

# Adult Medicine & Pain Management

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## Diamond Headache Questionnaire

Name: \_\_\_\_\_, \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
(Last) (First)

1. Which statement best describes the frequency of your headaches?

- \_\_\_ one per day
- \_\_\_ more than one a day
- \_\_\_ one per week
- \_\_\_ one per month
- \_\_\_ fewer than 2-3 a month

3. Which symptoms accompany you usual headache.

- \_\_\_ loss of appetite
- \_\_\_ dizziness
- \_\_\_ vision problems
- \_\_\_ mood change
- \_\_\_ vomiting
- \_\_\_ nausea

2. Place a check by the statement that best describes the pain level of your typical headache.

- \_\_\_ no headache
- \_\_\_ headache, but can be ignored
- \_\_\_ headache, cannot be ignored, but does not interfere daily
- \_\_\_ headache, cannot be ignored, interferes w/concentration
- \_\_\_ headache, cannot be ignored, interferes w/everything except basics
- \_\_\_ headache, cannot be ignored, bed rest required

4. Do any relatives have severe of recurring headaches?

- \_\_\_ Mother
- \_\_\_ Father
- \_\_\_ Brother/Sister
- \_\_\_ Grandparent
- \_\_\_ Other

5. Check the appropriate box:

Always      Very Often      Uncertain      Seldom      Never

Headache begins on the side of the head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the pain greater on one side?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do noise/lights make headache worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your headache throb?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change from one side to the other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get very depressed during the headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arms/legs get cold during headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eyes moisten, itch, burn during headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have stomach pains during headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lose your appetite during headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the pain on both sides of head?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the pain feel like a tight band?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pain increases with head movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you wake with headaches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your headache waken you at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does your headache get better laying down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches begins in AM, worsens by PM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches associated with change of weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headaches caused by tension/stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Headache interferes with regular activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Diamond Headache Questionnaire (Page 2)

### Headache History Questionnaire

1. On a scale of 1-10, with "10" being the worst pain imaginable above the shoulders, how many mornings per week do you wake with a "0" pain level? \_\_\_\_\_
2. On a scale of 1-10, what is the average number (0-10) you usually wake with? \_\_\_\_\_
3. What percentage of your waking time do you have some degree of headache? \_\_\_\_\_
4. What percentage of your waking time do you have a "0" pain level without taking medication? \_\_\_\_\_
5. What is your average headache pain level (0-10) throughout the day? \_\_\_\_\_
6. On a scale of 1-10, what is the worst pain level you experience? \_\_\_\_\_
7. What time of day do you usually experience your worst headaches? \_\_\_\_\_
8. How many times per week (or month) might you experience your worst pain? \_\_\_\_\_
9. Where does your pain seem to originate from?  
\_\_\_\_\_
10. How would you describe your pain? (examples: throbbing, squeezing, pressure, dull, stabbing, shooting, etc.)  
\_\_\_\_\_
11. Please circle the types of health care providers you've seen for your headaches:  
MD   Neurologist   ENT   Internist   Physical Therapist   Chiropractor   Dentist  
Others: \_\_\_\_\_
12. What medical tests have been performed regarding your headaches?  
CT Scan   MRI   X-Ray   Blood Analysis   Other: \_\_\_\_\_
13. What types of procedures or treatments (including dental) have you had regarding your headaches?  
\_\_\_\_\_
14. What medication(s) do you now take to prevent your headaches?  
\_\_\_\_\_
15. What medication(s) have you tried to prevent your headaches?  
\_\_\_\_\_
16. What prescription or OTC medications do you take to relieve your headaches? How much?  
\_\_\_\_\_