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|  |  | **Organizational Identifiers** |  |  |
|  | VAMCCONTROLQICBEGDTEREVDTE | Facility IDControl NumberAbstractor IDAbstraction Begin DateAbstraction End Date | Auto-fillAuto-fillAuto-fillAuto-fillAuto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSNPTNAMEFPTNAMELBIRTHDTSEXMARISTATRACE | Patient SSNFirst NameLast NameBirth DateSexMarital StatusRace | Auto-fill: no changeAuto-fill: no changeAuto-fill: no changeAuto-fill: no changeAuto-fill: can changeAuto-fill: no changeAuto-fill: no change |  |
|  |  | **Health Care Utilization**  |  |  |
| 1 | hcoe | Indicate if the VA Medical Center where the patient is receiving care is a Clinical Headache Center of Excellence.1. Yes2. No | 1,2**Computer will pre-fill based on station flag****Cannot modify** | **VA Clinical Headache Centers of Excellence include:** Richmond, Tampa, San Antonio, Palo Alto, Minneapolis, Louis Stokes Cleveland, and VA Connecticut Healthcare System. Computer will pre-fill based on station flag received on pull list. |
| 2 | haenc | During the timeframe from (computer display 10/01/2016 to 9/30/2017), did the patient have an outpatient encounter with a physician/APN/PA related to headache at this VAMC?1. Yes2. No | 1,2**\*If 2, the case is excluded****Warning if 2** | **Review all outpatient encounter notes during the specified timeframe to determine if the patient had an outpatient encounter with a physician/APN/PA related to headache at this VAMC.** The encounter may be with primary care, mental health, specialty care (e.g., neurology, physiatry/polytrauma, pain management, etc.), or in the Emergency Department (ED). **Exclude**: ophthalmology/optometry encounters**Suggested data sources**: clinic notes**Exclusion statement: An outpatient encounter during the study year with a physician/APN/PA related to headache was not documented in the record.** |
| 3 | haencdt | Enter the date of the most recent outpatient encounter with a physician/APN/PA related to headache. | mm/dd/yyyy

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| --- |
| >= 10/01/2016 to 9/30/2017 |

 | Enter the date of the most recent outpatient encounter during the study year with a physician/APN/PA related to headache. |
| 4 | inihaenc | Was this outpatient encounter related to headache on (computer display haencdt) the initial encounter related to assessment and management of headache?1. Yes
2. No
 | 1,2 | In order to answer “1” there must documentation that headache is a new problem for this patient or assessment and work-up for new onset of headache is the primary focus of the encounter.Examples include but are not limited to:* Physician notes, “Chief complaint: headache. Patient reports headache with onset 2 weeks ago. No history of previous headache.”
* APN notes, “Reason for visit: headache. Has been having headaches intermittently for 3 months. No previous HA history.”

If documentation indicates patient has history of headaches and has seen another provider(s) for headache, answer “2.”Examples: * Physician notes “Headache relieved with sumatriptan.”
* PA notes, “Saw neurologist 6 months ago for severe headaches.”
 |
| 5 | havstprov | Indicate the specialty of the physician/APN/PA that saw the patient during the outpatient encounter on (computer to display haencdt). 1. Primary care (includes women’s health, internal medicine)
2. Neurology
3. Physiatry/Polytrauma/Physical Medicine Rehab
4. Mental Health (includes psychiatrist, mental health APN/PA, psychologist)
5. Interventional Pain Management
6. Emergency Department (ED)
7. Other
 | 1,2,3,4,5,6,7 | Enter the specialty of the physician/APN/PA that saw the patient during the most recent outpatient encounter related to headache. Value 4 Mental Health: **Exclude** mental health counselor, marriage/family counselor, rehabilitation counselors, social workers |

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|  |  | **Past Medical History** |  |  |
| 6 | pmh1pmh2pmh3pmh4pmh5pmh6pmh7pmh8pmh9pmh10pmh11pmh12pmh13pmh14pmh15pmh16pmh17pmh18pmh19pmh20pmh21pmh22pmh23pmh24pmh25pmh26pmh27pmh28pmh29pmh30pmh31pmh32pmh33pmh34 | At any time prior to and including most recent headache encounter on (computer display haencdt), does the patient have a past medical history of any of the following medical conditions? **Indicate all that apply:**1. Acute kidney injury (AKI)
2. AIDS
3. Any malignancy (leukemia, lymphoma, or solid tumor)
4. Burning mouth syndrome
5. Chronic kidney disease
6. Chronic Obstructive Pulmonary Disease (COPD)
7. Congestive heart failure (CHF)
8. Connective tissue disease
9. Dementia
10. Diabetes
11. Ear infections
12. Epilepsy
13. Exploding head syndrome
14. Eye Strain
15. Fatigue
16. Fibromyalgia
17. Giant cell arteritis
18. Hyperlipidemia
19. Hypertension
20. Hyperthyroidism
21. Hypothyroidism
22. Human Immunodeficiency Virus (HIV)
23. Insomnia
24. Liver disease
25. Lower back pain
26. Myocardial infarction
27. Narcolepsy
28. Neck pain

***Cont’d next page*** | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20, 21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49, 50, 99 | **Medical diagnoses must be recorded as the patient’s diagnosis by a physician, NP, PA, or CNS in clinic notes, progress notes or discharge summary. Diagnoses documented on a problem list must be validated by a clinician diagnosis.** Because a problem list may not be all-inclusive, it is expected that reviewer will read all progress notes prior to and including the most recent headache encounter to identify all medical diagnoses. |
|  | pmh35pmh36pmh37pmh38pmh39pmh40pmh41pmh42pmh43pmh44pmh45pmh46pmh47pmh48pmh49pmh50pmh99 | ***PMH cont’d***1. Nightmare disorder
2. Obesity
3. Morbid Obesity
4. Parasomnia
5. Peptic ulcer disease
6. Peripheral vascular disease
7. Prescription eye glass wearer
8. Primary angiitis of the central nervous system
9. Rapid eye movement (REM) sleep behavior disorder
10. Restless legs syndrome
11. Serotonin syndrome
12. Sinus infections
13. Sleep Apnea/Obstructive Sleep Apnea (OSA) and/or Central Sleep Apnea
14. Snoring
15. Stroke, Hemorrhagic or Intraparenchymal
16. Stroke, Ischemic
17. Subarachnoid hemorrhage
18. Temporomandibular Joint (TMJ) Disease
19. Valvular heart disease, aortic valve
20. Valvular heart disease, mitral valve
21. Valvular heart disease, pulmonic valve
22. Valvular heart disease, tricuspid valve

