

Primary Report	
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Gender male female Age : Attention first follow-up Note :

	History (red or underline suggests red flags)	Migraine (M)	Tension - type (TT)	TACs (C,P,S,H)
	This type of headache first attack newly developed (< 3 months) Other types	male : female 1 : 3	male : female 4 : 5	male : female 3 : 1 (C) 1 : 1 (P), 1.5 : 1 (S), 1 : 2 (H)
	Age onset (years) > 50	10 – 40	20 – 50	20 – 40 (C), 30 – 60 (P, S, H)
	Onset of pain sudden	gradual	gradual	rapid
A	Intensity of pain most severe	moderate – severe	mild – moderate	moderate (S,H)–severe (C,P,S,H)
B	Side of pain starts at spreads to	unilateral usually frontotemporal	bilateral (or all over the head)	unilateral (same side of E 1-7) orbital / supraorbital / temporal
C	Quality of pain	pulsating	pressing / tightening	stabbing (S), exacerbating (H)
D	Aggravated by Valsalva maneuver, waking up, lying down	routine activity e.g. walking / climbing stairs	not aggravated by routine activity	movement (some cases of H)
E	Associated symptoms during headache painful eye with autonomic symptoms persisting symptoms nausea/vomiting, neurologic deficit other symptoms / signs fever, seizure, stiff neck, papilledema	1) nausea / vomiting 2) photophobia and phonophobia ----- • prodrome / postdrome • cutaneous allodynia • cranial autonomic symptoms (E 1-7 of TACs)	1) no nausea or vomiting 2) photophobia or phonophobia or neither 3) no more than one of photophobia, phonophobia or mild nausea 4) no moderate or severe nausea, no vomiting	1) injected / teary eye 2) stuffy / runny nose 3) eyelid edema 4) facial sweating 5) miosis / ptosis 6) facial flushing (S) 7) fullness in the ear (S) 8) sense of restlessness (C, P, H)
F	Duration of attack (untreated or unsuccessfully treated)	4 – 72 hr (age < 18 yr 2 – 72 hr)	1) 30 min – 7 d 2) hrs – unremitting	15 min – 3 hr (C) 2 – 30 min (P), 1 sec – 10 min (S)
G	Number of such attacks ever	≥ 5	≥ 10	≥ 5 (C), ≥ 20 (P, S)
H	Daily or near - daily pain	≥ 15 days per month > 3 months		daily > 3 months (H)
I	Visual / sensory symptoms assessed for aura	1.1) ≥ 1 aura spreads gradually over ≥ 5 min 1.2) ≥ 2 aura occur in succession 1.3) each individual aura lasts 5 – 60 min 1.4) ≥ 1 aura is unilateral (e.g. aphasia) 1.5) aura with scintillations / pins and needles 1.6) headache accompanies or follows within 60 min 2) fully reversible aura symptoms 3) ≥ 2 attacks of aura symptoms as diagnostic criteria		1) frequency of attacks • every other day – 8 per day (C) • > 5 attacks per day (P) • ≥ 1 attack per day (S) 2) absolute response to indomethacin (P, H) ----- • typical aura (rare) • migrainous symptoms

Frequency of attacks	
Time of day that headache starts	morning (waking up), night (causing wakening)
Recent changes (< 3 months)	progressive worsening
Triggers	Valsalva maneuver, exercise, sexual activity, changing to upright posture, chewing
Health problems	head injury (< 3 mo), neoplasm, pregnancy, puerperium, immunodeficiency, BP ≥ 180/120, sleep apnea
Non – headache medication	antiplatelets, anticoagulants, steroids, underlined part on page 2
Treatments (drug / nondrug) results side effects	
Pain relievers	≥ 10–15 d per mo > 3 mo
Neuroimaging (< 2 years)	
Similar headache in family	
Impact on living	

Diagnostic criteria codes : each criterion is separated by + symbol (Pr suggests probable diagnosis if missing 1 criterion)			
① M without aura ≥ 2 (A,B,C,D) + (E.1 / E.2) + (F) + (G) Pr	② M with aura ≥ 3 (I.1) + (I.2) + (I.3) Pr		
Chronic M (has had symptoms ①/② ≥ 5 attacks) + (H) + (criteria ①/② except F,G,I.3 / relieved by ergot or triptan) ≥ 8 days per month			
Status migrainosus (symptoms as previous ①/②) + (debilitating A / E) + (F > 72 hours)			
Episodic TT ≥ 2 (A,B,C,D) + (E.1,E.2) + (F.1) + (G) Pr	Chronic TT ≥ 2 (A,B,C,D) + (E.3,E.4) + (F.2) + (H) Pr		
TACs (C,P,S) ≥ 1 (E.1-E.8) + (A,B,C,F) + (G) + (I.1) + (I.2) Pr	TACs (H) ≥ 1 (E.1-E.8,D) + (A,C,H) + (B) + (I.2) Pr		

Description :

