

Clinical Trajectory Questionnaire

Vision:

- 1) Personal or family history of lazy eye or other ocular issues?
- 2) Do you feel frontal pressure in your head/behind your eyes when engaged in reading, computer work, or taking notes in class?
- 3) Do you experience blurry or fuzzy vision while reading or have difficulty reading? (e.g., jumping around or skipping lines on the page?)
- 4) Are you having difficulties with “focus” or trouble with adjusting your eyes from near to far vision?
- 5) Are you having difficulty in math, science, or reading-based classes?
- 6) Have your grades dropped?
- 7) Are your symptoms worse during the school week versus the weekend?
- 8) Are you excessively tired at the end of a school day?

Vestibular:

- 1) Do busy environments cause you to have a headache or feel foggy, dizzy, anxious, tired? Examples: lunch room, grocery stores, hallways, etc
- 2) Do you become dizzy when looking up/down, turning head, walking down busy hallways?
- 3) Do quick movements make you dizzy, foggy, and anxious?
- 4) Do your symptoms worsen while traveling in the car?
- 5) Do you have blurred or fuzzy vision while reading?
- 6) Do you feel “light-headed” or as if you might faint?
- 7) Do you feel like you are moving even though you know you are standing still?
- 8) Do you feel unsteady?

Cervical:

- 1) Have you had any neck pain?
- 2) Do you have any history of neck injuries?
- 3) Any imaging of the cervical spine completed?
- 4) Have you had any symptoms that increase with a change in neck position? (static or dynamic)
- 5) Are you experiencing less range of motion (ROM) of your neck, ie chin to sternum, chin to shoulder each side, ear to shoulder each side?
- 6) Have you experienced any vision changes?
- 7) Have you had any episodes of dizziness or disequilibrium?
- 8) Is any part of the neck tender to the touch or bruised?

Cognitive:

- 1) Have you attempted to “push through” symptoms?
- 2) Do you have a generalized headache that increases as the day progresses?
- 3) Do you feel more fatigued than normal at the end of the day?
- 4) Do you feel more distractible in school than normal?
- 5) Do cognitive deficits worsen after longer durations of cognitive activities?
- 6) Are you having any difficulties with sleep?
- 7) Are you having more difficulty with memory towards the end of the day?
- 8) Are you feeling less energetic, lacking endurance for the day?

Anxiety/Mood:

- 1) Do you have difficulty turning off your thoughts?
- 2) Do your thoughts run “down river” quickly?
- 3) Do you become symptomatic when thinking about your symptoms?
- 4) Have your social activities been restricted?
- 5) Do you feel like you are being asked about your symptoms a lot?
- 6) Do you have difficulty falling asleep at night?
- 7) Do you spend a lot of time thinking about your symptoms?
- 8) Do your parents ask a lot about your symptoms?

Post Trauma Migraine

- 1) Have you been diagnosed with headaches/migraines?
- 2) Any family history of headaches/migraines?
- 3) Do headaches occur with poor sleep?
- 4) Are headaches more likely to occur at beginning of week?
- 5) Do you experience either a visual aura or sensory with the headache/migraine? (seeing flickering or flashing lights, zigzag lines, steamy vision: this can be in one or both eyes; feeling pins and needles)
- 6) Are your headaches/migraines triggered by light or sound?
- 7) Do you feel you are drinking enough water?
- 8) Are you consuming any products with caffeine?