

Cluster Headache Follow-Up Office Visit

Date of last headache office visit _____

1. How many headache days have you experienced in the past 3 months? _____
2. In general, how many headaches per day do you have? _____
3. How long do they last? _____
4. How long do they take to go from 0 pain to maximum pain? _____
5. What is their average severity? (0 = no pain, 10 = maximum pain) _____
6. How many days of work or school in the last 3 months have you missed because of your headaches?

7. How many days in the last 3 months have you gone to school or work, but were at least 50% less effective than usual because of the headache? _____
8. How many days of household work or family activities in the last 3 months have you had to significantly alter because of your headaches? _____

Current Headache Program**1. Acute:** Oxygen Imitrex injection Imitrex nasal spray Other _____

How many times out of 10 does your acute medication work? _____

2. Transitional: Prednisone Medrol dose pack Other _____**3. Preventive:** Melatonin Verapamil Depakote Topamax Sansert - Lithium Other _____Are you tolerating your medications? Yes No *If no, explain:*

Since you were last seen, how many emergency room/urgent care visits have you had because of your headaches?

What made you go to the emergency room/urgent care? Ran out of meds Meds not effective Other _____

