

History Items of a Detailed Headache History

| Element | Notes |
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| Date, circumstances, and suddenness of onset of headache disorder | How long have you been having headaches? Did anything unusual happen around the time your headaches began? An injury? A fever? An illness? Starting a new medication? An emotionally significant event (e.g., death, divorce)? Did your headaches begin suddenly or increase gradually over time? |
| Frequency of headaches | How often have you had headaches during the past month? During the past 6 months? Has there been any change in the frequency of your headaches over time? If so, over what period of time? |
| Duration of individual attacks | How long do your headaches typically last if untreated? How long do they usually last when treated? |
| Location of pain | Where do you feel pain during a headache? If the pain is only on one side, is it always on the same side? Does the pain spread or change location in the course of an attack? Is the pain superficial or deep? |
| Severity and course of pain | During a typical headache attack, are you able to perform your usual daily activities or do you have to restrict your activities? Describe the restrictions your headache imposes. How does your pain change in intensity over the course of a typical attack? Have your headaches become more severe over time? If so, over what period of time? |
| Quality of pain | Can you describe the kind of pain you feel during an attack? Is it throbbing/pulsating? Pressure-like/constricting? None of the above? |
| Pattern of occurrence | Do your headaches occur in any regular pattern? On weekends? During vacations? At a particular point in your menstrual cycle? During or after especially stressful times? |
| Precipitating or aggravating factors | Can you identify anything (e.g., foods, substances, situations, activities) that seem to trigger your headaches? Can you identify anything that aggravates your headache once it has started? |
| Ameliorating factors | Aside from taking medication, what do you do to relieve your headache once it has started? |
| Associated features | Do you usually know when you're about to get a headache? How? Do you regularly experience any symptoms other than head pain during an attack? Nausea? Vomiting? Sensitivity to light or sound? How do you feel once the head pain has stopped? |
| Family history | Does anyone else in your (extended) family suffer from <i>any sort</i> of recurring headaches? |
| Past and current headache treatments | What medications (prescription <i>and</i> nonprescription) have you tried for your headaches? At what dose and for how long? Were any of them effective? What other sorts of treatment (apart from drugs) have you tried? For how long? Were any of them effective? |
| Diagnostic studies | Have you ever had a CT or MRI scan or any other diagnostic studies in connection with your headaches? If so, when and where? What were you told about the results? |

CT = computed tomography; MRI = magnetic resonance imaging.

Adapted table from *Physicians Information and Education Resource (PIER)*, Migraine Headache module.