99. None of the above |  |  |
| 7 | psyhx1psyhx2psyhx3psyhx4psyhx5psyhx6psyhx7psyhx8psyhx9psyhx10psyhx11psyhx12psyhx13psyhx14psyhx15psyhx16psyhx17psyhx18psyhx19psyhx99 | At any time prior to and including most recent headache encounter on (computer display haencdt), does the patient have a past psychiatric history of any of the following mental health or traumatic conditions? **Indicate all that apply:**1. Anxiety or Generalized Anxiety Disorder2. Attention-deficit disorder (ADD)3. Attention-deficit hyperactivity disorder (ADHD)4. Depressive disorders (depression, dysthymia, major depression, mood disorder with depressive features, premenstrual dysphoric disorder) 5. Bipolar disorder (unspecified type, Type I, Type II)6. Conversion Disorder7. Cyclothymia8. Hypomania9. Military sexual trauma (MST)10. Obsessive-compulsive disorder (OCD)11. Panic disorder12. Personality disorder13. Phobias 14. Post-traumatic Stress Disorder (PTSD)15. Psychosis 16. Schizophrenia17. Schizoaffective or Schizophreniform disorder18. Somatic symptom disorder or Somatization disorder19. Suicide attempt(s)99. None of the above | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,99 | **Mental health diagnoses must be recorded as the patient’s diagnosis by a physician, NP, PA, or CNS in clinic notes, progress notes or discharge summary. Diagnoses documented on a problem list must be validated by a clinician diagnosis.** Because a problem list may not be all-inclusive, it is expected that reviewer will read all progress notes prior to and including the most recent headache encounter to identify all mental health and traumatic condition diagnoses. |
| 8 | asessihi | During the outpatient encounter on (computer to display haencdt), did the physician/APN/PA ask the patient about either suicidal or homicidal thoughts?1. Yes2. No | 1,2If 2, go to habp | In order to select “1”, the physician/APN/PA must document they asked the patient about either suicidal or homicidal thoughts.  |
| 9 | sihi | During the outpatient encounter on (computer to display haencdt), did the physician/APN/PA document the patient had either suicidal or homicidal thoughts during the past year?1. Yes2. No | 1,2 | If the physician/APN/PA documents the patient had either suicidal or homicidal thoughts during the past year, select “1.”**Examples of suicidal thoughts include but are not limited to:** thoughts of killing self; thoughts of wishing oneself was dead**Examples of homicidal thoughts include but are not limited to:** Thoughts of harm to others; Intentional infliction of harm on someone else by the patient |
| 10 | actsihi | During the outpatient encounter on (computer to display haencdt), did the physician/APN/PA document the patient had active suicidal or homicidal thoughts?1. Yes
2. No
 | 1, 2 | **Active suicidal or homicidal thoughts means that the patient indicated to the physician/APN/PA that he/she currently has thoughts of harming oneself or someone else.** |
|  |  | **Vital signs** |  |  |
| 11 | habpshabpd | Enter the patient’s blood pressure recorded at the encounter on (computer to display haencdt). | \_\_ \_\_ \_\_ /\_\_ \_\_ \_\_**Abstractor can enter zzz/zzz if blood pressure was not taken at the encounter**

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| --- |
| Warning if habps <= 80 or > = 250Warning if habpd < = 44 or > = 135Hard edit: habps and habpd must be > 0Hard edit: habps must be > than habpd |

 | Enter the blood pressure (BP) recorded at the most recent outpatient encounter related to headache with a physician/APN/PA. The BP may be recorded by ancillary personnel.If blood pressure was not taken at the encounter for headache, enter default zzz/zzz. |
| 12 | hapulse | Enter the pulse recorded at the encounter on (computer to display haencdt). | \_\_ \_\_ \_\_Abstractor can enter zz

|  |
| --- |
| Whole numbers only 30 - 200 |

 | Enter the pulse recorded at the most recent outpatient encounter related to headache with a physician/APN/PA. The pulse may be recorded by ancillary personnel.If the pulse was not taken at the encounter for headache, enter default zz. |
| 13 | hapain | Enter the pain score recorded at the encounter on (computer to display haencdt). | \_\_ \_\_

|  |
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| Whole numbers only0 - 10 |

Abstractor may enter zz If zz, go to hcptype1 | Enter the pain score recorded at the most recent outpatient encounter related to headache with a physician/APN/PA. The pain score may be recorded by ancillary personnel.If the pain score was not recorded at the encounter for headache, enter default zz. |
| 14 | painrtha | Is there documentation that the pain score recorded on (computer to display haencdt) was related to headache pain?1. Yes
2. No
 | 1,2 | Look for documentation of relationship of pain score to headache pain in the Vital Signs package or in the note where the pain score was recorded. If the patient reported pain at multiple locations (e.g., headache and back pain) and there is no documentation the pain score is specific to headache pain, select value 2. |
| 15 | hcptype1hcptype2hcptype3hcptype4hcptype5hcptype6hcptype7hcptype8hcptype9hcptype10hcptype11hcptype12hcptype13hcptype14hcptype15hcptype16hcptype17hcptype99 | During the timeframe from (computer to display 10/01/2016 to 9/30/2017), what types of health care providers did the patient see for his/her headache? **Indicate all that apply.**1. 300 – Primary Care, attending physician without resident
2. 300 – Primary Care, attending physician with resident
3. 301 – Primary Care APN/PA
4. 302 – Neurology, attending physician without resident
5. 303 – Neurology, attending physician with resident
6. 304 – Neurology, APN/PA
7. 305 – Physiatry/Polytrauma, attending physician without resident, within TBI clinic
8. 306 – Physiatry/Polytrauma, attending physician with resident, within TBI clinic
9. 307 – Physiatry/Polytrauma, attending physician without resident, not within TBI clinic
10. 308 – Physiatry/Polytrauma, attending physician with resident, not within TBI clinic
11. 309 – Physiatry/Polytrauma, APN/PA, within TBI clinic
12. 310 – Physiatry/Polytrauma, APN/PA, not within TBI
13. 311 – Psychologist or Health psychology
14. 312 – Mental Health (psychiatrist, mental health APN/PA)
15. 313 – Interventional pain management
16. 314 – chiropractor
17. 315 – sleep medicine provider (either in pulmonary or neurology)

99. None of the above | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,99 | Please review all clinical notes for the specified timeframe and indicate all types of providers that saw the patient for headache. |

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|  |  | **Type and Number of Headaches and Headache Complications**  |  |  |
| 16 | hanumb | During the outpatient encounter on (computer to display haencdt), how many types of headaches are documented by the physician/APN/PA?1. 0 type

1. 1 type2. 2 types3. 3 types4. 4 types5. more than 4 types | 0,1,2,3,4,5 | Patients most commonly report one type of headache, the most severe type. For example someone could have severe migraine headaches and report only that type. It is not uncommon, with additional questioning, that patients can report more than one type – for example, the severe migraine headaches that occur intermittently and less severe, daily headaches. It is less commonly seen that patients report three or more different types of headaches. Please enter the number of headache types documented by the physician/APN/PA under clinical impression/assessment. |
| 17 | hatype1hatype2hatype3hatype4hatype5hatype6hatype7hatype8hatype9hatype10hatype11hatype12hatype13hatype14hatype15hatype16hatype17hatype18hatype19hatype20hatype21hatype22hatype23hatype24hatype25hatype26hatype27hatype28hatype29hatype30hatype31hatype32 | During the outpatient encounter on (computer to display haencdt), what is the clinical impression of the type(s) of headache documented by the provider? **Indicate all that apply:**1. Headache
2. Migraine without aura or migraine
3. Migraine with aura

