| **HEADACHES** | |
|---|---|
| Location | ☐ Left ☐ Right ☐ Both ☐ Center |
| Specifics | ☐ Frontal ☐ Coronal ☐ Occipital ☐ Parietal ☐ Temporal ☐ Throughout |
| Pain Ratings | ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (Excruciating) |
| Frequency | ☐ Infrequent < 25% ☐ Occasional 25% to 50%<br>☐ Frequent 50% to 75% ☐ Constant > 75% |
| Pain/Severity | ☐ No Pain ☐ Pain ☐ Numbness ☐ Tingling / ☐ Mild ☐ Moderate ☐ Severe |
| Associated with | ☐ Dizziness ☐ Nausea ☐ Visual Problems ☐ Ringing/Buzzing ears<br>☐ Bright light ☐ Sensitivity ☐ Loss of balance |
| Radiates to | ☐ Neck ☐ Right Eye ☐ Left Eye ☐ Right Ear ☐ Left Ear ☐ Right Jaw ☐ Left |
| Described as | ☐ Aching ☐ Dull ☐ Sharp ☐ Stabbing ☐ Throbbing |
| At its worst | ☐ Morning ☐ Afternoon ☐ Evening ☐ Night<br>After Activities: ☐ Light ☐ Moderate |
| What makes it better? | ☐ Medication ☐ Lying Down ☐ Standing ☐ Sitting<br>☐ Stretching ☐ Range of Motion ☐ Nothing |
| What makes it worse? | ☐ Bright lights ☐ Housework ☐ Loud noises ☐ Neck movements<br>☐ Watching T.V. ☐ Reading ☐ Working |