TOKYO HEADACHE CLINIC

Headache Questionnaire

The appointment date and time; d/ m/ y/ h/ i/ Date; d/ m/ y/

Name; _____ (☐ male , ☐ female) age;_____

Please answer the following questions (You can check more than one.)

1: Do you have bad headache, now? ☐ yes ☐ no (If yes , let us know)

2: How long have you been suffering from headaches?

☐ this is the first time. ☐ since_____years old ☐ recently, frequency and severity of pain are getting worse.

3: How often does your headache come?

☐ It happens daily. ☐ sometimes (about ____ times every month)

☐ almost every day during certain period of time ☐ about ____ times in 1 year

4: How long does your headache continue?(If you don't take your medicine. Or when it is not effective.)

☐ few seconds ☐ few minutes ☐ few hours ☐ 1-3 days ☐ over 1 week

5:Where is your headache?

☐ temple ☐ around eye ☐ back of head ☐ whole head ☐ on one side ☐ other_____

6:What kind of pain?

☐ sudden, severe ☐ pulsate when it comes badly ☐ feeling of tightness

☐ dull and heavy feeling ☐ strong pain in the eye(s) ☐ movement of the body increases pain

☐ two or more types of headache ☐ other_____

7:How bad is your headache?

☐ disability of life is mild ☐ painkillers help most of the time

☐ severe enough to miss works or school ☐ severe but sometimes mild

☐ what other problems due to headaches (for example:_____)

8:During headaches, do you also have following symptoms?

☐ nausea・vomit ☐ sensitive to light , sound or smell ☐ tearing, ・hyperemia, red eye ☐ fatigue

☐ nasal discharge・nasal obstruction ☐ vertigo(dizziness) ☐ shoulder stiffness ☐ other_____

9:When do you usually have headache?

☐ during the stress ☐ when stress is settled ☐ weekend・holiday

☐ lack of sleep・too much sleep ☐ before and after menstruation ☐ during or after exercise

☐ when the weather changes ☐ when the light is dazzling ☐ other_____

10:Do you have warring symptoms before headache?

☐ yawning ☐ hunger ☐ fatigue ☐ shoulder stiffness

☐ the flickering light in your vision ☐ other_____

11:Anyonein your family has headache?

☐ no ☐ yes:(who? _____)

Height: cm	Weight: kg	Body temperature: ℃

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