

NAME _____ DATE _____

HEADACHE HISTORY INVENTORY

1. When did your headaches start? _____
2. How often do your headaches occur?
a. More than once daily____ b. Daily ____ c. Weekly____ d. Monthly____
e. Other _____
3. What is the severity of your headache?
a. Mild_____ b. Moderate____ c. Severe____ d. Incapacitating_____
4. How would you describe the pain?
a. Throbbing_____ e. Stabbing_____ h. Tightness_____
b. Pulsating_____ f. Dull_____ (Hatband Distribution)
c. Boring_____ g. Nagging_____ i. Other_____
d. Shock-like_____
5. How long does your headache last?
a. One hour or less_____ d. Constant_____
b. Two to 24 hours_____ e. Other_____
c. More than 24 hours_____
6. Are our headaches associated with any other symptoms?
a. Nausea_____ g. Nasal discharge_____
b. Vomiting_____ h. Dizziness_____
c. Intolerance to light_____ i. Numbness__ Where?_____
d. Aversion to loud noises_____ j. Neck pain_____
e. Tearing of eye_____ k. Other_____
f. Nasal congestion_____
7. Have you or your family members ever experienced headaches?

8. Do you have any forewarning that your headache is about to start?
Describe_____
9. Indicate the location of your headache pain on the diagrams below.

