

TULUNAY PRIMARY HEADACHE DIAGNOSTIC FORM

Structured Anamnesis Form for Primary Care Physicians

A. PATIENT INFORMATION

Full Name: _____

Occupation: _____

Age: _____ Sex: Female Male Date of Visit: _____

B. DURATION AND FREQUENCY OF HEADACHE

1. How long have you had headaches? <6 months 6 months – 1 year 1–5 years >5 years

2. How many days did you have a headache in the **last 1 month**? 1–3 gün 4–7 gün 8–14 gün ≥15 gün

C. ATTACK DURATION (ICHD-3)

3. How long does your headache usually last if untreated or unsuccessfully treated?

<1 hour 1–4 hours 4–72 hours >72 hours

D. LOCATION AND ONSET OF HEADACHE

4. Where does your headache usually start?

Temple Forehead Eye / behind the eye Nape / back of head Whole head Variable / Moves

5. How does the headache usually start? Suddenly Gradually

E. PAIN CHARACTERISTICS

The expressions that best describe your pain: (Mark all that apply – INCLUDES TURKISH PATIENT-SPECIFIC DEFINITIONS)

- Throbbing, beating like a heart **My head feels full, there is pressure** Like a knife stabbing
 As if my brain is being squeezed **As if my brain is leaking out** Very severe, unbearable
 As if my head is in a vise / clamp

F. PHYSICAL ACTIVITY AND BEHAVIOR

6. Does physical activity (walking, climbing stairs) worsen the pain? Yes No

7. During pain: I want a dark and quiet environment I cannot stay still, I become restless

G. ASSOCIATED SYMPTOMS

Do the following occur during headache? (Mark all that apply)

Nausea Vomiting Sensitivity to light Sensitivity to sounds Sensitivity to odors

H. AURA SCREENING

8. Before the headache, do you experience visual or sensory changes that completely resolve? Evet Hayır

If yes: Flashes / zigzag lights in vision Numbness in face or arm
 Loss of vision Difficulty speaking

I. CLUSTER HEADACHE DIFFERENTIAL DIAGNOSIS BLOCK

9. Is your pain **always one-sided**? Yes No

10. Is the pain usually **around the eye / behind the eye / at the temple**? Yes No

11. During pain, does one of the following occur on the same side? (*Mark all that apply*)

- Tearing of the eye Drooping/swelling of eyelid Forehead/facial sweating
 Nasal discharge or congestion Facial redness or pallor

12. Do you pace around and cannot stay still during pain? Yes No

13. The pain usually:

- Lasts 15–180 minutes Repeats 1–3 times a day Occurs in clusters lasting weeks–months

J. TENSION-TYPE HEADACHE (TTH) DIFFERENTIAL BLOCK

14. The pain is usually: Bilateral Associated with nape and shoulders A pressure sensation lasting all day

15. Does nausea occur during pain? Yes No

16. Does light or sound significantly worsen the pain? Yes No

K. TRIGGERS

- Stress / emotional distress Insomnia Hunger Alcohol Bright light
 Menstrual period Other _____

L. FAMILY HISTORY

17. Is there migraine or similar headache in first-degree relatives? Yes No

M. MEDICATION USE (MOH SCREENING)

18. In the last 3 months, on how many days per month did you use painkillers?

- 0–4 days 5–9 days 10–14 days ≥15 days

N. MIDAS – DISABILITY ASSESSMENT

(*Last 3 months*)

19. Number of days you missed work/school: _____

20. Number of days your productivity at work was reduced by more than 50%: _____

21. Number of days you could not do household chores: _____

22. Number of days you cancelled social activities: _____

MIDAS TOTAL SCORE (*to be calculated by the doctor*): _____

HEADACHE DIAGNOSTIC ALGORITHM

FOR PHYSICIAN USE (ICHD-3 compliant, adapted to Türkiye field realities)

STEP 0 - PRE-SCREENING (Mandatory)

Monthly headache days (B2): <15 days/month ≥15 days/month

▶ If ≥15 days/month: **Chronic headache spectrum** is considered

▶ If <15 days/month: **Episodic headache spectrum**

STEP 1 - EXCLUDE / IDENTIFY CLUSTER HEADACHE

Are at least 4 of the following positive?

