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CHRONIC HEADACHE ASSESSMENT FORM

NAME OF PATIENT: _____ ***AGE:*** ____ ***SEX:*** _____

Please answer the following questions to the best of your ability:

ABOUT YOUR HEADACHE:

- *Is the headache recurrent?* _____
- *On a scale where 10 is the worst and 1 the least, describe the intensity of the headache* _____
- *How frequent and how long do the headaches last?* _____
- *What time of day does the headache usually occur?* _____
- *Can you usually tell the onset of the headache?* _____ *If yes, explain:* _____
- *Does the headache appear to be localized to a region of your head?*
If so, describe: _____
- *Does bright lights or stuffy rooms precipitate your headache?* ____ *If so explain:* _____
- *Is the headache associated with any recent or chronic illness?* _____ *If so describe:* _____
- *Do you have any history of chronic sinus problems?* _____
- *Is the headache associated with flushing, sweating, chills, or tearing of the eyes?* _____ *Describe:* _____
- *Are your headaches associated with nausea or vomiting?* _____
- *For Females: Are your headaches associated with any portion of your menstrual cycle?* ____ *If so explain:* _____
- *Are the headaches associated with any loss of speech?* _____
- *Are the headaches associated with any numbness of an extremity?*
If so describe: _____

ABOUT YOUR LIFESTYLE:

- *What sort of job do you do?* _____
- *Would you consider your job stressful?* _____ *Explain:* _____

- *Are you suffering from anxiety, fatigue, depression or other emotional conflicts? _____ If so explain: _____*
 - *Are you on any special diet? _____ If yes explain: _____*
 - *Does drinking caffeinated coffee help the headache? _____*
 - *Do you drink alcoholic beverages? _____ If so how frequent: _____*
 - *Do you smoke cigarettes? _____ If so, for how long: _____*
 - *Do you have a history of hypoglycemia (low blood sugar)? _____*
 - *Does foods such as chocolate, nuts; citrus juice or cheeses bring on an attack? _____ If so explain: _____*
 - *Does any member of your family have a history of headaches? _____*
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PRIOR TREATMENT OF THE HEADACHES:

- *Have you ever taken nonsteroidal anti-inflammatory drugs such as ibuprofen? _____ If so did it help the headache? _____*
 - *Have you ever taken tricyclic antidepressants? _____ If so did it help? _____*
 - *Have you ever taken beta-blockers such as propranolol or Nadolol? _____ If so did it help the headache? _____*
 - *Have you ever taken muscle relaxants or Valium? _____ If so did it help? _____ Please explain: _____*
 - *Have you ever taken Ergot Derivatives? _____*
 - *Have you ever taken Methysergide? _____ If so did it help the headache? _____*
 - *Have you ever taken Calcium Channel Blockers? _____ if so did it help the headaches? _____ Explain: _____*
 - *Have you ever been placed on the drug, Lithium? _____ If so did it help? _____*
 - *Have you undergone any psychological treatment such as biofeedback or cognitive-behavior therapy? _____ If so did it help? _____ Please explain: _____*
 - *Have you ever undergone any block procedure for your headache? _____ if so did it help? _____ Please explain: _____*
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