

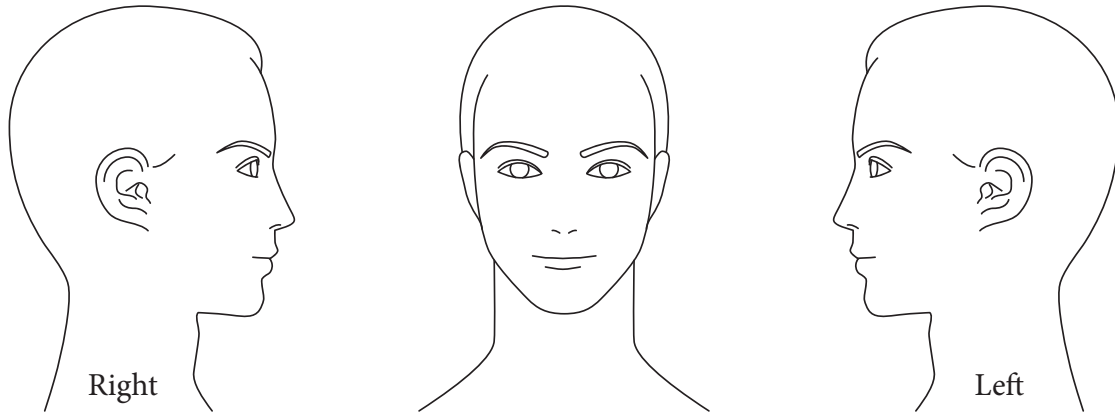


HEAD QUESTIONNAIRE

SPECTRUM NEUROSURGERY

THE BRAIN & SPINE SPECIALIST

1. Pain Location (draw on the image below)



2. Indicate all words that apply to your pain

- Aching Shooting Gnawing Tender Sharp
 Burning Nagging Numbness Stabbing Tingling
 Dull Occasional Persistent Intermittent

3. How long have you had this pain?

4. Does pain radiate anywhere? NO YES If so, where?

5. What makes your pain better?

6. What makes your pain worse?

7. History of migraines or head trauma? NO YES

8. Do you have any of the following (indicate all that apply):

- Nausea Memory loss Sensitivity to light Fever Vision loss
 Dizziness Light headedness Blurred vision Vomiting Loss of consciousness

9. What is your current level of pain? (0-10)

