



Dr. Dwivedi's



KHUSHI CLINIC & HOMEOPATHY RESEARCH CENTER

Contact Helpline: 9307282052

QUESTIONNAIRE FOR MIGRAINE

Case Record

Confidential	DATE:		REG. NO.:
NAME			
AGE		SEX:	RELIGION:
FATHER'S/MOTHER'S NAME			
TELEPHONE/MOBILE			
WORK PLACE/CLASS			
E-MAIL			
ADDRESS			
DIAGNOSIS			
REFFERD BY			

Any other Information to share

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All information given is kept confidential: KHUSHI CLINIC

Note: Read and reply all the questions correctly and briefly.

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1. Since how long are you suffering from migraine?

Answer:

2. When and how is the attack induced?
(stress, hunger, disturbed sleep, tension, anxiety)

Answer:

3. What do you do during migraine?

Answer:

4. How much silence and peace do you require at the time of an attack?

Answer:

5. If someone disturbs you during pain then what do you do?

Answer:

6. Do you yell at your kids when they disturb you during the attack?

Answer:

7. Do you like light or darkness during the attack?

Answer:

8. Do you like to talk to someone or keep quiet during an attack?

Answer:

9. Do you feel better after you have slept?

Answer:

10. Do you feel better after you have vomited?

Answer:

11. Any other problem you want to share or discuss.

Answer:

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