

Sherman Pain Management Headache Questionnaire

Please circle the answer;

On the Questions preceded by (*) sign, you may circle more than one.

- I. How often do you get headache attacks?
1. Several times a year
 2. About once a month
 3. Several times a month
 4. Daily
 5. Always have a headache
- II Which of these statements is nearest the truth for you?
1. My headaches are not usually severe
 2. My headaches are quite severe
 3. My headaches are terribly severe
 4. My headaches are almost unbearable
- III How often do you get severe headache attacks?
1. Several times a year
 2. About once a month
 3. Several times a month
 4. Several times a week
 5. Daily
 6. Always have a severe headache
- IV How does a severe headache affect you?
1. My severe headaches rarely bother me
 2. My severe headaches sometimes distract me from what I am doing
 3. I can hardly do anything when I have a severe headache
 4. I am unable to do any work when I have a severe headache
- V How long do your severe headaches last?
1. 0 - 2 hours
 2. 4 - 8 hours
 3. 8 - 12 hours
 4. 12 - 24 hours
 5. More than 24 hours
 6. Never goes away
- VI How long have you had these severe headaches?
1. Less than 6 months
 2. 6 months to a year
 3. 1 - 2 years
 4. 1 - 3 years
 5. 3 - 5 years
 6. 5 - 10 years
 7. 10 plus years
- VII Is the onset of these severe headaches related to an injury? Yes No
- VIII Are you now here for the treatment of that injury? Yes No

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|------|--|-----|----|
| IX | Do you have neck pain? | Yes | No |
| X | Is there a tender point in the back of your neck or head? | Yes | No |
| XI | Does the headache start at the neck and travels up the skull? | Yes | No |
| XII | Do you wake up with a severe headache in the morning? | Yes | No |
| XIII | Do your headaches sometimes wake you up during the night? | Yes | No |
| XIV | (*) Are your headaches brought on or made worse by any of the following? | | |

1. Weather changes
2. Activity/exercise
3. Mental stress
4. Anger
5. Personal problems
6. Getting overheated
7. Menstruation
8. Alcohol
9. Some drugs
10. Fatigue
11. Hunger
12. Certain food you eat
13. MSG
14. Eye strain
15. Bright light
16. Allergies
17. Sickness or illness (e.g. flu)
18. Moving your neck
19. Putting your neck in a bad position
20. Driving
21. Using your arms in activities over your head
22. Lifting overhead
23. Chewing
24. Season of year

- | | | | |
|----|---|-----|----|
| XV | Can you tell when your severe headache is developing? | Yes | No |
|----|---|-----|----|

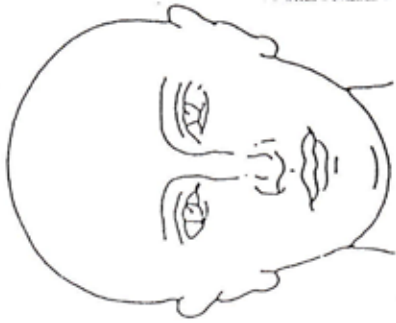
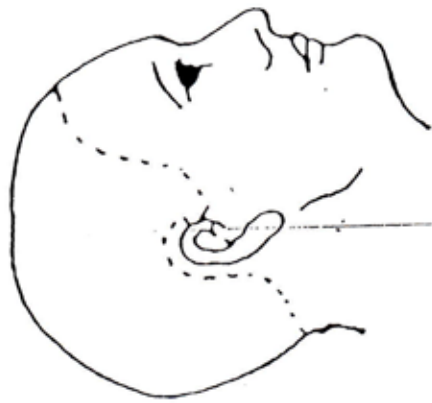
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|-----|--|--|--|
| XVI | (*) You know that a severe headache is developing by the following clues:
(To circle 1-10, these clues must go away after the headache, having developed over for 4-60 minutes) | | |
|-----|--|--|--|

1. You see halos around lights
2. You see blind spots
3. You get an upset stomach
4. You get a feeling of tightness
5. You see flashing lights
6. You get dizzy
7. You get lightheaded
8. You experience numbness in your arm or arms
9. You experience numbness in your leg or legs
10. You notice changes in your vision
11. Your neck pain begins to travel into your skull
12. Your neck pain gets worse

- XVII (*) When your headache becomes a full blown, where do you feel it?
1. Temples
 2. Forehead and behind the eyes
 3. Back of the head
 4. Top of the head
 5. All on one side of the head (left or right side)
 6. All over the head
 7. In a band around your forehead and skull
 8. Neck
- XVIII When your headache becomes severe, the pain is felt as pulsating? Yes No
 Or is it felt as pressing/tightening? Yes No
- XIX (*) During the severe headache you experience the following
1. Feel sick (nausea)?
 2. Vomit sometimes?
 3. Find that light hurts your eyes?
 4. Find that your eyes become moist, itching or burning?
 5. Notice that your arms and/or legs are cold or icy?
 6. Notice tingling, or any strange feeling in any part of your body?
 7. Notice that your head is throbbing?
 8. Find that activity/exercise makes headache worse?
 9. Bright light makes headache worse?
 10. Lying down makes your headache better?
 11. You have to walk the pain is so severe.
 12. One of your eyes gets red (mark only if on the side of headache pain)
 13. Loud sounds bother you
 14. Have a ringing in your ears
 15. One eye tears
 16. Both eyes tear
 17. Certain odors bother you
 18. Your vision blurs
 19. Have a runny or stuffed-up nose (mark only if on the side of headache pain)
 20. Have flushing or sweating on one side of your face (mark only if on the same side)
 21. Feel light-headed or dizzy
 22. Your hands or feet tingle or feel numb
 23. Lose your appetite
 24. Prefer to be alone
 25. You have to lie down
 26. One pupil becomes small during headache (mark only if on the same side of headache)
 27. One eyelid droops during headache (mark only if on the same side of headache)
 28. Only eye lid swells during headache (mark only if on the same side of headache)

Based on the HIS Headache Diagnostic Patterns & Revised by J Barclay, M.D. (4-11-01)

HEAD AND NECK (Shade areas of pain & describe)



PAIN:

N N N N N	DULL ACHING	x x x x x x x	BURNING	= = = =	NUMBNESS
/// /// /// /// ///	STABBING	••••• •••••	PINS & NEEDLES	S S S S S	MUSCULAR CRAMPS