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:
    o Migraine / Other Primary Headache: __________
    o 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
  - Rhinorrhea: 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:**

<table>
<thead>
<tr>
<th>Missed meals</th>
<th>Foods:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>Change in weather</td>
</tr>
<tr>
<td>Poor sleep</td>
<td>Sleeping in</td>
</tr>
<tr>
<td>Stress</td>
<td>Relaxation from stress</td>
</tr>
<tr>
<td>Light / Sound</td>
<td>Hormonal</td>
</tr>
<tr>
<td>Exercise</td>
<td></td>
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</tbody>
</table>

**Migraine**

<table>
<thead>
<tr>
<th>Hot weather</th>
<th>Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spicy food</td>
<td>Hot food</td>
</tr>
<tr>
<td>REM sleep</td>
<td>Histamine</td>
</tr>
<tr>
<td>Poor sleep</td>
<td></td>
</tr>
</tbody>
</table>

**TAC**

**Trigeminal Neuralgia**

<table>
<thead>
<tr>
<th>Trigger point on face?</th>
<th>Refractory period?</th>
</tr>
</thead>
</table>
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