

AAN-AHS Follow-up Headache Questionnaire Adult or Pediatric

3/23/18

Question	Multiple Choice Options		Comments
1	Are your headaches better, same, or worse since your last visit?		Choose one: better, same, worse
2a	How many days per month do you have a headache of any duration or severity?		0-30
2b	How many days per month do you get a severe headache that limits your ability to function?		0-30
3a	Do you use an acute (as needed) medication to treat a headache?		Yes/No
3b	If the answer to 3a is yes, on average how many days each month did you take acute (as needed) medication?		0-4 5-9 10-15 15 or more days
3c	After taking your acute (as needed medication), are you able to do your normal activities?		Yes/No/Sometimes
3d	After taking your acute (as needed) medication, do you experience significant side effects?		Yes/No/Sometimes
3e	How many days per month (on average) do you take pain medication to treat another condition (e.g. back pain, arthritis)?		Write in number (___)
4a	Do you take daily preventive medication or supplements or use other non-drug preventive treatments to reduce the frequency, severity, or duration of your headaches?		Yes/No
4b	Do you feel like the preventive treatments have helped?		Yes/No/Don't know
4c	Are you having any side effects from the current preventive treatments?		Yes/No/Sometimes/Don't know
Midas Questions	Adults	Pediatric	
5a	On how many days in the past 3 months did you miss work or school because your headache?	How many full school days of school were missed in the last 3 months due to headaches?	Write in number (___)
5b	How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches? (Do not include days you counted in question 5a where you missed work or school.)	How many partial days of school were missed in the last 3 months due to headaches (do not include full days counted in the first question 5a)?	Write in number (___)
5c	On how many days in the last 3 months did you not do household work because of your headaches?	How many days in the last 3 months did you function at less than half your ability in school because of a headache (do not include days counted in the first two questions)?	Write in number (___)

5d	How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches? (Do not include days you counted in question 1 where you did not do household work.)	How many days were you not able to do things at home (i.e. chores, homework, etc.) due to a headache?	Write in number(____)
5e		How many days did you not participate in other activities due to headache (i.e. play, go out, sport, etc.)?	Write in number (____)
5f		How many days did you participate in these activities, but functioned at less than half your ability (do not include days counted in the 5 th questions)?	Write in number (____)
6a	On the scale of 0-10, on average how painful were these headaches? (where 0 = no pain at all and 10 = pain as bad as it can be)		0-10
7	Have you seen a psychologist, therapist, or other provider to address coping with headaches using Cognitive Behavioral Therapy, Biofeedback, or Relaxation since your last visit?		Yes/No
8	Have you required an emergency department visit for your headaches since your last visit?		Yes/No
9	Have you undergone a brain scan for your headaches since your last visit?		Yes/No
10	Have you required hospitalization for your headaches since your last visit?		Yes/No