Headache
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Headache Toolbox

Monitoring Patients' Response to Acute Migraine Treatment: A Headache Attack Report Form

Submitted by Abouch V. Krymchantowski, MD, PhD

From the Instituto de Neurologia Deolindo Couto, Outpatient Headache Unit, Rio de Janeiro, RJ, Brazil and Headache Center of Rio, Rio de Janeiro, RJ, Brazil.

A migraine patient's response to a medication taken for acute headache may be difficult to evaluate. An accurate assessment may be difficult to achieve when one is obtaining the headache history in a clinic, days to weeks after the attack(s) have occurred. Treatment response is subject to recall bias, and influencing that bias are expectations with regard to the achievement of pain-free status, degree of pain relief, time of onset of drug effect, recurrence of pain within a certain period of time, and side effects that are widely variable among patients. Cultural issues, gender, pain history, and numerous other variables also serve to further confound objective evaluation of a treatment's effects.

The headache attack report form we offer here is simple to complete and has been used successfully for nearly 15 years. In addition to providing "real time" assessment of a treatment's efficacy and tolerability, we believe it can serve as an instrument to improve compliance and perhaps foster a more productive therapeutic alliance between patients and caregivers.

Address all correspondence to Dr. Abouch V. Krymchantowski, Headache Center of Rio, Centro de Avaliação e Tratamento da Dor de Cabeça, do Rio de Janeiro, Av. Das Americas 1155/1608 Barra, Rio de Janeiro 22631-000, RJ, Brazil.

HEADACHE ATTACK REPORT

Report Form to Be Completed Each Time a Headache Attack Is Treated. For Treatment, Please Follow Your Doctor's Instructions. Please Bring Your Forms With You to Your Clinic Appointment

Date:
Time of onset:
Drugs:. . . . .
. . . .

	Headache*	Nausea?	Sensitivity to light?
Time drug(s) taken	() Mild () Moderate () Severe	() Yes () No	() Yes () No
After 1 hour	() No headache () Mild () Moderate () Severe	() Yes () No	() Yes () No
After 2 hours	() No headache () Mild () Moderate () Severe	() Yes () No	() Yes () No
After 4 hours	() No headache () Mild () Moderate () Severe	() Yes () No	() Yes () No
Did headache return before 24 hours?**	() Yes () No		
Was the headache present after 24 hours?	() Yes () No		

Report here all of the effects observed after taking the prescribed medication, including those not necessarily related:

Please write here the name of your doctor as well as your name

*Mild = headache present but does not interfere with routine activities; Moderate = headache not disabling but reduces ability to perform routine activities; Severe = disabling headache; cannot perform routine activities.
**Only if you were headache-free after 4 hours.

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