4. Migraine with brainstem aura5. Hemiplegic migraine6. Retinal or ophthalmic migraine7. Probable migraine 8. Cold stimulus headache9. Cluster headache10. External pressure headache11. Hypnic headache12. Medication overuse headache13. New daily persistent headache14. Nummular headache15. Post-traumatic headache16. Sinus headache17. Tension-type headache18. TBI-associated headache19. Hemicrania continua 20. Paroxysmal hemicrania21. Probable trigeminal autonomic cephalalgia 22. Primary cough headache23. Primary exercise headache24. Primary headache associated with sexual activity25. Primary stabbing headache26. Primary thunderclap headache27. Short-lasting unilateral neuralgiform headache attacks (SUNCT)***Cont’d next page*** | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38, 39,40If <> 2,3,4,5,6 or 7, auto-fill migaura as 95 | The first type of headache is typically the most severe type, which is why patients present to the attention of a healthcare provider. The first type of headache should be considered the most severe type. If there is documentation of only one type of headache, then that is considered the first type of headache. Please look in the assessment and plan / impression and recommendations section of the provider note regarding the clinical impression of the type(s) of headache the patient has. Select all headache type(s) documented by the provider.Value 10 TBI-associated headache and value 11 post-traumatic headache seem similar but are not the same type of headache. TBI-associated headache is more general while post-traumatic headache is more time-sensitive (i.e., headache onset after a post-traumatic event).  |
|  | hatype33hatype34hatype35hatype36hatype37hatype38hatype39hatype40 | ***Headache type cont’d***28. Acute headache attributed to whiplash29. Persistent headache attributed to whiplash30. Acute headache attributed to craniotomy31. Persistent headache attributed to craniotomy32. Acute headache attributed to craniotomy33. Headache attributed to Chiari malformation Type I34. Headache attributed to epileptic seizure35. Headache attributed to increased cerebrospinal fluid pressure36. Headache attributed to low cerebrospinal fluid pressure37.Headache attributed to intracranial neoplasia38. Headache attributed to intrathecal injection39. Headache attributed to non-infectious inflammatory intracranial disease40. Headache attributed to a psychiatric disorder.  |  |  |
| 18 | acuteha | On (computer to display haencdt), does the physician/APN/PA document any headache is “episodic”?1. Yes
2. No
 | 1,2 | Some patients will have only one kind of headache, whereas many others will have more than one kind of headache.Sometimes headaches are considered to be episodic or chronic. For example, someone could have an episodic migraine headache or chronic migraine headache.**If the physician/APN/PA documents any headache type as acute, select 1.**If there is no documentation of acute headache type, select 2. |
| 19 | chronicha | On (computer to display haencdt), does the physician/APN/PA document any headache is “chronic”?1. Yes
2. No
 | 1,2 | Some patients will have only one kind of headache, whereas many others will have more than one kind of headache.Sometimes headaches are considered to be acute or chronic. For example, someone could have acute migraine headache or chronic migraine headache.**If the physician/APN/PA documents any headache type as chronic, select 1.**If there is no documentation of chronic headache type, select 2. |

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|  |  | **Headache Frequency, Duration, and Location** |  |  |
| 20 | pcpha1freq | Of the first type of headache documented on (computer to display haencdt), what is the frequency of headaches documented by the physician/APN/PA? 1. Multiple times a day 2. Daily3. Nearly daily 4. More than once weekly5. Weekly 6. Monthly or less99. Not documented or unable to determine | 1,2,3,4,5,6,99 | Please read the physician/APN/PA note for the most recent encounter related to headache and enter the frequency of headache documented in the record.If headache frequency is not documented, enter 99.Note: Patients with cluster headache or trigeminal autonomic cephalgias (TCA) could have multiple headaches per day or week.  |
| 21 | pcpha15 | Considering the first type of headache and during the encounter on (computer to display haencdt), does the physician/APN/PA specifically document that the patient has 15 or more headache days/month?1. Yes
2. No

99. Not documented or unable to determine | 1,2,99If pcpha1freq = 1, go to dailyha; else go to paindur | The number of headache days per month may be calculated based on documentation by the physician/APN/PA. For example, “Patient reports headaches occur at least 4 days/week.” 4 x 4 = 16 headache days/month; select 1.If the physician/APN/PA documents the patient has 15 or more headache days/month, select 1.If the physician/APN/PA documents the patient has less than 15 headache days/month, select 2.If the physician/APN/PA does not document the number of headache days/month, select 99. |
| 22 | dailyha | During the encounter on (computer to display haencdt), how often did the physician/APN/PA document the headaches occur during the day?1. 0-7/day2. At least 8/day3. 9-20/day4. 21-50/day5. 51-100/day6. 100+/day (aka, “hundreds of times/day”)99. not documented | 1,2,3,4,5,6,99 | Please read the physician/APN/PA note for the most recent encounter related to headache and enter how often the headaches occur during the day, If the frequency that the headache occurs during the day is not documented, enter 99. |
| 23 | paindur | During the encounter on (computer to display haencdt), what duration of pain did the patient report to the physician/APN/PA? 1. seconds 2. 1 minute to 15 minutes3. 16 minutes to 4 hours4. > 4 hours up to 24 hours5. > 24 hours up to 48 hours 6. > 48 hours up to 72 hours 7. > 72 hours to one week8. pain never stops99. not documented | 1,2,3,4,5,6,7,8.99 | Please read the physician/APN/PA note for the most recent encounter related to headache and enter the duration of pain the patient reported.If the duration of headache pain is not documented, enter 99. |
| 24 | location1 | During the encounter on (computer to display haencdt), what side of the head (location of headache pain) did the patient report to the physician/APN/PA?1. right side2. left side3. both sides 99. not documented | 1,2,3,99 | Please read the physician/APN/PA note for the most recent encounter related to headache and enter what side of the head the patient reported the headache pain occurred. If the side of the headache pain is not documented, enter 99. |
| 25 | location2 | During the encounter on (computer to display haencdt), what is the more specific location of the headache pain the patient reported to the physician/APN/PA?1. forehead or frontal2. temple or temples3. supraorbital/retro-orbital/peri-orbital4. small circumscribed area of the scalp 5. back of head6. neck7. other99. not documented  | 1,2,3,4,5,6,7,99 | Please read the physician/APN/PA note for the most recent encounter related to headache and enter the more specific location of the headache pain reported by the patient. If a more specific location of the headache pain is not documented, enter 99. |

