

Il calendario del mal di testa

Compila questa scheda di autovalutazione aiuterà il tuo medico nella diagnosi.

Data episodio mal di testa																																			
Il mal di testa è stato preceduto da segni premonitori?	Si No	Si No	Si No	Si No	Si No	Si No	Si No																												
Intensità del dolore																																			
lieve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
intermedia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
grave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
invalidante	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																												
Durata del dolore																																			
Il mal di testa era accompagnato da sintomi:																																			
nausea	<table border="1" style="font-size: 8px; text-align: center;"><tr><td>N</td><td>S</td></tr><tr><td>o</td><td>i</td></tr></table>	N	S	o	i	<table border="1" style="font-size: 8px; text-align: center;"><tr><td>N</td><td>S</td></tr><tr><td>o</td><td>i</td></tr></table>	N	S	o	i	<table border="1" style="font-size: 8px; text-align: center;"><tr><td>N</td><td>S</td></tr><tr><td>o</td><td>i</td></tr></table>	N	S	o	i	<table border="1" style="font-size: 8px; text-align: center;"><tr><td>N</td><td>S</td></tr><tr><td>o</td><td>i</td></tr></table>	N	S	o	i	<table border="1" style="font-size: 8px; text-align: center;"><tr><td>N</td><td>S</td></tr><tr><td>o</td><td>i</td></tr></table>	N	S	o	i	<table border="1" style="font-size: 8px; text-align: center;"><tr><td>N</td><td>S</td></tr><tr><td>o</td><td>i</td></tr></table>	N	S	o	i	<table border="1" style="font-size: 8px; text-align: center;"><tr><td>N</td><td>S</td></tr><tr><td>o</td><td>i</td></tr></table>	N	S	o	i
N	S																																		
o	i																																		
N	S																																		
o	i																																		
N	S																																		
o	i																																		
N	S																																		
o	i																																		
N	S																																		
o	i																																		
N	S																																		
o	i																																		
N	S																																		
o	i																																		
vomito	<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>																
perdita di appetito	<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>																
intolleranza a luce e rumori	<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>																
altro	<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="font-size: 8px; text-align: center;"><tr><td> </td><td> </td></tr></table>																
Il sonno/riposò ha rappresentato un sollievo?	Si No	Si No	Si No	Si No	Si No	Si No	Si No																												
Eventi che possono aver contribuito a scatenare il mal di testa																																			
cibi/bevande	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>																												
ansia/stress	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>																												
disturbi concomitanti	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>																												
ciclo mestruale	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>																												
altro	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>																												

Qualcuno in famiglia soffre di mal di testa? SI NO

Consigli del farmacista e/o del medico curante:

Note:

Farmacia Dr. Di Muria Alberto
Via Nazionale, 199 Padula Scalo(SA)
Tel. 0975/74587 Fax 0975/74760
e-mail: info@farmaciadimuria.it
www.farmaciadimuria.it