTab, supp., CafergotPB supp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Migranal Nasal Spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cambia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Relpax (eletriptan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> DHE IV, IM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sumavel Dose Pro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ergomar SL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Treximet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Frova(frovatriptan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Zomig(Zolmitriptan) or ZMT (dissolves), nasal spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Imitrex (Sumatriptan) tablets nasal Spray & injections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Explain:

Anti-inflammatory Medications

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Arthrotec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Norgesic, Norgesic Forte, Norflex, Tylenol #3 or #4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Celebrex (Celecoxib)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Oxycontin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Demerol (Meperidine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Percocet, Percodan, Tylox (Oxycodone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Esgic(Acetaminophen Butalbital Caffeine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Phrenilin (ButalbitalVAcetaminophen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Esgic Plus (Acetaminophen, BuralbitalVCaffeine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stadol Nasal Spray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fiorinal/Fioricet with Codeine/Fiorinal #3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Toradol (Ketorolac) tabs, injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lidoderm Patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ultram (Tramadol) Ultracet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Methadone (Dolphine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vicodin, Vicoprofen, Lorcet (Hydrocodone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Morphine IV/IM MS Contin, Kadian, Avinza	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Voltaren (Diclofenac sodium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

Blood Pressure Medications

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Atenolol (Tenormin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Losartan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Benicar (Olmesartan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Metoprolol (Lopressirm Torol XL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bystolic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Nadolol (Cofard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Cozaar, Hyzaar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Verapamil (Calan, Coveas HS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Inderal (Propranolol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Explain:							

CGRP

Drug Injectables	Worked		Side effects	Drug Oral	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Aimovig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ubrelvy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Ajovy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Emgality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Explain:							

Anti-Depressant Medications

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Cymbalta (Duloxetine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Pristiq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Desipramine (Norpramin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prozac (Fluoxetine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Doxepin (Sinequan)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Remeron (Mirtazapine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Effexor (Venlafaxine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Trazodone (Desyrel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Elavil (Amitriptyline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Viibryd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lexapro (Escitalopram)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vivactil (Protriptyline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pamelor (Nortriptyline, Aventyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wellbutrin (Bupropion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Paxil (Paroxetine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Zoloft (Sertraline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explain:							

Anti-Seizure Medications

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Depakote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Topamax (Topiramate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Keppra	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Trileptal (Oxcarbazepine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neurontin (Gabapentin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Zonegran	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

Mood Stabilizer Medications

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Abilify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Saphris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lamictal (Lamotrigine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Seroquel (Quetiapine) XR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lithium (Eskalith, Lithobid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Zyprexa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

Muscle Relaxant Medications

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Flexeril (Cyclobenzaprine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Soma (Carisoprodol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Parafon Forte (Chlorzoxazone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Zanaflex (Tizanidine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Skelaxin (Metaxalone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Explain:

Anti-Nausea Medications

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Compazine (Prochlorperazine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tigan (Trimethobenzamide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Phenergan (promethazine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Zofran (Ondansetron)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Reglan (Metoclopramide)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Explain:

Anxiety Medications

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Ativan (Lorazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Valium (Diazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Buspar (Buspirone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Xanax (Alprazolam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Klonopin (Clonazepam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Explain:

Corticosteroids

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Decadron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Prednisone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Medrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Solu-medrol PO, IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

Other Medications or Treatments

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Botox (Botulin Toxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Trigger Point Shot (Occipital Block)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

Attention deficit hyperactivity disorder / ADD Medications

Drug	Worked		Side effects	Drug	Worked		Side effects
	Yes	No	Yes		Yes	No	Yes
<input type="checkbox"/> Adderall (Adderall XR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Intuniv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dexedrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ritalin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Concerta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Vyvanse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Focalin (Focalin XR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Explain:

Fibromyalgia

Drug	Worked		Side effects
	Yes	No	Yes
<input type="checkbox"/> Ambien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lyrica (pregabalin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lunesta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

Sleep Medication

Drug	Worked		Side effects
	Yes	No	Yes
<input type="checkbox"/> Rozerem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Savella (Milnacipran)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Room Medications

What medications worked in the emergency room: Explain: _____

What medications did not work in the emergency room: Explain: _____

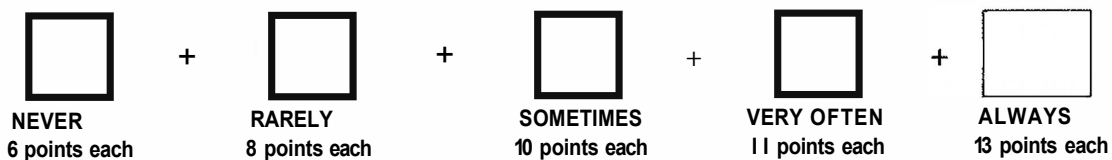
07/06/2023

Headache Impact Test (HIT-6)

Headache Impact Test (HIT-6) questionnaire was designed to help you describe and communicate the way you feel and what you cannot do because of headaches.

To complete, please circle one answer for each question.

- When you have headaches, how often is the pain severe?
never rarely sometimes very often always
- How often do headaches limit your ability to do usual daily activities including household work, work, school or social activities?
never rarely sometimes very often always
- When you have a headache, how often do you wish you could lie down?
never rarely sometimes very often always
- In the past four weeks, how often have you felt too tired to do work or daily activities because of your headaches?
never rarely sometimes very often always
- In the past four weeks, how often have you felt fed up or irritated because of your headaches?
never rarely **sometimes** very often always
- In the past four weeks, how often did headaches limit your ability to concentrate on work or daily activities?
never rarely sometimes very often always



To score, add points for answers in each severity rating.

You should share your results with your doctor. Headaches that stop you from enjoying the important things in life, like family, work, school or social activities could be migraine.

Higher scores indicate a greater impact on your life

Score range 36-78

**TOTAL
SCORE**

Reference:

Yang M, Rendas-Baum R, Varon SF, Kosinski M. Validation of the Headache Impact Test (HIT-6[™]) across episodic and chronic migraine. *Cephalalgia*. 2011;31(3):357-367. doi:10.1177/0333102410379890.