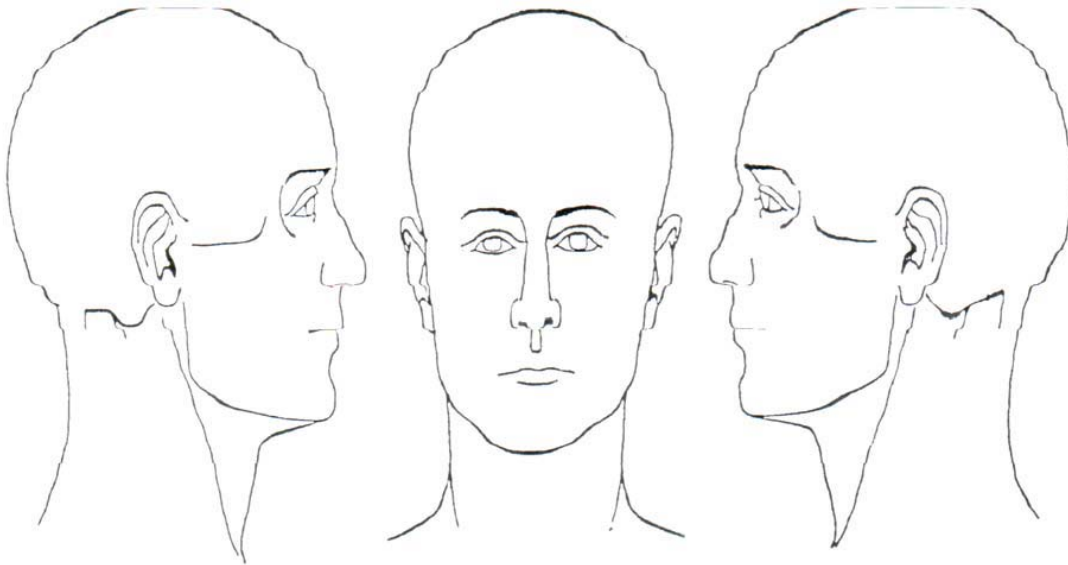


Headache Pain Drawing

Patient Name _____ Date _____

Using the following descriptive symbols, draw the location of your pain on the body outlines below. In addition, mark the level of your pain on the pain scale the bottom of the page.



Pain Severity Scale:

Rate the severity of your pain by circling one number on the following scale.

No Pain 0 1 2 3 4 5 6 7 8 9 10 Excruciating Pain

Patient Name _____ **Date** _____

Instructions: Please Circle the response that matches your symptoms best:

1. I have a headache: (1) 1x per month (2) more than 1x but less than 4x a month (3) More than once a week
2. My headache is: (1) mild (2) moderate (3) severe

Instructions: Please read carefully: the purpose of this scale is to identify difficulties that you may be experiencing because of your headache. Please answer “Yes”, “Sometimes”, or “No” to each item. Answer each question as it pertains to your headache only.

	<u>Yes</u>	<u>Sometimes</u>	<u>No</u>
1. Because of my headaches I feel handicapped.	___	___	___
2. Because of my headaches I feel restricted in performing my routine daily activities.	___	___	___
3. No one understands the effect that my headaches have on my life.	___	___	___
4. I restrict my recreational activities because of my headaches.	___	___	___
5. My headaches make me angry.	___	___	___
6. Sometimes I feel that I am going to lose control because of my headaches.	___	___	___
7. Because of my headaches I am less likely to socialize.	___	___	___
8. My spouse, or family and friends have no idea what I am going through.	___	___	___
9. My headaches are so bad that I feel I am going insane.	___	___	___
10. My outlook on the world is affected by my headaches.	___	___	___
11. I am afraid to go outside when I feel that a headache is starting.	___	___	___
12. I feel desperate because of my headaches.	___	___	___
13. I am concerned that I pay penalties at work or at home because of my headaches.	___	___	___
14. My Headaches place stress on my relationships with family or friends.	___	___	___
15. I avoid being around people when I have headaches.	___	___	___
16. I believe my headaches are making it difficult for me to achieve my goals in life.	___	___	___
17. I am unable to think clearly because of my headaches.	___	___	___
18. I get tense (eg. muscle tension) because of my headaches.	___	___	___
19. I do not enjoy social gatherings because of my headaches.	___	___	___
20. I feel irritable because of my headaches.	___	___	___
21. I avoid traveling because of my headaches.	___	___	___
22. My headaches make me feel confused.	___	___	___
23. My headaches make me feel frustrated.	___	___	___
24. I find it difficult to read because of my headaches.	___	___	___
25. I find it difficult to focus my attention away from my headaches and on other things	___	___	___