- 1. Pain is **always unilateral** (I9 = Yes)
- 2. Pain is **around the eye / behind the eye / at the temple** (I10 = Yes)
- 3. Ipsilateral **autonomic symptom** present (≥1 from I11: tearing, nasal discharge, ptosis, facial redness, etc.)
- 4. **Restlessness / inability to stay still** during attack (I12 = Yes)
- 5. Attack duration **15–180 minutes** (I13 = Yes)
- 6. Attacks occur **1–3 times a day** or **in clusters** (I13 = Yes)

● **If ≥4 criteria positive: SUSPECT CLUSTER HEADACHE ●**

▶ **Refer to Neurology**, ▶ DO NOT continue migraine algorithm

STEP 2 - IDENTIFY TENSION-TYPE HEADACHE (TTH)

Are ALL three groups satisfied?

A) PAIN DESCRIPTION (≥2 from Section E)

- "As if my brain is being squeezed" "My head feels full, there is pressure"
- "As if my head is in a vise / clamp" "As if my brain is leaking out"

B) ASSOCIATED SYMPTOMS (must be negative)

Nausea: No Vomiting: No

C) BEHAVIORAL / FUNCTIONAL

Worsening with physical activity: No Light/sound sensitivity: No or Mild Stress: Yes

● **If A + B + C are met: PROBABLE TENSION-TYPE HEADACHE (TTH) ●**

Note: This block is specifically designed **to identify TTH cases frequently misdiagnosed as migraine in Türkiye.**

STEP 3 - PROCEED TO MIGRAINE DIAGNOSIS (after exclusion)

Core migraine conditions:

1. Attack duration: 4–72 hours when untreated (C3)

2. Pain characteristics (D/E): At least 2 of the following:

- Throbbing Moderate or severe Worsened by physical activity

3. Associated symptoms (G): At least 1 of the following:

- Nausea or vomiting Sensitivity to light Sensitivity to sounds

● **If all three conditions are met: PROBABLE MIGRAINE ●**

STEP 4 - AURA DIFFERENTIATION

Aura question (H8):

- Yes → **Migraine with aura**
- No → **Migraine without aura**

Aura that **fully resolves** and lasts **5-60 minutes** is supportive.

STEP 5 - CHRONIC MIGRAINE SCREENING

If: Monthly headache **days ≥15** AND there is a history of attacks meeting the above migraine criteria

● **PROBABLE CHRONIC MIGRAINE** ▶ Neurology evaluation recommended ●

STEP 6 - MEDICATION OVERUSE HEADACHE (MOH)

Analgesic days (M18):

- ≥15 days/month → **High MOH risk**
- 10-14 days/month → **Moderate MOH risk**
- <10 days/month → Low risk

Note: MOH is marked **independently** of diagnosis.

STEP 7 - SEVERITY CLASSIFICATION WITH MIDAS

(Independent of diagnosis, for follow-up and epidemiology)

MIDAS total (N19-22):

- 0-5 → Minimal
- 6-10 → Mild
- 11-20 → Moderate
- ≥21 → Severe

AUTOMATIC OUTPUT (TO BE MARKED ON FORM)

Probable Diagnosis:

- | | |
|-------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Migraine (without aura) | <input type="checkbox"/> Tension-type headache |
| <input type="checkbox"/> Migraine (with aura) | <input type="checkbox"/> Cluster headache - referral |
| <input type="checkbox"/> Chronic migraine (screening) | <input type="checkbox"/> MOH risk present |

MIDAS Derecesi: Minimal Mild Moderate Severe