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|  |  | **Headache Quality, Associated Features, Aura, and Complications**  |  |  |
| 26 | quality1quality2quality3quality4quality5quality6quality7quality8quality99 | During the encounter on (computer to display haencdt), is the headache described as any of the following:**Indicate all that apply:**1. sharp or stabbing2. throbbing, pulsating or pounding3. sawtooth4. ice-pick5. dull 6. aching 7. pressing/tightening (like a vice around someone’s head)8. electric-like99. not documented | 1,2,3,4,5,6,7,8,99 | Please read the physician/APN/PA note for the most recent encounter related to headache and enter all descriptions of the headache documented in the note. If none of the headache descriptions are documented, enter 99. |

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|  |  | **Features associated with the headache** |  |  |
| 27 | hasymp1hasymp2hasymp3hasymp4hasymp5hasymp6hasymp7hasymp8hasump9hasymp10hasymp11hasymp12hasymp13hasymp14hasymp15hasymp16hasymp17hasymp18hasymp19hasymp20hasymp21hasymp99 | During the encounter on (computer to display haencdt), is there documentation the headache is associated with any of the following:**Indicate all that apply:**1. Aggravation or pain with or avoidance of routine physical activity (e.g., walking, climbing stairs)
2. Diarrhea or constipation
3. Eyelid edema
4. Forehead sweating
5. Increased conjunctival injection
6. Increased lacrimation
7. Jaw pain
8. Lightheadedness
9. Miosis
10. Nausea
11. Osmophobia
12. Phonophobia
13. Photophobia
14. Ptosis
15. Rhinorrhea
16. Room spinning (i.e., vertigo)
17. Sense of having foreign body in one eye
18. Sense of restlessness or agitation
19. Urinary symptoms
20. Vomiting
21. Weakness on one side of the body immediately prior to or during a headache attack

99. None of the above documented | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,99 | Please read the physician/APN/PA note for the most recent encounter related to headache and enter all symptoms/conditions associated with the headache. If none of the associated symptoms/conditions are documented, enter 99. |
| 28 | radiation | During the encounter on (computer to display haencdt), does the patient describe that the headache radiates?1. Yes
2. No

99. Not documented  | 1,2,99If 2 or 99 and hatype = 2,3,4,5,6 or 7, go to migaura; else if 2 or 99 go to hadisable | Please read the physician/APN/PA note for the most recent encounter related to headache and look for documentation that the headache radiates to other areas of the body. For example, “Headache starts in forehead and moves around side of head to my neck.” |
| 29 | radloc | Where does the headache radiate?1. One-sided/side-locked 2. Bilaterally99. not documented | 1,2, 99If hatype = 2,3,4,5,6 or 7, go to migaura; else go to hadisable | Please select the value matching the description of radiation of the headache. |
| 30 | migaura | If the patient had migraine with aura, what type of aura is documented?1. Visual, non-retinal2. Visual, retinal3. Sensory4. Speech and/or language5. Brain stem95. Not applicable99. Not documented | 1,2,3,4,5,95,99Will be auto-filled as 95 if hatype <> 2,3,4,5,6,7 | **Symptoms associated with various types of auras:*** Visual, non-retinal (e.g., seeing bright lights/zig zag lines, losing part of their visual field in BOTH eyes)
* Visual, retinal (e.g., seeing bright lights, losing part of their visual field in ONE eye)
* Sensory (e.g., abnormal feeling on one side of the both or the other, such as pins and needles feeling)
* Speech and/or language (e.g., unable to speak, speech is garbled)
* Brainstem (e.g., double vision, difficulty swallowing, vertigo/room spinning, oscillopsia/room spinning from side to side, impaired hearing, sounds are louder than usual, ataxia/difficulty walking, depressed level of consciousness
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|  |  | **Headache Intensity and Disability** |  |  |
| 31 | hadisable | During the encounter on (computer to display haencdt), does the patient describe the headaches as being disabling?1. Yes
2. No

99. Not documented | 1,2,99 | Please read the physician/APN/PA note for the most recent encounter related to headache for documentation that the headache(s) are disabling. For the purposes of this question, disabling means the headache interferes with the patient’s ability to function or perform activities of daily living.Examples:“My headache is so intense I have to stay in bed;” select 1. “The headache is pretty bad but I’m able to go to work;” select 2.If there is no documentation that the headache is/is not disabling, enter 99. |
| 32 | paindesc | During the encounter on (computer to display haencdt), does the patient report the pain to be mild, moderate, or severe?1. Mild
2. Moderate
3. Severe

99. Not documented | 1,2,3,99 | Please read the physician/APN/PA note for the most recent encounter related to headache for documentation that the headache pain is mild, moderate or severe and select the appropriate value. If there is no documentation the headache pain is mild, moderate or severe, select 99. |
| 33 | haqol | During the encounter on (computer to display haencdt), is there documentation the headache limits the patient’s quality of life?1. Yes
2. No

99. Not documented | 1,2,99 | Please read the physician/APN/PA note for the most recent encounter related to headache for documentation that the headache limit’s the patient’s quality of life. If there is no documentation regarding limitation of quality of life related to the headache, select 99. |

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|  |  | **“Red-flags”** |  |  |
| 34 | redflag1redflag2redflag3redflag4redflag5redflag6redflag7redflag8redflag9redflag10redflag11redflag12redflag99 | During the encounter on (computer to display haencdt), are any of the following red flags noted?**Indicate all that apply.**1. Systemic symptoms (e.g., fever, weight loss, fatigue)
2. Secondary risk factors (e.g., HIV, cancer, immune suppression)
3. Neurological symptoms/signs (e.g., altered consciousness, focal deficits (see definitions)) during the headache attack
4. Abrupt onset of headache
5. Onset of headache after the age of 50
6. Headache with change of position laying down to being upright
7. Worsening of headache when laying down
8. “Side-locked,” or only on one side of the head
9. Headache awakens patient from his/her sleep
10. Change in headache pattern from a prior, well-established headache pattern
11. Visual changes (obscurations)
12. Papilledema on physical examination
13. None of the above
 | 1,2,3,4,5,6,7,8,9,10,11,12,99 | Please read the physician/APN/PA note for the most recent encounter related to headache for documentation of red flags.**Red Flag Description:** When patients with a history of headache that have a well-established headache pattern describe a change in this headache pattern (e.g., the headache has gotten worse, it is less responsive to pain medication, or they develop a new kind of headache).Of note, neurological symptoms/signs occurring during the headache attack are likely different that symptoms/signs occurring prior to the headache attack. For example, patients may have flashing lights as part of an aura prior to the headache and then develop altered consciousness during the headache.Please select all red flags documented in the encounter note.Value 3 examples of focal neurological deficits include:* Weakness on one side of the body or the other.
* Numbness/tingling on one side of the body or the other.
* Slurred speech.
* Loss of vision in one eye or both eyes.
* Difficulty speaking.
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|  |  | **Headache Triggers or Precipitating Factors** |  |  |
| 35 | pcptrig1pcptrig2pcptrig3pcptrig4pcptrig5pcptrig6pcptrig7pcptrig8pcptrig9pcptrig10pcptrig11pcptrig12pcptrig13pcptrig14pcptrig15pcptrig16pcptrig17pcptrig18pcptrig19pcptrig20pcptrig99 | During the encounter on (computer to display haencdt), are any of the following documented as a trigger or precipitating factor for the patient’s headache?**Indicate all that apply:**1. Alcohol use
2. Being out in bright sun/bright light
3. Certain types of food
4. Changes in weather or barometric pressure
5. Coughing
6. Flashing lights
7. Heat/lack of air circulation
8. Menses
9. Missing doses of caffeine (caffeine withdrawal)
10. Noisy environment
11. Oral contraceptives
12. Physical exercise
13. Physiologic stress (e.g., fatigue)
14. Postmenopausal hormones
15. Psychological stress (e.g., anxiety, depression)
16. Screen time (TV, computer, smartphone)
17. Sexual activity
18. Skipping meals
19. Sleep disturbance (e.g., lack of sleep, irregular sleep pattern)
20. Strong smells (perfumes, paint, solvents)

