



Post Surgery
Migraine Headache Questionnaire

Patient's name:

Date:

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

How many regular headaches did you have last months?

Do you have numbness in any area of the face?
Please explain:

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

If yes, please explain:

- No
- Do not have pain
- Yes

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
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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
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