

ALLODYNIA QUESTIONNAIRE

Do you experience pain or any unpleasant sensation on your skin during a migraine attack when you engage in ANY of the following activities?

Please circle your answer.

❖ Combing your hair	Yes	No	N/A
❖ Pulling your hair back (example: ponytail)	Yes	No	N/A
❖ Shaving your face	Yes	No	N/A
❖ Wearing eyeglasses	Yes	No	N/A
❖ Wearing contact lenses	Yes	No	N/A
❖ Wearing earrings	Yes	No	N/A
❖ Wearing necklaces	Yes	No	N/A
❖ Wearing tight clothes	Yes	No	N/A
❖ Taking a shower (when shower water hits your face)	Yes	No	N/A
❖ Resting your face on the pillow on the side of the headache	Yes	No	N/A
❖ Being exposed to heat (examples: cooking, placing heating pads on your face)	Yes	No	N/A
❖ Being exposed to cold (examples: breathing through your nose on a cold day; placing ice packs on your face)	Yes	No	N/A

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