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AMERICAN SOCIETY OF PLASTIC SURGEONS

Post injection
Migraine Headache Questionnaire

Patient's name: _____ Date: _____

Following injection, how many migraine headaches did have you have last month? _____

How many regular headaches did you have last months? _____

If you had migraine, how long did your migraine headaches last?

	less than 2h	3-4h	5-12h	12-24h	more than 24h	more than a week
if you take medication	○	○	○	○	○	○
If you don't take medication	○	○	○	○	○	○

How painful were your headaches in the score of 1-10, 10 being most sever headache?

	1	2	3	4	5	6	7	8	9	10
Pain scale	○	○	○	○	○	○	○	○	○	○

Was there any change in the location or characteristics of the pain

○ No
○ Do not have pain
○ Yes

If yes, please explain: _____

Where does you headache start from?

	Behind the eye	Above the eyebrow	Back of the head	Temple
Left	○	○	○	○
Right	○	○	○	○

How do you describe your migraine headaches?

○ Throbbing/pounding ○ Ache ○ Tight band ○ Dull ○ Other

Does headache awaken you at night?

○ Never ○ Occasionally ○ Often

Do you have any of these symptoms before or during headache?

- ○ Nausea
- ○ Vomiting
- ○ Diarrhea
- ○ difficulty concentrating
- ○ Runny nose
- ○ Blurred/double vision
- ○ flash light
- ○ Loss of vision
- ○ Weakness of arm or leg
- ○ Numbness/tingling
- ○ Droopy eye
- ○ other .....

Does any of these bring your migraine or make them worse?

- ○ Stress
- ○ Light
- ○ Loud noise
- ○ Fatigue
- ○ Air travel
- ○ Missed meal
- ○ Sexual activity
- ○ Weather change
- ○ Heavy lifting
- ○ Certain smell, perfume
- ○ Coughing, straining
- ○ Certain food
- ○ Other .....

Do any of these make your headache better?

- ○ Rest
- ○ Hot
- ○ Cold compress
- ○ exercise
- ○ Massage
- ○ Warm shower
- ○ Quite and dark place
- ○ pressure over the pain area
- ○ Other .....

If you are female, Do any of these change your headache?

- ○ Menstrual periods
- ○ Birth control pills
- ○ Pregnancy
- ○ Hormonal medication

Was there any change on the amount and dosage of the medications for migraine headache?

How many day of work/school do you loose in a month?

To what extent migraine headache affected your life during last month?

- ○ None
- ○ Very little
- ○ Moderate
- ○ Extremely