Annex 1

Information about assessment instruments

The diagnoses of migraine (G43), tension-type headache (G44.2), cluster headache (G44.0) and other headaches not associated with a structural lesion (G44.800 to G44.805) are based on direct patient interviews and on collection of the phenomenological characteristics of the headaches according to the defined sets of criteria. Structural lesions must be excluded by compiling the case history, by clinical and neurological examination and, if necessary, additional investigations. There are no laboratory parameters which assist in diagnosing primary headaches in individual cases.

Various standardized instruments are available for retrospectively and prospectively collecting the headache characteristics. Some of these are discussed in the following, serving as examples for the rest.

Headache diaries

Headache diaries are used for anterograde registration of headache characteristics. These diaries can be specifically arranged to collect the characteristics of any one of different headache disorders, or they can be arranged so as to integrate the characteristics of different types of headaches to provide a basis for a differential diagnostic decision. See the following representation for an example of such a headache diary.

For longitudinal quantitation of headache a simpler headache calendar is more useful; for instance, during long-term adjustment of prophylactic treatment. (See Russell (1994) and Tfelt-Hansen and Welch (1994) in the Suggested reading list, annex 2.)

Headache questionnaires

Various headache questionnaires have been developed for a retrospective registration of headache characteristics. These are used for standardized interviews with the patient about his/her past headache characteristics. Unfortunately, it must be stressed that headache diagnoses cannot reliably be made from self-administered questionnaires or by non-medical interviewers. In cases where such instruments have been formally evaluated, the results have been disappointing.

On the other hand, the IHS headache classification contains exact, operationalized criteria for the different types of headaches. Ambiguous parameters such as "often", "sometimes", or "usually" are excluded, so that a definitive assignment to a specific type of headache is possible. Once the necessary information has been gathered by a physician it is therefore also possible to have a computer test the fulfilment of the criteria. However, a physician-recorded history, a general physical examination and a neurological examination are necessary for a definitive diagnosis and further examinations may be necessary. (See Göbel: Objective Headache Classification on the Computer According to the IHS Classification. In: Olesen J, editor. Headache Classification and Epidemiology, Raven Press, New York, 1994.)

HEADACHE CALENDAR

The year 19__

The headache calendar is used to record all episodes of headache during an entire year. This information will greatly assist your doctor to select the best treatment, and it may help you to identify factors in your life which worsen or improve your headache condition. **Take this calendar to each consultation with your doctor**.

Name:
Social security no.:
Address:
Telephone:

The owner of this card is being treated for headache/migraine by Dr.:

(STAMP).

For your **migraine attacks** indicate the severity as:

1 = mild; 2 = medium; 3 = severe.

(1)   A mild attack does not inhibit work or other activities.
(2)   A medium attack inhibits but does not prohibit work or other activities.
(3)   A severe attack prohibits work and/or other activities.

For your **tension-type headaches** use one or more crosses to indicate severity as defined above:

x = mild; xx = medium; xxx = severe.

For attacks of **cluster headache** use the letters a, b and c for severity as defined above:

a = mild; b = medium; c = severe.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	
1													1
2													2
3													3
4													4
5													5
6													6
7													7
8													8
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31													31

19 Date:	/	/	/	/	/	/	/
When did the headache begin? Indicate nearest hour:							
Just before the headache began, was there any disturbance of vision: / other senses:	❑❑	❑❑	❑❑	❑❑	❑❑	❑❑	❑❑
Was the headache rightsided: / leftsided: / on both sides:	❑❑❑	❑❑❑	❑❑❑	❑❑❑	❑❑❑	❑❑❑	❑❑❑
Was the headache pulsating/throbbing: / pressing/tightening:	❑❑	❑❑	❑❑	❑❑	❑❑	❑❑	❑❑
Was the headache *) See below mild: / moderate: / severe:	❑❑❑	❑❑❑	❑❑❑	❑❑❑	❑❑❑	❑❑❑	❑❑❑
Did the headache change with physical activity such as walking stairs? worse: / unchanged: / better:	❑❑❑	❑❑❑	❑❑❑	❑❑❑	❑❑❑	❑❑❑	❑❑❑
Did you suffer from nausea? no: / mild: / moderate: / severe: / did you vomit:	❑❑❑❑❑	❑❑❑❑❑	❑❑❑❑❑	❑❑❑❑❑	❑❑❑❑❑	❑❑❑❑❑	❑❑❑❑❑
Were you bothered by light? no: / mildly: / moderately: / severely:	❑❑❑❑	❑❑❑❑	❑❑❑❑	❑❑❑❑	❑❑❑❑	❑❑❑❑	❑❑❑❑
Were you bothered by sounds? no: / mildly: / moderately: / severely:	❑❑❑❑	❑❑❑❑	❑❑❑❑	❑❑❑❑	❑❑❑❑	❑❑❑❑	❑❑❑❑
When did the headache disappear? indicate nearest hour:							
Did anything provoke this attack? specify:							
Did you take any medicine? Mention each different compound, how much you took, and when you took it (nearest hour). name:							
how much:							
time:							
*) name:							
Mild: Does not inhibit work performance or other activities how much:							
Moderate: Inhibits, but does not prohibit work perfomance and other activities time:							
name:							
how much:							
Severe: Prohibits work and other activities time:							