BUCK & TODD OPTOMETRIST

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Headaches.

Please think of the headaches you have had over the last month and whether they have been getting more or less frequent. Use this to arrive at your best guess as to how many headaches have occurred in the last **12** months and write the number here. ………………

-How bad were the headaches?

Mildly distracting?	☐	☐
Disturbing?	☐	☐
So bad you had to take time off school?	☐	☐
So bad you had to go to bed?	☐	☐

If the headaches were mild or infrequent leave the next questions blank.

Approximately how old were you when you first started experiencing headaches like those that you experience nowadays? ………………

-What is the pain usually like?

Is the pain pulsating (throbbing)?	☐	☐
Is the pain made worse by routine physical exercise (e.g., climbing stairs)?	☐	☐

In general where is the pain located?

Top of head?	☐	Right head –Temple?	☐
Back of head?	☐	Left head –Temple?	☐
Forehead both sides?	☐	In or around the eyes?	☐
Forehead one side?	☐		☐

Headaches cont'd

How long does the pain usually last: without medication?

with medication?

Please name any medications that have been prescribed by a doctor for headaches.

Do you feel ill in any other way during headaches? i.e.: Do you suffer from:

Loss of appetite?	☐	Tingling?	☐	Sensitivity to light?	☐
Nausea?	☐	Feeling of weakness?	☐	Sensitivity to noise?	☐
Vomiting?	☐	Difficulty with	☐	Visual disturbances?	☐
Numbness?	☐	Dizziness?	☐	Other	☐

Do any of the above occur as a warning before the headache starts? If yes which?..

Please select activities that you know can bring a headache on:

In car	Schoolwork	Weekends
Television	Cinema	Exercise
Reading	Computers	Chocolate
Sweets	Smells	Other

Do the headaches start at any particular time of day?	Always	Often	Sometimes	Never

Please state when: ……………………………………………..

Please add any other comments below and bring this questionnaire with you to the eye examination.

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Thank you for your help.