



## QUEEN CITY PLASTIC SURGERY

### Migraine Headache Questionnaire

Name: \_\_\_\_\_ Date: \_\_\_\_\_

- 1) How old were you when your migraine headaches started? \_\_\_\_\_ years-old
- 2) How many migraine headaches do you experience per month? \_\_\_\_\_ on average
- 3) What is your current occupation? \_\_\_\_\_  Retired
- 4) Are you currently on disability?  No  Yes (reason) \_\_\_\_\_
- 5) Have you had your migraine headaches evaluated by a:
  - Neurologist (Name; Date 1<sup>st</sup> visit mm/yy) \_\_\_\_\_
  - Primary Care (Name; Date 1<sup>st</sup> visit mm/yy) \_\_\_\_\_
  - Other (Name; Date 1<sup>st</sup> visit mm/yy) \_\_\_\_\_

6) List all past treatment(s)/medications for your migraines. (Circle)

- MRI (Head/Neck)  Spinal Tap  EEG  Physical Therapy/Massage  
 CT (Head/Neck)  Acupuncture  Botox  Dietary Restriction

Prescription Medications:(list) \_\_\_\_\_  
\_\_\_\_\_

Over-the-Counter Medications:(list) \_\_\_\_\_

- 7) Have you sought treatment in the Emergency Room/hospital inpatient for your migraine headaches?  No  Yes (how many times in the last year?) \_\_\_\_\_
- 8) Have you ever had a head or neck injury (e.g. whiplash) requiring medical treatment? \_\_\_\_\_



## QUEEN CITY PLASTIC SURGERY

9) Please answer the following questions about **ALL** your headaches you have had over the last 3 months. Write your answers (or zero if none) in the box next to each question.

- a. How many days in the last 3 months did you miss work or school because of your headache? \_\_\_\_\_ days
- b. How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches? (Do not include days you counted in 4a) \_\_\_\_\_ days
- c. On how many days in the last 3 months did you not do household work because of your headaches? \_\_\_\_\_ days
- d. How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches? (Do not include days you counted in 4c) \_\_\_\_\_ days
- e. On how many days in the last 3 months did you miss family, social or leisure activities because of your headaches? \_\_\_\_\_ days

**Total (add 5a-e)** \_\_\_\_\_ days

10) What is the onset of your migraine headache pain?  Gradual  Sudden

11) How painful are your migraine headaches, on average (circle one number) (Mild)

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

12) How many days per month is your migraine headache pain zero? \_\_\_\_\_ days

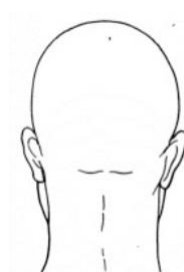
13) Place an **X** on the initial location(s) where your migraine headache **pain starts**.

**Front**

**Right**

**Left**

**Back**





## QUEEN CITY PLASTIC SURGERY

14) What is the quality/character of your pain?  Dull  Throbbing  Aching

15) Does your headache pain radiate to any location on the head and neck?(circle)

Behind Right Eye

Behind Left Eye

Behind Both Eyes

Right Temple

Left Temple

Both Temples

Above Right Eyebrow

Above Left Eyebrow

Above Both Eyebrows

Back of Head on Right

Back of Head on Left

Back of Head Both Sides

16) How long do your migraine headaches usually last? (Check one)

< 2 hours  2-4 hours  4-12 hours  12-24 hours  >24 hours

17) Do you wake up at night/in the morning with a migraine?  No  Yes \_\_\_/month

18) What causes/triggers your migraine headache? (Circle)

Food (type) \_\_\_\_\_ Weather Changes Menstrual Cycle

Stress Florescent lights Missed Meals Smells loud Noise

Other: \_\_\_\_\_

19) What usually helps your migraine headache? (Circle)

Nothing Caffeine NSAIDS Opiod Analgesics Heat

Aspirin Acetaminophen Sleep Antiemetics

Rest Quiet Darkened Room Massage

Other: \_\_\_\_\_

20) What activities are you unable to do because of your migraine headaches?

\_\_\_\_\_

21) Do any of the following occur before or during the migraine headaches? (Circle)

Nausea Speech Difficulty Decreased Concentration Muscle Weakness

Vomiting Headache Worsened by Noise Blurry Vision Seeing Flashing Lights

Diarrhea Headache Worsened by Light Nasal Discharge

Other: \_\_\_\_\_

22) How would you rate your general health in the last 3 months? (Circle)

Excellent

Good

Fair

Poor