99. None of the above | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,99 | **Triggers/precipitating factors are things that bring about a headache**. These are different than aggravating factors, or factors that may make the headache worse once the headache has started. For example, lack of sleep may be a trigger for a headache, but once the headache starts, the headache is aggravated by bright lights and loud noises. Some examples of other triggers include but are not limited to: * Physiologic stress (e.g., fatigue)
* Psychological stress(e.g., anxiety, depression)
* Certain types of food (e.g., aged cheese, dark chocolate, hot dogs, processed meats)

Please indicate all triggers/precipitating factors for headache documented in the encounter note. |

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|  |  | **Headache Aggravating Factors** |  |  |
| 36 | hagfac1hagfac2hagfac3hagfac4hagfac5hagfac6hagfac7hagfac8hagfac9hagfac10hagfac11hagfac12hagfac13hagfac14hagfac15hagfac16hagfac99 | During the encounter on (computer to display haencdt), are any of the following documented as an aggravating factor for the patient’s headache?**Indicate all that apply:**1. Bright light/being out in the sun
2. Certain types of food
3. Changes in weather or barometric pressure
4. Coughing
5. Flashing lights
6. Heat/lack of air circulation
7. Missing doses of caffeine (caffeine withdrawal)
8. Noisy environment
9. Physical exercise
10. Physiologic stress (e.g., fatigue)
11. Psychological stress (e.g., anxiety, depression)
12. Sexual activity
13. Screen use (TV, computer, smartphone)
14. Skipping meals
15. Sleep disturbance (e.g., lack of sleep, irregular sleep pattern)
16. Strong smells (perfumes, paint, solvents)

99. None of the above | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,99 | **Aggravating factors are things that may make the headache worse once the headache has started**. For example, bright lights and loud noises may increase the headache pain.**Some examples of aggravating factors include but are not limited to:** Physiologic stress(e.g., fatigue)Psychological stress(e.g., anxiety, depression)Certain types of food( e.g., aged cheese, dark chocolate, hot dogs, processed meats)Please indicate all aggravating factors for headache documented in the encounter note. |

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|  |  | ***Alleviating Factors*** |  |  |
| 37 | hallev1hallev2hallev3hallev4hallev5hallev6hallev7hallev8hallev9hallev10hallev11hallev12hallev13hallev99 | During the encounter on (computer to display haencdt), has the patient tried any of the following to alleviate the headache?**Indicate all that apply:**1. Take over the counter pain medications
2. Take prescribed abortive medication(s)
3. Has tried indomethacin for the headache
4. Avoided certain food to avoid getting a headache
5. Started eating certain foods to avoid getting a headache
6. Reports vomiting helps the headache
7. Reports rest helps the headache
8. Reports headache improved during pregnancy
9. Reports rubbing/massaging the head or neck helps the headache
10. Reports applying ice to head and/or neck helps the headache
11. Reports applying heat to head and/or neck helps the headache
12. Reports meditating or mindfulness techniques help the headache
13. Reports biofeedback helps the headache

99. None of the above | 1,2,3,4,5,6,7,8,9,10,11,12,13,99If 3, go to indoresp; else go to haonset | Alleviating factors are things that help to diminish the headache Alleviating (helping) does not mean completely abolishing headache.Examples:* Patient reports not eating chocolate or drinking red wine helps the headache; select 4.
* Patient reports lying down in a dark, quiet room helps the headache; select 7.

Please indicate all alleviating factors for headache documented in the encounter note.Abortive medications include Triptans (i.e., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]). |
| 38 | indoresp | During the encounter on (computer to display haencdt), what best describes the response that the patient had to Indomethacin?1. Complete (took the headache pain away entirely)2. Incomplete (i.e., improved the headache but did not completely take the headache away)3. No response (did not affect the pain in a meaningful way)99.Not documented | 1,2,3,99 | There are certain types of headaches that are considered to be indomethacin responsive headaches. Please indicate the select the value that describes the patient’s response to indomethacin. If the patient’s response is not documented, enter 99. |

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|  |  | **Age of Onset and Relationship to Important Military Events** |  |  |
| 39 | haonset | During the encounter on (computer to display haencdt), what was the patient’s estimated age at onset of the headache?  | \_\_\_ \_\_\_

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| Cannot be less than DOB + 10 years and cannot exceed current age |

Abstractor may enter zzIf gender = female, go to hamenses; else go to hareturn | Please read the physician/APN/PA note for the most recent encounter related to headache for documentation of the patient’s estimated age at onset of the headache and enter the appropriate value.For description of earlier and later, use the following guidelines:* Earlier (e.g., earlier twenties): enter 20 years of age
* Later (e.g., later twenties): enter 26 years of age

If the patient’s age at onset of headache is not documented or cannot be estimated, enter zz. |
| 40 | hamenses | During the encounter on (computer to display haencdt), did the physician/APN/PA document the female patient’s headache began after their first menstrual cycle?1. Yes
2. No

99. Not documented | 1,2,99 | Please read the physician/APN/PA note for the most recent encounter related to headache for documentation that the female patient’s headache began after their first menstrual cycle (after onset of menses).  |
| 41 | hareturn | During the encounter on (computer to display haencdt), did it begin when the Veteran returned home from overseas? 1. Yes
2. No
3. Not documented
 | 1,2,99 | Please read the physician/APN/PA note for the most recent encounter related to headache for documentation of whether the headache began after the Veteran returned home from overseas tour of duty.If there is no documentation the regarding onset of headache in relation to return from overseas tour of duty, select 99. |
| 42 | prevtbi | During the encounter on (computer to display haencdt), did the provider document the patient had a head trauma or traumatic brain injury (TBI) prior to onset of the first type of headache?1. Yes
2. No
 | 1,2If 2, go to neuroIf 1, auto-fill tbi = 1 | Head trauma includes any trauma to the head such as concussion, skull fracture, gunshot wound or exposure to a blast from either an IED or RPG.Of note, a Veteran may have a history of head trauma but not a have formal diagnosis of TBI.This information may be found in the history of present illness (HPI) and impression sections of the provider’s note. |
| 43 | hatbi | During the encounter on (computer to display haencdt), did the physician/APN/PA document the headache began after a head trauma or traumatic brain injury?1. Within one week after TBI
2. Greater than one week and within 3 months
3. Greater than three months and within 12 months
4. Greater than 12 months after TBI

