

Chronic daily headache

Passport 1 - Assessment



Information for patients
Neurology



PROUD TO MAKE A DIFFERENCE

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



Introduction to your assessment passport

This passport should remain with you throughout your assessment and you should take it to your follow-up appointment to help your doctor assess your response.

You will be required to complete a headache diary every day. Ensure that you:

- fill out this booklet as accurately as possible.
- take this booklet with you to every appointment.

How to complete your headache diary

You will need to write in and complete each day and each month as accurately as possible to ensure your assessment provides us with the most useful information.

The first column is divided into four as 0, 1, 2, 3. In a single day, if you experience a headache you need to decide if it was mild (score 1), moderate (score 2), or severe (score 3), and mark an X in the corresponding column accordingly. If you have more than one headache on a single day you can enter two or more "X's".

The second column requires that you record how long your headache on that day lasts from the very start to the end of the headache in hours, or if it lasts all day you can write all day. If you have had two or more headaches you should record two or more numbers indicating the duration of each in the column.

The third and fourth columns requires you to record if you have any accompanying symptoms on the table by marking the appropriate box or boxes with an X. This relates to whether you had nausea and/or vomiting associated with the headache for the third column and whether light or sound felt brighter or louder and therefore caused you discomfort.

The fifth and last column in the diary has space for you to record if you have used medications to treat your headache. Please record the name of the medication.

An example of a completed diary is given on page 4 but your first diary starts on page 5.

The space for totals at the bottom of the diary will be completed by your doctor so please leave these blank.

What should I do I if have problems completing the diary?

1. First of all you should re-read the instructions above to check you haven't missed anything
2. If you are still having problems contact you consultant's secretary for help

Sheffield headache diary - Example of completed diary

Month and year: **July 2015**

Patient's name: **A.N. Other**

Hospital number: **AB 45679** NHS number: **12345678**

Note: if the pain lasts all day without a break and is still present going to sleep then you can write "all day"

Date	How severe was your headache today? – pick one of...				Approximately how long did the headache last in hours?	Did you have... Nausea and/or vomiting? If yes then tick the box	Did you have... Sensitivity to light and sound? If yes then tick the box	Did you take any medication for the headache? If so please record name and dose?
	0	1	2	3				
1		X			6			
2			X		All day	X	X	Sumatriptan Paracetamol
3	X							
4	X							
5	X							
6		X			All day			
7		X			All day	X	X	Sumatriptan Sumatriptan
8			X		All day			
9			X	X	All day	X		
10			X		All day		X	Sumatriptan
11			X		All day			
12			X		All day	X	X	
13			X		All day	X	X	
14			X		All day	X	X	
15	X							
16	X							
17				X	All day	X		Sumatriptan Paracetamol
18				X	All day	X	X	Sumatriptan Paracetamol
19				X	All day	X		Sumatriptan Paracetamol
20				X	All day	X		Sumatriptan
21			X		7			
22			X		7			
23		X			6	X	X	
24			X		6			Paracetamol Sumatriptan
25			X		8			Paracetamol
26			X		4			
27		X			4	X	X	Sumatriptan Paracetamol
28		X			4			
29		X			4			
30	X							
31			X		All day			
Totals	6	7	14	5				
Total headache days in month								
Total migraine days in month								

Sheffield headache diary - Month 1

Month and year:

Patient's name:

Hospital number: NHS number:

Note: if the pain lasts all day without a break and is still present going to sleep then you can write "all day"

Date	How severe was your headache today? – pick one of...				Approximately how long did the headache last in hours?	Did you have... Nausea and/or vomiting? If yes then 'X' the box	Did you have... Sensitivity to light and sound? If yes then 'X' the box	Did you take any medication for the headache? If so please record name and dose?
	0	1	2	3				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Totals								
Total headache days in month								
Total migraine days in month								

Sheffield headache diary - Month 2

Month and year:

Patient's name:

Hospital number: NHS number:

Note: if the pain lasts all day without a break and is still present going to sleep then you can write "all day"

