

## Headache/Migraine Questionnaire

Name	Date
	The state of the s
	Please mark on drawing where the pain is located.
1.	What is the nature of the pain?  a. Dull (def)  b. Throbbing (LR)  c. Stabbing (BI stasis)  d. Feeling of heaviness, muzziness, as though head were wrapped in cloth (damp/phl)  e. Other
2.	How often do you get a headache/migraine? (i.e. 3 times per week)
3.	What other symptoms accompany your headaches?  a. Nausea/Vomiting (LR inv ST, jueyin revrsal)  b. Difficulty with concentration (damp/phl)  c. Mood swings (LR)  d. Dizziness (LR)  e. Light/noise sensitivity  f. Floaters (LR)  g. Other
4.	What makes the symptoms better?  a. Lying down (def)  b. Cold pack  c. Heat  d. Movement/exercise (stag)



- 5. What makes the symptoms worse?
  - a. Lying down/reclining (LR)
  - b. Cold pack
  - c. Heat
  - d. Movement/exercise (stasis)
  - e. Weather (please describe)
  - f. Other
- 6. Are the headaches worse at a certain time of day?
  - a. Worse in morning (damp) or daytime (def qi/yang)
  - b. Worse at night (def bl/yin)
- 7. WOMEN- Do your headaches correspond to your monthly cycle? If yes, when during your cycle do you get headaches?
  - a. During your period (LR fire or bl stasis)
  - b. At the end or after your period (Bl def)
  - c. Around the time of ovulation (KD yang def)
  - d. Prior to onset of period (pre-menstrual) (LR)