

Dr. Kang's Headache Questionnaire

1. How long have you had head pain?

2. Does anyone else in your family experience the same disabling head pain? Yes No

3. How many times in a month do these attacks occur?

4. How severe are they?

Mild

Moderate

Severe

5. How would you best describe the type of head pain?

Throbbing

Pounding

Pulsating

Heavy

Pressure

Sharp

Stabbing

Piercing

exploding

6. How long do they last?

7. Where do you typically feel the worst of your head pain?

Temple(s)

Base of neck

Back of head

Front of head

Top of head

Behind eye(s)

Sinuses

8. How disabling are they?

9. Do you get any warning that an attack is about to happen?

Zigzag lines

Dark spots

Dizziness

Numbness

Tingling

Weakness

Slurred speech

No warning

10. What triggers your head pain?

Stress

Anxiety

Weather changes

Fatigue

Lack of sleep

Too much sleep

Exercise

Bright Light

Odors

Noise

Menses

Hormones

Hunger

Medications

Alcohol

Certain foods

11. Do you throw up or feel nauseated? Yes No
 Do odors, noise or light make them feel worse? Yes No

12. Do you get any others symptoms during your head pain?

Speech disturbance	Fatigue	Agitation	Mood Change
Exhaustion	Dizziness	Scalp tenderness	Jaw Pain
Numbness /tingling	Facial sweating	Redness/tearing of eyes	Nasal congestion
Eyelid drop	Blurred vision	ringing in ears	Neck stiffness/tenderness
Shoulder stiffness	Loss of appetite	Diarrhea	Constipation
Frequent urination	Yawning	Scalp tenderness	Jaw Pain

13. Have you ever had a brain CT or MRI? Yes No When was it done?

What were the results?

14. What medication(s) do you currently take?

15. Have you ever tried medications/treatments for headache or migraine in the past? Yes No

To relieve acute headache:

Almotriptan (Axert)	Eletriptan (Relpax)	Frovatriptan (Frova)
Naratriptan (Amerge)	Rizatriptan (Maxalt)	Sumatriptan (Imitrex)
Zolmitriptan (Zomig)	DHE (Migranal, Trudhesa)	Frovatriptan (Frova)
Rimegepant (Nurtec)	Ubrogepant (Ubrelvy)	Zavegepant (Zavzpret)
Lasmiditan (Reyvow)	Diclofenac K (Cambia)	Aspirin
Ibuprofen	Naproxen	Indomethacin
Ketorolac (Toradol)	Caffeine (Excedrin)	Isometheptene (Midrin)
Opioids	Butalbital (Esgic, Fioricet, Fiorinal)	

To prevent headaches:

Amitriptyline (Elavil)	Nortriptyline (Pamelor)	Cyclobenzaprine (Flexeril)
Tizanidine (Zanaflex)	Duloxetine (Cymbalta)	Venlafaxine (Effexor)
Escitalopram (Lexapro)	Fluoxetine (Prozac)	Paroxetine (Paxil)
Sertraline (Zoloft)	Metoprolol (Lopressor, Toprol)	Propranolol (Inderal)
Timolol	Atenolol (Tenormin)	Nadolol (Corgard)
Verapamil	Candesartan	Valsartan
Lisinopril	Topiramate (Topamax)	Valproic acid (Depakote)
Gabapentin (Neurontin)	Pregabalin (Lyrica)	Lamotrigine (Lamictal)
Leviteracetam (Keppra)	Zonisamide (Zonegren)	Carbamazepine (Tegretol)
Atogepant (Qulipta)	Rimegepant (Nurtec)	Erenumab (Aimovig)
Fremanezumab (Ajovy)	Galcanezumab (Emgality)	Eptinezumab (Vyepeti)
OnabotulinumtoxinA (Botox)	Nerve blocks	Trigger point injections
SPG blocks Cefaly	GammaCore	SAVI Dual TMS
Nerivio	Acupuncture	Biofeedback/relaxation
Chiropractic	Physical therapy	

16. What questions do you have about your headaches? What worries you the most? What medical tests, medicines or therapies would you like to know about?

The Headache Impact Test (HIT) is a tool used to measure the impact headaches have on your ability to function on the job, at school, at home and in social situations. Your score shows you the effect that headaches have on normal daily life and your ability to function. HIT was developed by an international team of headache experts from neurology and primary care medicine in collaboration with the psychometricians who developed the SF-36 health assessment tool.

To complete, please select one answer for each question.

1. When you have headaches, how often is the pain severe?

Never Rarely Sometimes Very Often Always

2. How often do headaches limit your ability to do usual daily activities including household work, work, school, or social activities?

Never Rarely Sometimes Very Often Always

3. When you have a headache, how often do you wish you could lie down?

Never Rarely Sometimes Very Often Always

4. In the past 4 weeks, how often have you felt too tired to do work or daily activities because of your headaches?

Never Rarely Sometimes Very Often Always

5. In the past 4 weeks, how often have you felt fed up or irritated because of your headaches?

Never Rarely Sometimes Very Often Always

6. In the past 4 weeks, how often did headaches limit your ability to concentrate on work or daily activities?

Never Rarely Sometimes Very Often Always