

## Headache Type Questionnaire

1. Y N My headache comes on when I miss or delay a meal
2. Y N My headache stays away if I snack often
3. Y N Nausea or a “general sick feeling” accompany my headache
4. Y N I will often get a bitter metallic taste in my mouth
5. Y N I get general aches and minor pains throughout my body
6. Y N Often my headaches are accompanied by sleeplessness or nightmares
7. Y N Oils and fats in my diet cause me distress
8. Y N Even eating a few nuts may cause me distress
9. Y N I feel constantly worried with muddled thoughts
10. Y N I have low blood pressure
11. Y N Sometimes I feel like I must gasp for air
12. Y N I feel weak or faint with exertion
13. Y N I experience chest pain
14. Y N I tire quickly after awaking or after exertion
15. Y N My headache starts after exertion
16. Y N I get a headache when I eat a certain food
17. Y N I get foul-smelling gas
18. Y N I get non-foul-smelling gas
19. Y N I experience nausea, belching, or sudden sickness after eating
20. Y N My headache can be traced to contact with man-made chemicals in the environment (i.e. pesticides, fertilizers, etc.)
21. Y N I have recently moved into a new house and noticed my headaches began shortly after
22. Y N I have recently moved from a different state (or a similar distance)

- 23.Y N I feel a “sense of hopelessness” with my headache
- 24.Y N I experience mental or emotional drowsiness
- 25.Y N I have a lack of drive or initiative (or have lost such drive)
- 26.Y N I use depression medication (i.e. Prozac, Valium, Lithium, etc.)
- 27.Y N I have experienced a head injury in the past
- 28.Y N I feel a tightness in the back of my head
- 29.Y N I have a stiff neck regularly
- 30.Y N I feel nausea when I have a headache
- 31.Y N I get pain between my shoulder blades
- 32.Y N I have tenderness over my gallbladder
- 33.Y N I have a random headache with no distinct pattern
- 34.Y N My headaches occur at different times during the day or night
- 35.Y N My headache occurs during ovulation and/or menstruation (females only)
- 36.Y N My headache is often accompanied by “hair trigger” mood swings and emotional instability
- 37.Y N Occasionally, I get temporary outbreaks of acne during menstruation (females only)
- 38.Y N My headache is often dull and is present in the morning and wears off during as the day goes on
- 39.Y N My headache is “crushing”
- 40.Y N My headache is painful enough to wake me from a sound sleep
- 41.Y N I bruise easily
- 42.Y N I have bleeding gums or gingivitis
- 43.Y N My cuts tend to heal slowly
- 44.Y N I have ulcers

- 45.Y N My headache usually begins in the late afternoon
- 46.Y N My stamina begins to decrease along with a late afternoon headache
- 47.Y N My headache is sometimes accompanied by low blood pressure
- 48.Y N I feel sluggish, fatigued, or tired often
- 49.Y N My headache occurs with exhaustion simultaneously
- 50.Y N I have spent too much time in the sun
- 51.Y N I typically get headaches on the weekend
- 52.Y N I typically drink alcohol over the weekend
- 53.Y N I drink at least one caffeinated beverage per day (including coffee)
- 54.Y N I get a headache if I don't drink a caffeinated beverage (including coffee)
- 55.I drink \_\_\_\_\_ ounces of water per day
- 56.I weigh \_\_\_\_\_ pounds

How long have you experienced your headache?

Please list medications you are currently taking:

---

How long have you been taking them? \_\_\_\_\_

Please list supplements you are currently taking:

---

How long have you been taking them? \_\_\_\_\_

Please note anything else that you think may be associated with your headache: