

Post-Traumatic Headaches

COMMUNICATION WORKSHEET



Life After Impact
Roadmap to Concussion Recovery



NAME: _____

DATE: _____

My most recent concussion was on: _____

I have had _____ **previous concussions**

Since my most recent concussion, my headaches are:

GETTING BETTER GETTING WORSE STAYING THE SAME

My top 5 most severe Post-Concussion Symptoms are:

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

My other symptoms are:

(You can also provide a copy of your Post-concussion Symptom Tracker)

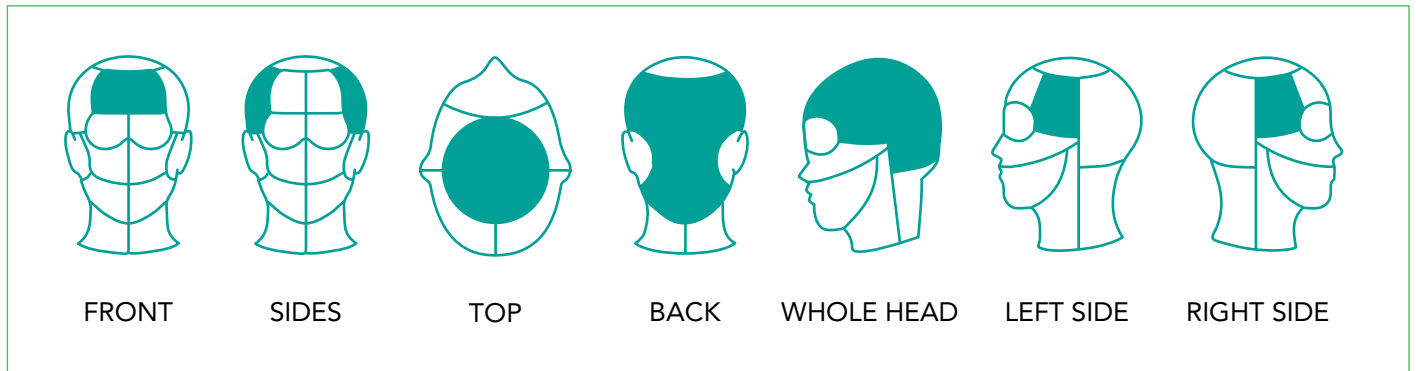
My headache intensity is:

At its best	0	1	2	3	4	5	6	7	8	9	10
At its worst	0	1	2	3	4	5	6	7	8	9	10
On average	0	1	2	3	4	5	6	7	8	9	10

My headache is: CONSTANT INTERMITTENT

I get headaches _____ (x/week)

My headaches are located:



My headaches are triggered by:

- BRIGHT LIGHTS SCREENS SOUND VISUAL MOTION NECK PAIN
- READING FATIGUE STRESS LACK OF SLEEP ALCOHOL
- WEATHER CHANGES PHYSICAL ACTIVITY BENDING FORWARDS/INVERSION
- OTHER: _____

My head pressure intensity is: CONSTANT NOT CONSTANT



I am experiencing neuropathic pain of the head in the form of:

- ELECTRICAL SHOCKS ON THE SCALP TINGLING SENSATIONS
- A SENSATION OF FLUID DRIPPING OR MOVING DOWN THE HEAD BURNING SENSATIONS
- LIGHT TOUCH FEELS PAINFUL COLD SENSATIONS
- AREAS OF MY HEAD OR NECK THAT ARE NOT ACUTELY INJURED ARE PAINFUL



I am taking the following vitamins, supplements, and herbs:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Other therapies I have tried: _____

Medications:

My current medications specifically for headaches are:

MEDICATION 1: _____ STARTED MEDICATION ON: _____
 HELPFUL SOMEWHAT HELPFUL NOT HELPFUL
MEDICATION IS CAUSING THE FOLLOWING SIDE EFFECTS: _____

MEDICATION 2: _____ STARTED MEDICATION ON: _____
 HELPFUL SOMEWHAT HELPFUL NOT HELPFUL
MEDICATION IS CAUSING THE FOLLOWING SIDE EFFECTS: _____



MEDICATION 3: _____ STARTED MEDICATION ON: _____

HELPFUL SOMEWHAT HELPFUL NOT HELPFUL

MEDICATION IS CAUSING THE FOLLOWING SIDE EFFECTS: _____

MEDICATION 4: _____ STARTED MEDICATION ON: _____

HELPFUL SOMEWHAT HELPFUL NOT HELPFUL

MEDICATION IS CAUSING THE FOLLOWING SIDE EFFECTS: _____

MEDICATION 5: _____ STARTED MEDICATION ON: _____

HELPFUL SOMEWHAT HELPFUL NOT HELPFUL

MEDICATION IS CAUSING THE FOLLOWING SIDE EFFECTS: _____

Other Medications:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Additional Notes:



Headache diary

DATE	TIME (START/FINISH)	INTENSITY RATE 1 - 10 (MOST SEVERE BEING 10)	PRECEDING SYMPTOMS	TRIGGERS	MEDICATIONS (AND DOSAGE)	RELIEF (COMPLETE / MODERATE / NONE)