

Have you done any visits or examinations for your headaches?

Examination	Date
Brain Magnetic Resonance Imaging (MRI)	
Computed Tomography (CT)	
RX cervical spine	
Blood Pressure 24h monitoring	
ECO doppler	
ECO cardiogram	
Other	

NOTE: SHOW REPORTS AND IMAGES AT THE TIME OF THE VISIT



MIDAS Questionnaire

Please answer the following questions about ALL your headache you have had in the last 3 months. Write your answer in the box to each question. Write zero if you did not do the activity in the last 3 months

1. On how many days in the last 3 months did you miss work or school because of headaches	
2. 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 1 where you missed work or school)	
3. On many days, in the last 3 months, did you not do household work because of your headaches?	
4. How many days in the last 3 months, was your productivity in your household work reduce by half or more because of your headaches? (Do not include days you counted in question 3 where you did not do household work))	
5. On how many days during the last 3 months, did you miss family, social or leisure activities because of your headache?	
TOTAL (sum of columns)	

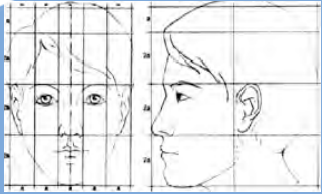


**HEADACHE MEDICINE
CENTER**

**Information for the
patient before the
consultation**

Characteristics of headache

At what age have you had your first headache of any kind?
At what age did the headache has become problematic?
Currently, how many days per month have you headache?
On average, how long does the headache last?
In which area the pain is located (circle area)



The pain is on one side only or both?

What kind of pain is it?

- pulsating (such as the beating of the heart)
- compression (such as a weight , band like)
- burning/piercing
- other _____

Symptoms are associated with the headache?

- Nausea
- Vomiting
- Sensitivity / discomfort to light
- Sensitivity / noise nuisance to
- Sensitivity / odor nuisance to

Medicines currently used

(Write ALL the medicines you take, for any pathology)

Drug	Dose	Times a day	Since



Headache Medicine Center

Director:
Prof. Fabio Antonaci

Info:
tel. 349-4949255 13.00 – 15.00
e-mail: neuronet@me.com
www.medicinadellecefaee.it

Previous preventive medications prescribed for headache

(prescribed to be taken every day)

Drug	Dose	As hired him?	Reduction frequency headache (yes/no)	Side effects (yes/no)

Write all drugs (analgesics and not) that you tried to alleviate the symptoms

Drug	Dose	Efficient	Side effects (yes/no)

If the space for medications is not enough, make a copy of this sheet and complete the list