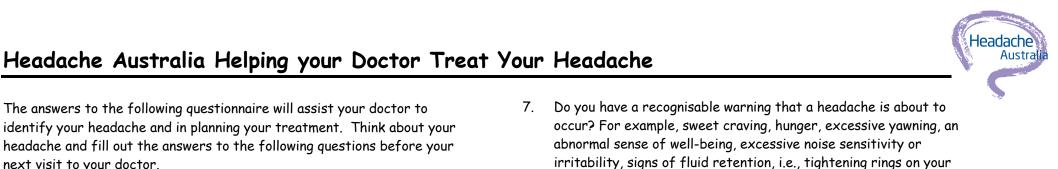
Headache Australia Helping your Doctor Treat Your Headache



headache and fill out the answers to the following questions before your next visit to your doctor.				abnormal sense of well-being, excessive noise sensitivity or irritability, signs of fluid retention, i.e., tightening rings on your fingers or ankle swelling.
1.	How long have you suffered the headaches?			
			8.	How disabled are you when you experience a headache?
2.	What is the frequency of attacks? i.e., how many times do you have			
	them in a week, month, or a year			\square I can continue with normal activities.
				\square Normal activities are restricted but not prevented.
3.	Of your last 10 attacks, how many commenced while you were asleep?			\square I am disabled and bed-bound.
			9.	Are you aware of any triggering or aggravating factors such as
4.	Which part of your head hurts during an attack?			physical exertion, stress, coughing, stooping, straining, menstruation, the ingestion of alcohol or foodstuffs?
5.	How would you describe the quality of the pain? For example, throbbing like a heartbeat, boring or piercing, pressure-like burning or stabbing		10.	Are you aware of any alleviating factors? For example, bed-rest, avoidance of glare and noise, specific medications or physical interventions such as massage, application of heat/cold pack.
6.	In association with your attacks, do	you develop any of the		
	following? Tick all those that apply to you.		11.	Take with you a listing of all medications you have tried in an attempt to control your headaches in the past, preferably with:
	□ Visual shimmering	□ Nausea		 an indication of the dosages used;
	\square Numbness/tingling	□ Vomiting		 the duration of the therapy; and
	☐ Glare/light sensitivity	□ Noise sensitivity		 the outcome.
	□ Blockage of a nostril	□ Tearing from your eye/s		