



UNITED STATES AIR FORCE SCHOOL OF AEROSPACE MEDICINE

Aeromedical Consult Services

Medical Flight Standards

Wright Patterson Air Force Base, Dayton, Ohio 45433

Headache Questionnaire

Please provide all medical documents concerning this condition!	
Name:	SSN:
1. How often have your headaches occurred during the last 3 years? (e.g., daily, weekly, quarterly, every six months)	
2. When headaches occur, what is their frequency? (e.g., once a day, twice, three times, other, etc.)	
3. When do they start?	
4. Have you ever been awakened by a headache?	YES NO
5. How long do the headaches usually last?	
6. Have you ever taken any medications for your headaches? If so, please explain in detail (e.g., medication(s), usual dose, effectiveness of medication(s) etc.)	
7. How do headaches interfere with your daily activities?	
8. Have you seen a physician or other medical provider for your headaches? If so, what were the findings, evaluation (e.g., scans), and treatment (e.g., medication, physical therapy)?	
9. Do family members have headaches? If so, describe.	
10. List any other pertinent information regarding your headaches.	
11. Have you ever been diagnosed with migraine or severe headaches?	

By signing below, I certify that the above information is true and accurate to the best of my knowledge.

Applicant's Signature

Date

Privacy Act Statement Authority: 5 USC §552a And Executive Order 9397 **Purpose(s):** To determine medical acceptability or update a medical file as a part of the Flying Class I examination. **Routine uses:** This information may be disclosed to medical personnel engaged in the examination process. **Disclosure:** Voluntary; however, failure to furnish the requested information will impede the examination process and hamper your application. Use of Social Security Number (SSN) is used for positive identification of records.