Hom	dacho	Revisit	Evalu	ation
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Name			
Date	 	 	

Pleas	e answer <u>all</u> of the following questions. If you are uncertain, give	your best gu	ess.			
Circle	the number that best describes the change in your headaches since  0 1 2 3 4 Same 6  Worsened	7 8	9	10 (headache	free)	
Circle	the number that best describes the change in your headaches since  0	7 8	9	10 (headache mproved	free)	
	How many days in the last 4 weeks (28 days) did you have: (  Severe headaches Moderate headaches			No headache	-	
•	How many days in the last 4 weeks (28 days) did you need to take (0-28) (Do not count preventive medications		r pain medicat	ions?		
•	During the past 4 weeks, how different would your life have been 1. completely different, 2. very different, 3. som			sch different, 5. n	ot at all diffe	rent
1.	When you have headaches, how often is the pain severe?	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
2.	How often do headaches limit your ability to do usual daily activities including housework, work, school, or social activities?	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
3.	When you have a headache, how often do you wish you could lie down?	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
4.	In the past 4 weeks, how often have you felt too tired to do work or daily activities because of your headaches?	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
5.	In the past 4 weeks, how often have you felt fed up or irritated because of your headaches?	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
6.	In the past 4 weeks, how often did headaches limit your ability to concentrate on work or daily activities?	NEVER	RARELY	SOMETIMES	OFTEN	ALWAYS
	TOTAL:	6	8	10	11	13
Please	e list ONLY medications used in the past 4 wks. THAT HAVE BEI		RIBED BY TH name/dose	IE HEADACHE		S CENTER #used/month
Please	e list any <b>OTHER</b> medications (prescription from other physicians, c/dose # used/month nan		iter & suppleme	ents) used in the parture #used/ma		
List A	LL your drug allergies:					
	f Notes:		D' · · · ·			
Wt	Height BP/ P		Dictated			OVER

Check (*/) symptoms which have occurred recently  GENERAL	Describe any change in your m	nedical, surgical or emotional (str	ress) condition since you were las	t seen:	
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