

PATIENT GUIDE FOR HEADACHES



VA/DoD Clinical Practice Guideline for Primary Care Management of Headache

GOAL **Minimize the impact of headaches on your life**

Use this tool to gather information you can share with your health care provider to accurately diagnose and treat your headaches.

TAKE ACTION

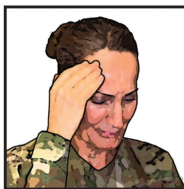
- Track your symptoms and make note of any patterns you identify.
- Make an appointment with your health care provider.
- Print out these pages and complete the MIDAS questionnaire to take to your provider for your visit.
- Call your health care provider if your headache:
 - Is very severe and reaches its maximum severity within a couple of minutes.
 - Substantially changes in intensity with changes in position.
 - Starts while straining or exerting yourself, such as coughing or sneezing.
 - Is new to you, especially if you are older than 50 years of age or have a medical condition that makes worrisome headaches more likely.
 - Substantially changes in frequency or characteristics.
 - Is constant and always in the same location of the head.
 - Is accompanied by worrisome neurologic symptoms like one-sided body weakness or difficulty walking.
 - Is accompanied by systemic symptoms like fever, chills, weight loss, or night sweats.

HEADACHE TYPES

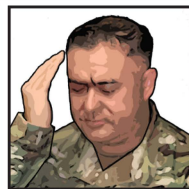
There are many different types of headaches.



Tension



Migraine



Cluster

Common headaches include:

- Tension
- Migraine
- Cluster
- Sinus
- Cervicogenic (Neck)
- Post-Traumatic headache or headaches that develop after a Traumatic Brain Injury (TBI)



For more information, <https://www.health-quality.va.gov/guidelines/pain/headache/VA-DoDHeadacheCPGPatientSummaryFinal508.pdf> or scan the QR code.

MIDAS

The MIDAS (Migraine Disability Assessment) questionnaire is helpful for your health care providers to determine the level of pain and disability caused by your headaches and to find the best treatment for you.

Please answer the following questions about ALL of the headaches you have had over the last 3 months. Enter zero (0) if you did not have the activity in the last 3 months.	# of days
1. On how many days in the last 3 months did you miss work or school because of your headaches?	
2. How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches? (Do not include days you counted in question 1 where you missed work or school.)	
3. On how many days in the last 3 months did you not do household work (such as housework, home repairs and maintenance, shopping, caring for children and relatives) because of your headaches?	
4. How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches? (Do not include days you counted in question 3 where you did not do household work.)	
5. On how many days in the last 3 months did you miss family, social or leisure activities because of your headaches?	

YOUR HEADACHE MEDICATION HISTORY

What headache medicines do you take currently? Are they effective?

What side effects do you experience with the medicines, if any?

What other medicines have you tried for headaches? Were they effective?

What side effects did you experience with the medicines, if any?

SELF-CARE HEADACHE MANAGEMENT PLAN

There are various things you can do while at home, work, in nature, or wherever you may be when you experience a headache episode. Talk with your health care providers to learn more about self-care management and ways you can improve your headache symptoms.

Consistent Routines

- Consistency in daily and weekly routines can help with headache prevention.
- Eat your meals at a consistent time and avoid skipping meals.
- Scheduling/pacing your tasks and activities throughout the day/week can help with stress management and prevent overload.

Notes: _____

Healthy Diet

- Eating a well-balanced and nutritious diet can make the difference in how your body feels.
- Be aware of your potential food and drink headache triggers (for example, alcohol and caffeine.)
- Stay hydrated with adequate amounts of water each day, based on your health, activity levels, or environment. Discuss this with your health care providers.

Notes: _____

Regular Activity/Exercise

- Keeping active on a daily basis can help with sleep, stress, and energy levels.
- Studies suggest that remaining active may help decrease the impact that headaches have on your life. Try to exercise regularly and discuss your exercise routine with your health care providers.

Notes: _____

Adequate Sleep

- Plan for a regular bed time and wake time, if possible.
- Minimize caffeine intake in the afternoons which may negatively impact your headaches or sleep.

Notes: _____

Relaxation and Stress Management

- Identify and work to reduce physical and/or emotional stressors.
- Getting adequate sleep and partaking in regular exercise may also reduce stress.
- Take breaks or opportunities to recharge throughout the day to manage stress.

Notes: _____

Support Network

- It can be helpful to discuss your feelings with someone close to you such as a trusted family member, friend, spiritual/religious advisor, or health care provider.
- Maintain social relationships and support networks (for example, cultural, family, friends, and religious groups.)
- Consider in-person or on-line support groups that are specific to coping with headaches.

Notes: _____

Valued/Enjoyed Activities

- It is important to develop and engage in meaningful hobbies/activities.
- Pursue opportunities for social engagement and participating in activities with others.

Notes: _____

Followup Appointments

- Track your symptoms and make note of any patterns you identify.
- Keep your appointments.

Search for Online Resources

- VA/DoD Headache Patient Summary: <https://www.healthquality.va.gov/guidelines/pain/headache/VADoDHeadacheCPGPatientSummaryFinal508.pdf>
- American Migraine Foundation
- American Headache Society