



# Headache Wellness Center

1414 Yanceyville St. Greensboro NC 27405 (336) 574-8000 FAX (336)574-8008

[www.headachewellnesscenter.com](http://www.headachewellnesscenter.com)

## Research Questionnaire

Name \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Are you currently participating in a clinical trial? Yes \_\_\_ No \_\_\_

Best hours to contact you: \_\_\_\_\_ How did you hear about us: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Height: \_\_\_ft \_\_\_in Weight \_\_\_lbs

In a 28 day period, how many days to you have headaches? \_\_\_ days \_\_\_ don't know

In a 28 day period, how many days to you have migraines? \_\_\_ days \_\_\_ don't know

Describe your headaches by checking all those that apply:

My headache pain is: \_\_\_ mild \_\_\_ moderate \_\_\_ severe

The pain is usually: \_\_\_ throbbing \_\_\_ pulsating \_\_\_ constant

Do you have sensitivity to: \_\_\_ light \_\_\_ sound \_\_\_ motion?

Do you experience: \_\_\_ nausea \_\_\_ vomiting?

My headaches usually last \_\_\_ hour's \_\_\_ days

How old were you when your headaches began? \_\_\_ yrs.

Are you currently being treated for your headaches? \_\_\_ yes \_\_\_ no

Have you ever been diagnosed with any of the following:

\_\_\_ Tension Headaches \_\_\_ Migraines \_\_\_ Cluster Headaches \_\_\_

\_\_\_ Menstrual Migraines \_\_\_ Other \_\_\_\_\_

Please check any of the following medications that you are currently taking:

  
  
  
  

Amerge  
Imitrex  
Inderal  
Lamictal  
Desipramine

  
  
  
  

Axert  
Lidocaine  
Norvasc  
Lyrica  
Effexor

  
  
  
  

Bellerga  
Maxalt  
Atenolol  
Neurontin  
Elavil

  
  
  
  

Cafergot  
Relpax  
Depakote  
Topamax  
Lexapro

  
  
  
  

DHE  
Zomig  
Keppra  
Zonegran  
Wellbutrin

  
  
  
  

Frova  
Calan  
Clonazepam  
Cymbalta  
Zoloft