99. Not documented | 1,2,3,4,99 | Enter the relationship of the onset of headache relative to the TBI documented by the physician/APN/PA in the encounter note for headache.This information may be found in the history of present illness (HPI) and impression sections of the provider’s note. |
| 44 | neuro | During the timeframe from (computer display 10/01/2016 to 9/30/2017), did the Veteran have a neurological examination (e.g., assessed mental status, cranial nerves, muscle strength, reflexes, gait, etc.) performed by a physician/APN/PA?1. Yes
2. No
 | 1,2If 2, go to sleep | The neurological exam may be performed by primary care or any specialty provider during the specified timeframe. |
| 45 | neuronor | If yes, was the neurological examination noted to be normal?1. Yes
2. No
 | 1,2 | Please read the neurological exam note for outcome of the exam and select the appropriate value. Examples: “Neuro exam negative”; select 1.“Alert/oriented x 3; gait normal; cranial nerves intact, no focal deficits”; select “1.”“Decreased reflexes and muscle tone left side, rest of exam unremarkable”; select 2.  |

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|  |  | **Sleep** |  |  |
| 46 | sleep | During the encounter on (computer to display haencdt), did the physician/APN/PA discuss sleep with the patient?1. Yes
2. No
 | 1,2 | Please read the physician/APN/PA note for the most recent encounter related to headache for documentation of discussion of sleep with the patient. |
| 47 | sleep2 | During the encounter on (computer to display haencdt), did the physician/APN/PA document number of hours the patient sleeps at night?1. Yes
2. No
 | 1,2If 2, go to ptawake | Please read the physician/APN/PA note for the most recent encounter related to headache to determine if provider documented number of hours the patient sleeps at night. |
| 48 | sleephr | Enter the number of hours the patient sleeps at night.  | \_\_\_ \_\_\_

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| Whole numbers> 1 and < 24 |
| Warning if > 12 |

 | Enter the number of hours the patient sleeps at night. |
| 49 | ptawake | During the encounter on (computer to display haencdt), did the physician/APN/PA document how many times the patient awakens per night?1. Yes
2. No
 | 1,2If 2, go to snore | Please read the physician/APN/PA note for the most recent encounter related to headache for documentation of number of times the patient awakens at night. |
| 50 | awakenum | Enter the number of reported times the patient awakens at night. | \_\_\_ \_\_\_

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| Whole numbers> 0 and < 50 |

 | Enter the number of reported times the patient awakens at night. |
| 51 | snore | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient or partner reported the patient snores?1. Yes
2. No
 | 1,2 | Please read the physician/APN/PA note for the most recent encounter related to headache for documentation the patient or partner reported that the patient snores. . If there is no documentation whether the patient snores, select 2. |

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|  |  | **Headache Treatments** |  |  |
| 52 | hatx1hatx2hatx3hatx4hatx5hatx6hatx7hatx8hatx99 | During the encounter on (computer to display haencdt), was the patient offered any of the following types of treatment for headache?**Indicate all the apply:**1. Abortive, prescription pharmacological therapy (e.g., triptan)2. Abortive, over-the-counter pharmacological therapy (e.g., ibuprofen)3. Prophylactic, prescription pharmacological therapy (e.g., Topamax)4. Prophylactic therapy with a vitamin/mineral/supplement5. Non-pharmacological, procedural-based therapy (e.g., acupuncture)6. Non-pharmacological, non-procedural-based therapy (e.g., relaxation)7. Neurotoxin injections (i.e., onabotulinumtoxin A [Botox®; abobotulinumtoxinA [Dysport®]; incobotulinumtoxin A [Xeomin®; rimabotulinumtoxinB [Myobloc®] 8. No therapies offered99. Not documented | 1,2,3,4,5,6,7,8,99 | Of note, these therapies may have been offered, but the patient opted not to pursue them. If there is documentation by the provider during the encounter that the patient is currently taking a medication or receiving non-pharmacological therapy, do not select that option. For example, “Patient reports frovatriptan relieved headache. Will renew prescription;” do not select value 1. Triptans include (i.e., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]).**Prophylactic therapy with a vitamin/mineral/supplement include**: butterbur, feverfew, magnesium, riboflavin, coenzyme Q10**Non-pharmacological, non-procedural-based therapy/health psychology therapeutic modalities include**: relaxation, relaxation and biofeedback, biofeedback, cognitive behavioral therapy, mindfulness-based stress reduction, tai chi**Non-pharmacological, procedural-based therapy include**: regular acupuncture, battle-field acupuncture, massage, spinal manipulation, **Note**: Non-pharmacological procedural or non-procedural based therapy may also be referred to as complementary and alternative medicine or complementary and integrative health (CIH) |
|  |  | **Medications and Medication Overuse Headache** |  |  |
|  |  | **Over the counter (OTC), non-opioid analgesic medications** |  |  |
| 53 | otcmed | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient has taken over the counter (OTC) medications for headaches?1. Yes
2. No

99. No documentation regarding OTC medications  | 1,2, 99If 99, go to saopioid | Over the counter (OTC) medications are typically taken as needed for pain but may be taken every day, even multiple times a day. OTC medications for pain include acetaminophen (Tylenol), non-steroidal anti-inflammatory drugs (NSAID) such as ibuprofen, and aspirin/acetysalicyclic acid.If documentation clearly indicates the patient is taking an OTC medication for headache, select “1.”If documentation indicates the patient is taking an OTC medication for other pain (e.g., back pain, knee pain), select “2.” |
| 54 | otcothr | During the encounter on (computer to display haencdt), did the physician/APN/PA document that the patient takes OTC medications for another painful condition (e.g., knee pain, lower back pain)?1. Yes2. No | 1,2If (1 or 2) AND (otcmed = 2), go to saopioid | If the physician/APN/PA documents the patient takes the OTC medication for conditions other than headache, select value 1. |
| 55 | otctype1otctype2otctype3otctype4otctype5 | During the encounter on (computer to display haencdt), what OTC medications does the physician/APN/PA document the patient has taken for headaches?**Indicate all that apply:**1. Acetaminophen
2. Non-steroidal anti-inflammatory drugs (NSAID) such as ibuprofen
3. Aspirin/acetylsalicyclic acid
4. Excedrin (acetaminophen, aspirin, and caffeine; acetaminophen and caffeine)
5. OTC medication name not specified
 | 1,2,3,4,5

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| **Cannot enter 5 with any other number** |

