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## Headache Questionnaire

Patient Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

How many **headaches** do you average in a month?

1-4                      5-10                      11-14                      15 $\geq$

Duration of headaches in hours:

1-5      6-10      10-14      15 $\geq$

How many **migraines** do you average in a month?

1-4                      5-10                      11-14                      15 $\geq$

Duration of migraine in hours:

1-5      6-10      10-14      15 $\geq$

Do you experience any of the following symptoms when you have a migraine? (Circle all that apply)

Nausea/Vomiting

Vision Changes

Numbness/Tingling

Light/sound/smell sensitivity

Dizziness

Tinnitus (ringing in ears)

Worse pain with bending/coughing/sneezing

Pain relieved with lying down

Indicate which of the following medications have been tried in the past, length of time you were on it, and why you stopped. (E.g Propranolol for 6 months, did not help headaches or caused dizziness)

Amitriptyline

Aimovig

Nimodipine

Nortriptyline (Pamelor)

Emgality

Metoprolol

Protriptyline

Topamax (Topiramate)

Timolol

Citalopram (Celexa)

Valproic Acid (Depakote)

Atenolol

Doxepin

Divalproex Sodium

Nadolol

Fluoxetine (Prozac)

Gabapentin (Neurontin)

Propranolol

Fluvoxamine

Enalapril

Candesartan

Mirtazapine

Lisinopril

Valsartan (Diovan)

Paroxetine (Paxil)

Ramipril

Losartan

Sertraline (Zoloft)

Verapamil

Olmesartan

Venlafaxine (Effexor)

Amlodipine

Ibesartan

Ajovy

Nifedipine

Patient Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

