UNUSUAL HEAD/NECK PAIN QUESTIONNAIRE

PATIENT NAME: _____ DATE: _____

INSTRUCTIONS : Your answers to the following questions will greatly assist in the evaluation of headaches/neck pain that are unusual in quality or unusual in severity compared to previous episodes that you may have experienced in the past. Please check each question in relation to the onset of your present/recent head or neck pain. Be certain to complete both sections. Males may skip those questions specific to females.

NO	YES	CHECK FOLLOWING IF CONDITIONS OCCURRED WITHIN PAST 2 WEEKS
☐	☐	Do you presently or have you recently had a fever?
☐	☐	Have you had a rash, chills, fever, headache, and/or joint pain/swelling two weeks prior to your headaches starting?
☐	☐	Recent episode of respiratory infection or lung disorder?
☐	☐	Have you had a recent episode of forceful coughing, sneezing or blowing your nose?
☐	☐	Jaw pain, jaw injury, lock-jaw started few days before headache intensified?
☐	☐	Have you noticed some dizziness or "lightheadedness" recently?
☐	☐	Do you presently or have you recently had a sinus infection, ear infection, or allergies?
☐	☐	If you have diabetes, have you recently had problems regulating your medications or your condition?
☐	☐	Have you recently noticed any circulatory problems?
☐	☐	For **females**, have you recently begun or changed your oral contraceptives?
☐	☐	Have you had any recent thyroid problems?
☐	☐	If you had recent lab work, have your cholesterol levels or other tests been unusually high?
☐	☐	Have you had recent problems with blood pressure?
☐	☐	Have you had a recent dental procedure?
☐	☐	Have you recently had any surgical procedure or been put under anesthesia?
☐	☐	Have you recently started taking any new types of medications, chemotherapy, or radiation therapy?
☐	☐	Have you had any violent vomiting recently?
☐	☐	Have you had any unusually severe emotional or stress related events over the past two weeks?
☐	☐	Have you been dehydrated recently (fever, sweating, etc)?

NO	YES	PHYSICAL ACTIVITIES WITHIN PAST 2 WEEKS (Please complete)
☐	☐	In the past two weeks, have you had to turn your head and neck forcefully for any reason? Why:
☐	☐	Have you fallen asleep with your head positioned in an unusual manner (airplane flight, car, home)?
☐	☐	Have you performed any unusual strenuous physical exertion (unusually demanding)?
☐	☐	Have you lifted any unusual amount of weight over past two weeks?
☐	☐	Have you been dancing, playing sports, or other activities that involved moving your head and neck a lot?
☐	☐	Have you been in a car or bicycle accident or other accident that injured your neck?
☐	☐	Have you done any activities that require looking up for extended periods (painting ceiling, star gazing)?
☐	☐	Have you recently been on the telephone with your neck tilted to the side a for prolonged period?
☐	☐	Have you recently participated in any unusually strenuous sexual activity?
☐	☐	Have you done any unusually strenuous exercise at a gym, home, etc.?
☐	☐	Have you recently hit or struck your head?
☐	☐	Have you fallen recently?
☐	☐	Have you had any minor or trivial head or neck injury over the past two weeks?
☐	☐	Have you done any activity that caused jarring to your neck or head in the past two weeks?
☐	☐	Have you been on a roller coaster or other ride in the past two weeks?
☐	☐	Have you been in a fight recently?

OTHER POTENTIAL FACTORS : PLEASE LIST ANY OTHER CONDITION OR ACTIVITY THAT YOU SUSPECT MAY BE RELATED OR MAY HAVE CONTRIBUTED TO YOUR PRESENT HEAD/NECK PAIN ? Please list all that you can think of.

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