

Patient Name: _____

Date: _____

Migraine / Headache Questionnaire

Migraine Headache Patients: What Have You Tried Already?

Medication (please circle the items if you took it, and it helped you OR put a *line through* it if you took it, but it *didn't help* you):

Ibuprofen	Flexarol
Tylenol	Vicodin
Excedrin Migraine	Demerol
Fioranol	Neurontin
Imitrix	Other: _____

Herbal Supplements (please circle the items if you took it, and it helped you OR put a *line through* it if you took it, but it *didn't help* you):

Magnesium	Multivitamin _____
Feverfew	Fish Oil
Vitamin D	Vitamin B complex _____

I have tried the following therapies for my migraines: (please circle the items if you took it, and it helped you OR put a *line through* it if you took it, but it *didn't help* you):

Chiropractic: _____ (technique)	Reiki
Massage: _____ (technique)	Trigger Point Therapy
Acupuncture	ART
Cranial Sacral	Hypnotherapy
Other: _____	

My “prodrome” (*the signs that your headache is starting*) **signs are:**

Light sensitivity	Poor sleep	Pain
Sound sensitivity	Fatigue	Clumsiness
Nausea	Loss of memory	Other: _____
Vomiting	Inability to concentrate	_____

My migraine usually is:

One sided	Moderate
All over	Severe
Mild	Painful, but the intensity varies from time to time

Finish the Statement (fill in the # of migraines and or headaches):

Today's date is _____. In the past 4 weeks, I have had _____ migraines and _____ tension headaches, _____ sinus headaches and (for women only) _____ menstrual headaches.

My diet is: Balanced Poor Excellent

The foods that trigger my migraines are (circle all that apply):

Wine	Fruit Juice; Pineapple, Orange, etc.
Chocolate	Processed meats like pepperoni, salami or bologna
Wheat	Processed foods like Doritos, chips, pretzel, other
Sugar	Nuts; <i>What kind?</i> _____
Fruits	
Other:	_____

Are you willing to try making changes to your diet, exercise, work style and living style if it will get rid of your headaches?

Yes

Maybe

No (and here's why): _____