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***CHRONIC HEADACHE ASSESSMENT FORM***

***NAME OF PATIENT:*** \_\_\_\_\_ ***AGE:*** \_\_\_\_ ***SEX:*** \_\_\_\_\_

*Please answer the following questions to the best of your ability:*

**ABOUT YOUR HEADACHE:**

- *Is the headache recurrent?* \_\_\_\_\_
- *On a scale where 10 is the worst and 1 the least, describe the intensity of the headache* \_\_\_\_\_
- *How frequent and how long do the headaches last?* \_\_\_\_\_
- *What time of day does the headache usually occur?* \_\_\_\_\_
- *Can you usually tell the onset of the headache?* \_\_\_\_\_ *If yes, explain:* \_\_\_\_\_
- *Does the headache appear to be localized to a region of your head?*  
*If so, describe:* \_\_\_\_\_
- *Does bright lights or stuffy rooms precipitate your headache?* \_\_\_\_ *If so explain:* \_\_\_\_\_
- *Is the headache associated with any recent or chronic illness?* \_\_\_\_\_ *If so describe:* \_\_\_\_\_
- *Do you have any history of chronic sinus problems?* \_\_\_\_\_
- *Is the headache associated with flushing, sweating, chills, or tearing of the eyes?* \_\_\_\_\_ *Describe:* \_\_\_\_\_
- *Are your headaches associated with nausea or vomiting?* \_\_\_\_\_
- *For Females: Are your headaches associated with any portion of your menstrual cycle?* \_\_\_\_ *If so explain:* \_\_\_\_\_
- *Are the headaches associated with any loss of speech?* \_\_\_\_\_
- *Are the headaches associated with any numbness of an extremity?*  
*If so describe:* \_\_\_\_\_

**ABOUT YOUR LIFESTYLE:**

- *What sort of job do you do?* \_\_\_\_\_
- *Would you consider your job stressful?* \_\_\_\_\_ *Explain:* \_\_\_\_\_

- *Are you suffering from anxiety, fatigue, depression or other emotional conflicts? \_\_\_\_\_ If so explain: \_\_\_\_\_*
  - *Are you on any special diet? \_\_\_\_\_ If yes explain: \_\_\_\_\_*
  - *Does drinking caffeinated coffee help the headache? \_\_\_\_\_*
  - *Do you drink alcoholic beverages? \_\_\_\_\_ If so how frequent: \_\_\_\_\_*
  - *Do you smoke cigarettes? \_\_\_\_\_ If so, for how long: \_\_\_\_\_*
  - *Do you have a history of hypoglycemia (low blood sugar)? \_\_\_\_\_*
  - *Does foods such as chocolate, nuts; citrus juice or cheeses bring on an attack? \_\_\_\_\_ If so explain: \_\_\_\_\_*
  - *Does any member of your family have a history of headaches? \_\_\_\_\_*
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**PRIOR TREATMENT OF THE HEADACHES:**

- *Have you ever taken nonsteroidal anti-inflammatory drugs such as ibuprofen? \_\_\_\_\_ If so did it help the headache? \_\_\_\_\_*
  - *Have you ever taken tricyclic antidepressants? \_\_\_\_\_ If so did it help? \_\_\_\_\_*
  - *Have you ever taken beta-blockers such as propranolol or Nadolol? \_\_\_\_\_ If so did it help the headache? \_\_\_\_\_*
  - *Have you ever taken muscle relaxants or Valium? \_\_\_\_\_ If so did it help? \_\_\_\_\_ Please explain: \_\_\_\_\_*
  - *Have you ever taken Ergot Derivatives? \_\_\_\_\_*
  - *Have you ever taken Methysergide? \_\_\_\_\_ If so did it help the headache? \_\_\_\_\_*
  - *Have you ever taken Calcium Channel Blockers? \_\_\_\_\_ if so did it help the headaches? \_\_\_\_\_ Explain: \_\_\_\_\_*
  - *Have you ever been placed on the drug, Lithium? \_\_\_\_\_ If so did it help? \_\_\_\_\_*
  - *Have you undergone any psychological treatment such as biofeedback or cognitive-behavior therapy? \_\_\_\_\_ If so did it help? \_\_\_\_\_ Please explain: \_\_\_\_\_*
  - *Have you ever undergone any block procedure for your headache? \_\_\_\_\_ if so did it help? \_\_\_\_\_ Please explain: \_\_\_\_\_*
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