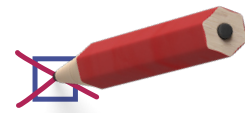


CHECKLIST FOR YOUR DOCTOR'S VISIT



1. Since when do you have the headaches?

2. How often do your headaches occur?

3. Can you say when your headaches usually occur
(e.g., in the morning, at school, while doing homework, while reading, on weekends, ...)?
.....

4. What do your headaches feel like (e.g., pressing, stabbing, pulsating, dull, ...)?
.....

5. Is your pain on one side of the head, or on both sides of the head, or on the forehead?

6. Does your headache get worse when you move? Yes No

7. What bothers you most about your headaches?
What is difficult or impossible for you to do because of your headaches?
.....
.....
.....

8. What do you do when you have a headache? How well does it help you?
.....
.....
.....

9. Have you taken medication for the headache? Yes No
If yes, which ones?

How often?

10. Have the medications helped you?
.....

11. What is important for you to discuss with the doctor?
Write down here what you definitely want to discuss or ask.
.....
.....
.....

12. Space to take notes:
.....
.....
.....
.....