- **/ (slash)** : Herein, this symbol means and / or.
- **TACs** : Trigeminal autonomic cephalalgias ; Cluster headache (C), Paroxysmal hemicrania (P), Short - lasting unilateral neuralgiform headache attacks (S), Hemicrania continua (H). Each has some different features, so there are letters C, P, S, H (standing for each one) behind their individual features.
- **E** : Migraine may have prodrome, postdrome, cutaneous allodynia and / or cranial autonomic symptoms which are not included in diagnostic criteria for migraine.
- **G** : Number of attacks with symptoms fulfilling diagnostic criteria of each headache disorder.
- **I** : Aura usually occurs within 1 hour before headache, but it may begin in headache phase, or continue into headache phase, or without headache, or some attacks have no aura. It may be the type of prolonged (> 60 minutes), persistent aura without infarction (≥ 1 week), or migrainous infarction (> 60 minutes with infarction).
- **Pain relievers** : Overusing may cause medication-overuse headache which has the diagnostic criteria as follows : 1) headache occurring on ≥ 15 days per month in a pre-existing headache. 2) More than 3 months of using ≥ 15 days per month of non-opioids e.g. paracetamol, aspirin, and/or NSAIDs ; or using ≥ 10 days per month of opioids, ergotamine, and/or triptans, (with or without non-opioids).
- **Non – headache medication** : Some drugs may cause headache (see the underlined part of Groups of Headache Disorders below).
- **Diagnostic criteria codes** : Based on ICHD-3. To describe them, “M without aura” is taken as an example. The first criterion is ≥ 2 (A, B, C, D) which means that at least 2 characteristics from A, B, C, D in migraine column are required. The second criterion is E.1 / E.2 which means that symptom 1 and / or 2 of E in migraine column is required. The third criterion is F which means that feature of F is consistent with that in migraine column. The fourth criterion is G which means that at least 5 attacks, fulfilling aforementioned criteria, have occurred. If one criterion is missed, probable diagnosis is considered. Moreover, almost every headache disorder in ICHD-3 has the last criterion of “Not better accounted for by another ICHD-3 diagnosis” as a reminder for differential diagnosis. This last criterion is not shown in all these diagnostic criteria codes.

Groups of Headache Disorders : Based on ICHD-3 (The International Classification of Headache Disorders 3rd edition)**1. Primary headaches :**

- Migraine, Tension-type headache, Trigeminal autonomic cephalalgias (TACs).
- Exertion : Primary cough headache, Primary exercise headache, Primary headache associated with sexual activity, Primary thunderclap headache.
- Stimuli : Cold-stimulus headache, External-pressure headache.
- Pain over the scalp : Primary stabbing headache, Nummular headache.
- Hypnic headache, New daily persistent headache (NDPH).

2. Secondary headaches attributed to underlying causative disorders :

- Trauma, Tumor, Infection, Inflammation, Chiari I, Low CSF pressure, Seizure, Psychiatric disorder, Intrathecal injection.
- **Vascular disorder** : ischemic event, non traumatic haemorrhage, unruptured vascular malformation, arterial dissection, arteritis, venous thrombosis, vascular procedures, angiography, pituitary apoplexy, reversible cerebral vasoconstriction, genetic vasculopathy.
- **Intracranial hypertension** : idiopathic, metabolic (acute hepatic failure, renal failure, right heart failure, Reye's syndrome), toxic (vitamin A) causes ; corticosteroid withdrawal, chromosomal disorder (e.g. Turner and Down syndrome), hydrocephalus, long – term drugs (anabolic steroids, amiodarone, lithium carbonate, nalidixic acid, thyroid replacement, tetracycline, retinoid).
- **Substances** : NO donors (e.g. nitrate medicines), PDE inhibitors (e.g. sildenafil, cilostazol), acute pressor agent, disulfiram, contraceptives, exogenous hormone, atropine, digitalis, hydralazine, nifedipine, nimodipine, imipramine, nicotine, cocaine, alcohol, CO, histamine, calcitonin gene-related peptide, inorganic and organic compounds.
- **Medication – overuse** : non-opioids (paracetamol, NSAIDs including aspirin), opioids, ergotamine, triptans.
- **Substance withdrawal** : caffeine, opioids, estrogen (suggestive : corticosteroids, tricyclic antidepressants, NSAIDs, SSRIs).
- **Homeostasis** : BP $\geq 180/120$, fasting, sleep apnea, dialysis, hypothyroidism, cardiac cephalgia, high – altitude, aeroplane travel, diving.
- **Disorder of the cranium, neck, eyes, ears, nose, paranasal sinuses, mouth, teeth, TMD (temporomandibular disorder).**

3. Neuropathies & Facial Pains : lesions of trigeminal nerve, glossopharyngeal nerve, and nervus intermedius ; occipital neuralgia, painful optic neuritis, ischemic ocular motor nerve palsy, Tolosa-Hunt syndrome, Raeder's syndrome, persistent idiopathic facial pain, recurrent painful ophthalmoplegic neuropathy, central neuropathic pain, neck-tongue syndrome, burning mouth syndrome.