

Approach to Headache History & Record Sheet



1. Basic Background:

Name: _____

Age: _____

Gender: _____

Handedness: _____

Age onset of headaches: _____

Changes in headache pattern: _____

Consider Links:

In women: menarche, pregnancy, menopause

Key changes:

Work (ergonomics)

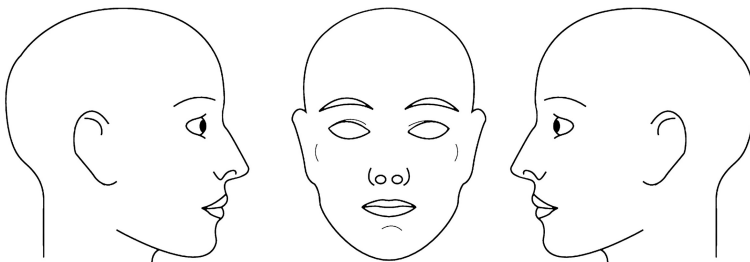
Diet, water, caffeine

Lifestyle

Medications, supplements

2. Headache characteristics:

Location: Bilateral: Y / N Unilateral: R / L % Unilateral: _____



Character: Pulse / throb / stab / tight / burning / boring / pressure

Severity (0-10): Max: _____ Average: _____

Frequency:

- Headache days per month:
 - Migraine / Other Primary Headache: _____
 - Background Headache: _____
- Completely symptom-free days per month:
- Episodes per day
- Duration of episodes
- Time of day: Morning / Afternoon / Evening / Night (?time)

3. Associated features:

- Aura:
 - Visual / Sensory / Speech / Motor
 - Duration of aura:
 - Frequency of attacks with aura:
- Increased sensory sensitivity:
 - Photophobia _____ Phonophobia _____
 - Osmophobia _____ Allodynia _____
 - Motion Sensitivity _____
- Nausea / Vomiting
- Autonomic: (Right / Left / bilateral)
 - Tearing: R / L / B Conjunctival Injection: R / L / B
 - Eyelid oedema: R / L / B Pupillary change: R / L / B
 - Tinnitus / Fullness: R / L / B Rhinorrhoea: R / L / B
 - Flushing: R / L / B Sweating: R / L / B
- Pressure:
 - Cough / Strain (sustained increase in severity HA): _____
 - Bending: _____
 - ? associated visual obscuration: _____
 - Diurnal Variation – worse am / worse pm / no change
 - Coathanger pain (suboccipital & paracervical pain worse when upright): Y / N

4. Triggers:

Missed meals	Foods:	Migraine
Alcohol	Change in weather	
Poor sleep	Sleeping in	
Stress	Relaxation from stress	
Light / Sound	Hormonal	
Exercise		
Hot weather	Alcohol	TAC
Spicy food	Hot food	
REM sleep	Histamine	
Poor sleep		
Trigger point on face?	Refractory period?	Trigeminal Neuralgia

5. **Drugs:**

- Alcohol:
- Tobacco:
- Caffeine:
- Other:

6. **Medication – Current:**

- Acute (relieving) medication: Type & Days per week

Triptan _____

Aspirin _____

NSAID _____

Paracetamol _____

Opiate _____

Caffeine _____

Other _____

- Preventative medication:

Drug, max dose, current dose, % improvement, side effects

7. **Previous Preventative Medication:**

Medication, max dose, duration, benefit, side effects

8. **Other aspects of headache?**

9. Social:

Work (incl ergonomics), diet, water, caffeine, exercise, relaxation techniques), social supports,
FHx headache

10. Hormonal

Family / plans for pregnancy
Contraception
HRT

11. Imaging

12. PMHx

13. Other Medications
