

Headache clinical data

Hospital Unit Number:	Date of birth:	Age:
Full post code:	Date of referral:	Waiting time:
Sex: Male, Female	Date of clinic attendance:	Clinic doctor: Consultant, Registrar

Circle the appropriate response number:

Source of referral:	GP	A&E	Local paed	District paed	Others, specify
Reason for referral:	Tumour worry	Missing school	Failed treat	Uncertain Dx	Reassurance
	Changing symptoms		Increasing frequency		Others, specify
Referral marked:	Not marked		Urgent		Non-urgent
Acute treatment tried:	Paracetamol	Ibuprofen	Diclofenac	Codeine	Combination
	Triptans	Others, (specify):			None
Prophylactic tried	Pizotifen	Propranolol	Others, (specify):		None
Diet tried	None	Yes, (specify):			

Clinical features of headache (fill in the appropriate number):

Duration of illness (months):	Frequency of attacks	Duration of attacks (Hours):
Number of attacks so far: < 5, or >5	(per month):	Usual: Shortest:

Clinical features of types of headache I or II if present (tick the appropriate response):

Severity of pain:	1	2	Site of pain	1	2	Quality of pain	1	2	Aura symptoms	1	2
Normal activities			Whole head			Dull			None		
Stops some activity			Forehead			Just "sore"			Visual		
Stops all activities			Unilateral			Throbbing			Sensory		
			Top of head			Sharp			Motor		
			Back of head			Pressure/ tightness			Mood changes		
			Others			Others			Speech defect		
Trigger factors:	1	2	Other symptoms:	1	2		1	2	Relieving factors:	1	2
None known			None			Abdominal pain			Rest		
Missing meal			Anorexia			Unilat. weakness			Sleep		
Missing sleep			Nausea			Visual defects			Paracetamol		
Stress / excit			Vomiting			Sensory symptoms			Ibuprofen		
Food (definite)			Light intolerance			Confusion			Vomiting		
Food (suspected)			Noise intolerance			Speech defects			None		
Others			Worse on walking			Vertigo			Others		
			Pallor			Others					

Between attacks:	Completely well	Constant headache	Other symptoms
Present associated illnesses:			
Past illnesses:			
Personality as described by parents:			

Schoolwork:	School attended:	Problems at school:	After school activities:
1. Below average	1. Mainstream	1. None known	1. None special
2. Average	2. Special school	2. Bullying	2. Too busy
3. Above average	3. Others	3. Others	3. Too hard work
4. Learning support			4. Other stresses

Household illnesses	None	Severe headache	Other headache	Other illnesses (specify)	
Headache category:	MO	MA	CTTH	ETTH	Migraine like
	Analgesia induced		Secondary headache		Others
Treatment:	Reassurance	Paracetamol	Ibuprofen	Diclofenac	Triptans
	Pizotifen	Lifestyle advice	Withdraw drug	Propranolol	Others
Plan:	CT pre referral	CT or MRI	Refer psychology	Discharge	Review

Examination and other comments:

INTERNATIONAL HEADACHE SOCIETY'S CRITERIA FOR THE DIAGNOSIS OF HEADACHE

Criteria for the diagnosis of migraine without aura (MO)

- A. At least five attacks fulfilling B-D
- B. Headache lasting 1 to 72 hours (untreated or unsuccessfully treated)
- C. Headache has at least two of the following characteristics:
 - Unilateral location
 - Pulsating quality
 - Moderate or severe intensity (inhibits or prohibits daily activities)
 - Aggravation by walking stairs or similar routine physical activity
- D. During headache, at least one of the following:
 - Nausea and/or vomiting
 - Photophobia or phonophobia
- E. No evidence of other cause for the headache

Criteria for the diagnosis of migraine with aura (MA): as in MO above plus

- A. At least two attacks fulfilling B
- B. At least three of the following four characteristics:
 - One or more fully reversible aura symptoms indicating focal cerebral cortical and/or brain stem dysfunction
 - At least one aura symptom develops gradually over more than 4 minutes, or 2 or more symptoms occur in succession
 - No aura symptom lasts more than 60 minutes. If more than one aura is present, accepted duration is proportionally increased.
 - Headache follows aura with a free interval of less than 60 minutes (it may also begin before or simultaneously with the aura)
- C. No evidence of organic disease
- D. No evidence of other cause for the headache

Criteria for the diagnosis of episodic tension-type headache (ETTH)

- A. At least 10 prior episodes. Headache occurring less than 15 times per month
- B. Headache lasting from 30 minutes to 7 days
- C. At least 2 of the following pain characteristics
 - pressing /tightening quality
 - Mild or moderate intensity
 - Bilateral location
 - No aggravation by routine physical activity
- D. Both of the following
 - No nausea or vomiting
 - Phonophobia and photophobia are absent or one, but not the other is present.
- E. No evidence of other cause for the headache

Criteria for the diagnosis of chronic tension-type headache (CTTH)

- A. Average headache frequency of 15 or more days per month (180 days per year for at least 6 months)
- B. At least 2 of the following pain characteristics
 - pressing /tightening quality
 - Mild or moderate intensity
 - Bilateral location
 - No aggravation by routine physical activity
- C. Both of the following
 - No nausea or vomiting
 - No more than one of the following: Nausea, phonophobia or photophobia
- D. No evidence of other cause for the headache