

TEXAS NEUROLOGY

HEADACHE QUESTIONNAIRE II

NAME: _____ DATE: _____

What is the number of headache days you experience, per month? (Any headache pain counts)

What is the number of headache free days you experience, per month? (100 percent free of pain or discomfort)

How many days a month do you experience nausea or queasiness with headache?

How many days a month do you experience sensitivity to light with headache?

How many days per month do you experience "dysfunction" due to a headache? (Not being able to function at your peak)

How many days a month do you use over the counter pain medications for headache attacks?

How many days a month do you use prescription pain medications for headache attacks?

Do you currently take a daily preventative prescription medication for headache management?

Yes No