Date	How severe was your headache today? – pick one of...				Approximately how long did the headache last in hours?	Did you have... Nausea and/or vomiting? If yes then 'X' the box	Did you have... Sensitivity to light and sound? If yes then 'X' the box	Did you take any medication for the headache? If so please record name and dose?
	0	1	2	3				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Totals								
Total headache days in month								
Total migraine days in month								

Sheffield headache diary - Month 3

Month and year:

Patient's name:

Hospital number: NHS number:

Note: if the pain lasts all day without a break and is still present going to sleep then you can write "all day"

Date	How severe was your headache today? – pick one of...				Approximately how long did the headache last in hours?	Did you have... Nausea and/or vomiting? If yes then 'X' the box	Did you have... Sensitivity to light and sound? If yes then 'X' the box	Did you take any medication for the headache? If so please record name and dose?
	0	1	2	3				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Totals								
Total headache days in month								
Total migraine days in month								

Sheffield headache diary - Month 4

Month and year:

Patient's name:

Hospital number: NHS number:

Note: if the pain lasts all day without a break and is still present going to sleep then you can write "all day"

Date	How severe was your headache today? – pick one of...				Approximately how long did the headache last in hours?	Did you have... Nausea and/or vomiting? If yes then 'X' the box	Did you have... Sensitivity to light and sound? If yes then 'X' the box	Did you take any medication for the headache? If so please record name and dose?
	0	1	2	3				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Totals								
Total headache days in month								
Total migraine days in month								

Sheffield headache diary - Month 5

Month and year:

Patient's name:

Hospital number: NHS number:

Note: if the pain lasts all day without a break and is still present going to sleep then you can write "all day"

Date	How severe was your headache today? – pick one of...				Approximately how long did the headache last in hours?	Did you have... Nausea and/or vomiting? If yes then 'X' the box	Did you have... Sensitivity to light and sound? If yes then 'X' the box	Did you take any medication for the headache? If so please record name and dose?
	0	1	2	3				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Totals								
Total headache days in month								
Total migraine days in month								

Doctors assessment

Today's date:

Patient's name:

Hospital number: NHS number:

1. **Is medication overuse headache still possible?**

Yes No

2. **If Yes, what is the reason?** (Please record the next management strategy in the notes)

- a. Education and advice to withdraw as patient not successful
- b. Confounding factors (such as chronic pain in other body regions).
- c. Relapse of medication overuse

3. **If No to all of the above, is chronic migraine most likely?**

(If so then please record prior preventative treatment)

.....

Alternatively, if another cause of chronic daily headache is still being investigated, give possibilities.

Working diagnosis:

Chronic Migraine

Preventative treatment in past:

1.

2.

3.

Other(s)

.....

Working diagnosis:

Other(s)

.....

1. **Number of headache days per month:** Headache day is a mild/moderate/severe headache of duration more than 4 hours, or less than 4 hours if an abortive could have shortened the duration

(average days of last 2 months)

2. **Number of migraine days per month:** Migraine day is moderate/severe headache day associated with nausea and or vomiting or photophobia and phonophobia or both.

(average days of last 2 months)

Now please send a copy of the assessment passport to your secretary at RHH and ask for a copy to be filed in the RHH patient records.

If you are referring the patient for botox send a referral letter, the signed botox referral form and copy of Passport 1 to the Clinic Coordinator's Room, M25 at RHH. In addition to this please give the patient Passport 2.



Sheffield
Hospitals
Charity

To help support your local hospitals visit
sheffieldhospitalscharity.org.uk

Registered Charity No. 1159762



Alternative formats can be available on request. Email: **sth.alternativeformats@nhs.net**

© Sheffield Teaching Hospitals NHS Foundation Trust 2019

Re-use of all or any part of this document is governed by copyright and the "Re-use of Public Sector Information Regulations 2005" SI 2005 No.1515. Information on re-use can be obtained from the Information Governance Department, Sheffield Teaching Hospitals. Email sth.infogov@nhs.net