If otctype1 = -1, enable acetfreqIf otctype2, enable nsaidfreqIf otctype3, enable asafreqIf otctype4, enable excefreqIf 5, go to saopioid | Please indicate all OTC medications the patient has taken for headache as noted by the physician/APN/PA. |
| 56 | acetfreq | During the encounter on (computer to display haencdt), is there documentation of the frequency that the patient takes acetaminophen for headache?1. Greater than or equal to 15 days/month
2. Less than 15 days/month

99. Not documented | 1,2,99 | Please review the physician/APN/PA note for documentation of how often the patient takes acetaminophen for headache and select the appropriate value.The frequency of medication use may be estimated from physician/APN/PA documentation. For example, APN notes, “Patient takes acetaminophen at least 4 days/week;” select 1. |
| 57 | nsaidfreq | During the encounter on (computer to display haencdt), is there documentation of the frequency that the patient takes a non-steroidal anti-inflammatory (NSAID) for headache?1. Greater than or equal to 15 days/month
2. Less than 15 days/month

99. Not documented | 1,2,99 | Please review the physician/APN/PA note for documentation of how often the patient takes a non-steroidal anti-inflammatory (NSAID) for headache and select the appropriate value.The frequency of medication use may be estimated from physician/APN/PA documentation. For example, APN notes, “Patient takes ibuprofen at least 4 days/week;” select 1. |
| 58 | asafreq | During the encounter on (computer to display haencdt), is there documentation of the frequency that the patient takes aspirin for headache?1. Greater than or equal to 15 days/month
2. Less than 15 days/month

99. Not documented | 1,2,99 | Please review the physician/APN/PA note for documentation of how often the patient takes aspirin for headache and select the appropriate value.The frequency of medication use may be estimated from physician/APN/PA documentation. For example, APN notes, “Patient takes aspirin at least 4 days/week;” select 1. |
| 59 | excefreq | During the encounter on (computer to display haencdt), is there documentation of the frequency that the patient takes Excedrin for headache?1. Greater than or equal to 15 days/month
2. Less than 15 days/month

99. Not documented | 1,2,99 | Please review the physician/APN/PA note for documentation of how often the patient takes Excedrin for headache and select the appropriate value.The frequency of medication use may be estimated from physician/APN/PA documentation. For example, APN notes, “Patient takes Excedrin at least 4 days/week;” select 1. |
|  |  | ***Opioid analgesic medications***  |  |  |
| 60 | saopioid | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient has taken short-acting opioid analgesic medications as needed for headaches?1. Yes
2. No
 | 1,2If 2, go to saopiothr | Short-acting opioid analgesic medications include codeine (acetaminophen plus codeine), buprenorphine, morphine, oxycodone (Percocet), hydrocodone (Vicodin), hydromorphone.Please note some of the same opioid analgesic medications may also be available in a long-acting formulation (e.g., extended release).  |
| 61 | saopifreq | During the encounter on (computer to display haencdt), did the physician/APN/PA document that s/he takes this short-acting opioid analgesic:1. Greater than or equal to 10 days/month
2. Less than 10 days/month

99. Not documented | 1,2,99 | Please select the value that indicates the frequency the patient takes the short-acting opioid medication. The frequency of short-acting opioid medication use may be estimated from physician/APN/PA documentation. For example, physician notes, “Patient takes oxycodone at least 3 days/week;” select 1.If the frequency is not documented, select 99. |
| 62 | saopiothr | During the encounter on (computer to display haencdt), did the physician/APN/PA document that the patient uses short-acting opioid analgesic medications for another painful condition (e.g., knee pain, lower back pain)?1. Yes2. No | 1,2 | If the physician/APN/PA documents the patient takes the short-acting opioid for conditions other than headache, select value 1. |
| 63 | laopioid | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient takes long-acting opioid analgesic medications for headaches?1. Yes2. No | 1,2If 2, go to laopiothr | Long-acting opioid analgesic medications include extended release morphine (MS Contin), extended release oxymorphone, extended release oxycodone, levorphanol, methadone, extended release hydromorphone, transdermal systems with fentanyl (Duragesic patches), buprenorphine patch (Butrans). |
| 64 | laopifreq | During the encounter on (computer to display haencdt), did the physician/APN/PA document that the patient takes this long-acting opioid analgesic:1. Greater than or equal to 10 days/month
2. Less than 10 days/month

99. Not documented | 1,2,99 | Please select the value that indicates the frequency the patient takes/uses the long-acting opioid medication. The frequency of long-acting opioid medication use may be estimated from physician/APN/PA documentation. For example, physician notes, “Patient takes extended release hydromorphone at least 3 days/week;” select 1.If the frequency is not documented, select 99. |
| 65 | laopiothr | During the encounter on (computer to display haencdt), did the physician/APN/PA document that the patient uses long-acting opioid analgesic medications for another painful condition (e.g., knee pain, lower back pain)?1. Yes
2. No
 | 1,2 | If the physician/APN/PA documents the patient takes the long-acting opioid for conditions other than headache, select value 1. |
|  |  | ***Triptans, Ergotamines, and other as needed prescription abortive pain medication*** |  |  |
| 66 | triptan | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient takes a triptan as needed for headaches?1. Yes2. No | 1,2If 2, go to ergotamine | Triptans include (i.e., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]). |
| 67 | tripfreq | During the encounter on (computer to display haencdt), did the physician/APN/PA document that she/he takes the triptan medication:1. Rarely
2. Monthly
3. Weekly
4. Multiple days in a week
5. Daily
6. Not documented
 | 1,2,3,4,5,99 | Please select the value that indicates the frequency the patient takes the triptan medication. If the frequency is not documented, select 99. |
| 68 | tripover | During the encounter on (computer to display haencdt), did the physician/APN/PA document that the patient takes triptans:1. Greater than or equal to 10 days/month
2. Less than 10 days/month

99. Not documented | 1,2,99 | Please select the value that indicates the frequency the patient takes triptans. The frequency of triptan use may be estimated from physician/APN/PA documentation. For example, physician notes, “Patient takes a triptan at least 3 days/week;” select 1.If the frequency is not documented, select 99. |
| 69 | ergotamine | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient takes an ergotamine as needed for headaches?1. Yes
2. No
 | 1,2If 2, go to fiormed | Ergotamines include (e.g., Migranal® , Cafergot®, Migergot®, DHE-45, Cafatine, Cafetrate, Ercaf, Ergo-Caff, Ergomar®, Wigraine®).If the physician/APN/PA documents the patient takes an ergotamine as needed for headaches, select 1.  |
| 70 | ergofreq | During the encounter on (computer to display haencdt), did the physician/APN/PA document that s/he takes an ergotamine:1. Rarely
2. Monthly
3. Weekly
4. Multiple days in a week
5. Daily

