Ali Totonchi M.D

TOTONCHI
PLASTIC SURGERY

Pre Treatment

Migraine Headache Questionnaire

Patient's name: _____ Date: _____

How many migraine headaches do have per month? _____

How many regular headaches do you have per months? _____

How long do 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 are 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	○	○	○	○	○	○	○	○	○	○

How old were you when your headaches started? _____

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

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

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

Do any of these make your headache better?

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

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

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

Do you have any family members with migraine headaches?

- ○ Yes
- ○ No

If yes, who?

Did you ever had neck injury, requiring treatment?

- ○ Yes
- ○ No

If yes, please explain:

Who is your neurologist?

- ○ Don't have one

Name and contact information?

Please list all of your diagnostic tests for migraine headache

Please list all of your medications for migraine and other conditions:

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

To what extent migraine headache affects your life?

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