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| John R Graham Headache Center BW/F Department of Neurology  Faulkner Hospital | | | | Date Revised: | 7-13-2009 |
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| SUPPLEMENTAL HEADACHE QUESTIONNAIRE | | | | | |
| All questions contained in this questionnaire are strictly confidential and will become part of your medical record. | | | | | |
| Name (Last, First, M.I.): |  | |  | | |
| **Highest Level of Education (how far in school):** | |  | | | |

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| --- |
| **Depression Screen**  For each of the following, please indicate how often you felt that way **during the past week**, using the following ratings *(Total score of* ***4*** *or more is a* ***positive*** *depression screen)*: |
| |  | | --- | | **Score** | | Rarely or none of the time (less than one day) | 0 | | Some or a little of the time (1 to 2 days) | 1 | | Moderately or much of the time (3 to 4 days) | 2 | | Most or almost all the time (5 to 7 days) | 3 |  |  |  |  | | --- | --- | --- | | Item # | Question | Score | | 1. | I felt that I could not shake off the blues even with help from my family or friends | 0   1   2   3 | | 2. | I felt depressed | 0   1   2   3 | | 3. | I felt fearful | 0   1   2   3 | | 4. | My sleep was restless | 0   1   2   3 | |

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### HeaDACHE History

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NAME:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MENTAL HEALTH | | | | |
|  | | | | |
| Is stress a major problem for you? | 🞎 | Yes | 🞎 | No |
| Do you feel depressed? | 🞎 | Yes | 🞎 | No |
| Do you have problems with eating or your appetite? | 🞎 | Yes | 🞎 | No |
| Have you ever attempted suicide or seriously thought about hurting yourself? | 🞎 | Yes | 🞎 | No |
| Do you have trouble sleeping? | 🞎 | Yes | 🞎 | No |
| Have you ever been to a counselor? | 🞎 | Yes | 🞎 | No |

**CAGE-AID**

1. Have you felt you ought to cut down on your drinking or drug use?

Yes

No

2. Have people annoyed you by criticizing your drinking or drug use?

Yes

No

3. Have you felt bad or guilty about your drinking or drug use?

Yes

No

4. Have you ever had a drink or used drugs first thing in the morning to steady

your nerves or to get rid of a hangover (eye-opener)?

Yes

No

Score: \_\_\_\_ /4

Scoring and Interpretation:

Each affirmative answer earns 1 point.

1 point indicates a possible problem.

2 points indicate a positive CAGE, further evaluation is indicated.

**OTHER INFORMATION:**