99. Not documented | 1,2,3,4,5,99 | Please select the value that indicates the frequency the patient takes the ergotamine medication. If the frequency is not documented, select 99. |
| 71 | fiormed | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient takes Fioricet or Fiorinal as needed for headaches?1. Yes
2. No
 | 1,2If 2, go to prophymed | Fioricet contains a combination of acetaminophen, butalbital and caffeine. Fiorinal contains a combination of aspirin, butalbital and caffeine.If the physician/APN/PA documents the patient takes Fioricet or Fiorinal as needed for headaches, select 1.  |
| 72 | fiorfreq | During the encounter on (computer to display haencdt), did the physician/APN/PA document that s/he takes Fioricet or Fiorinal:1. Rarely
2. Monthly
3. Weekly
4. Multiple days in a week
5. Daily

99. Not documented | 1,2,3,4,5,99 | Please select the value that indicates the frequency the patient takes Fioricet or Fiornal. If the frequency is not documented, select 99. |

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|  |  | **Prophylactic medications**  |  |  |
| 73 | prophymed | During the encounter on (computer to display haencdt), did the physician/APN/PA discuss prophylactic (preventative) medication options with the patient?1. Yes, physician/APN/PA discussed prophylactic (preventative) medication options
2. Yes, physician/APN/PA discussed and prescribed prophylactic (preventative) medication(s)
3. No, documentation the physician/APN/PA discussed or prescribed prophylactic (preventative) medication(s)
 | 1,2,3 | **A prophylactic medication for headaches is a medication taken to prevent the headache from occurring.** Please review the physician/APN/PA note to determine if prophylactic (preventative) medication options were discussed with the patient. If physician/APN/PA prescribed any of the medications for the patient, select “1.”**Examples of categories of prophylactic (preventative) medications (please refer to drug handbook for complete list of medications) for headache include:**1. Anticonvulsants/Antiepileptic drugs (e.g., carbamazepine, clobazam, lamotrigine, phenobarbital, phenytoin)2. Antidepressants (amitriptyline, doxepin, desipramine)3. Beta-blockers (atenolol, metoprolol, propranolol)4. Calcium Channel Blockers (amlodipine,diltiazem, nifedipine)5. SSRI’s (citalopram, excitalopram, fluoxetine, paroxetine, sertraline,vilazodone)6. SNRI’s (desvenlafaxine, duloxetine, venlafaxine, minacipran)7. Vitamins/minerals/supplements (magnesium, riboflavin, CoQ10, butterbur, petadolex)8. ACE inhibitors (enalopril, lisonopril)(/ARBs (candesartan, valsartan, losartan)9. Muscle relaxants (methocarbamol, cyclobenzaprine, carisoprodol)10. Sleep medications (estazolam, temazapam, zolpidem)11. Benzodiazepines (diazepam, lorazepam, oxazepam)12. Non-pharmacological/adjuvant therapy13. Neurotoxin injections (i.e., onabotulinumtoxin A [Botox®; abobotulinumtoxinA [Dysport®]; incobotulinumtoxin A [Xeomin®; rimabotulinumtoxinB [Myobloc®] 14. Interventional therapeutic procedures15. Devices16. Alpha agonists (clonidine, guanabenz, guanfacine)17. Antihistamine (cetirizine, chlorpheniramine, diphenhydramine, loratadine)18. Direct vascular smooth muscle relaxant (cycladelate) |
| 74 | promedrx1promedrx2promedrx3promedrx4promedrx5promedrx6promedrx7promedrx8promedrx9promedrx10promedrx11promedrx12promedrx13promedrx14promedrx15promedrx16promedrx17promedrx18promedrx99 | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient has been prescribed a preventative treatment for his or her headache(s)?**Indicate all that apply:**1. Anticonvulsants2. Antidepressants3. Beta-blockers4. Calcium Channel Blockers5. SSRI’s6. SNRI’s7. Vitamins/minerals/supplements8. ACE inhibitors/ARBs9. Muscle relaxants10. Sleep medications11. Benzodiazepines12. Non-pharmacological/adjuvant therapy13. Neurotoxin injections (i.e., onabotulinumtoxin A [Botox®; abobotulinumtoxinA [Dysport®]; incobotulinumtoxin A [Xeomin®; rimabotulinumtoxinB [Myobloc®] 14. Interventional therapeutic procedures15. Devices16. Alpha agonists17. Antihistamine18. Direct vascular smooth muscle relaxant (cycladelate)99. None of the above | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,99

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| Warning if promedrx7 = -1 and magrx, feverfew, riboflav and coenyq10 =2 |

 | **There are many preventative treatments for headache. Please indicate all preventative treatments prescribed for the patient’s headache.****If the medication(s) is included in the current medication list, enter the value for that medication.****Examples of categories of prophylactic (preventative) medications (please refer to drug handbook for complete list of medications) for headache include:**1. Anticonvulsants/Antiepileptic drugs (e.g., carbamazepine, clobazam, lamotrigine, phenobarbital, phenytoin)2. Antidepressants (amitriptyline, doxepin, desipramine)3. Beta-blockers (atenolol, metoprolol, propranolol)4. Calcium Channel Blockers (amlodipine,diltiazem, nifedipine)5. SSRI’s (citalopram, excitalopram, fluoxetine, paroxetine, sertraline,vilazodone)6. SNRI’s (desvenlafaxine, duloxetine, venlafaxine, minacipran)7. Vitamins/minerals/supplements (magnesium, riboflavin, CoQ10, butterbur, petadolex)8. ACE inhibitors (enalopril, lisonopril)(/ARBs (candesartan, valsartan, losartan)9. Muscle relaxants (methocarbamol, cyclobenzaprine, carisoprodol)10. Sleep medications (estazolam, temazapam, zolpidem)11. Benzodiazepines (diazepam, lorazepam, oxazepam)12. Non-pharmacological/adjuvant therapy13. Neurotoxin injections (i.e., onabotulinumtoxin A [Botox®; abobotulinumtoxinA [Dysport®]; incobotulinumtoxin A [Xeomin®; rimabotulinumtoxinB [Myobloc®] 14. Interventional therapeutic procedures15. Devices16. Alpha agonists (clonidine, guanabenz, guanfacine)17. Antihistamine (cetirizine, chlorpheniramine, diphenhydramine, loratadine)18. Direct vascular smooth muscle relaxant (cycladelate) |
| 75 | divalrx | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient has been prescribed divalproex sodium or valproic acid?1. Yes
2. No
 | 1,2If 2, go to magrx | If the physician/APN/PA documents the patient has been prescribed (current or in the past) divalproex sodium or valproic acid select value 1. |
| 76 | divalout | What outcome of divalproex sodium or valproic acid was documented in the record by the provider?1. Complete resolution of headaches; no longer has to take abortive agents in a given month
2. Near complete resolution of headaches; still needs to take some abortive agents in a given month
3. Some improvement of headaches; still needs to take abortive medications most weeks of the month
4. Marginal improvement of headaches; still needs to take abortive medications most days of the month
5. No improvement, remained on medication
6. No improvement, medication discontinued
7. Unable to tolerate side effects, medication discontinued

99. Outcome not documented | 1,2,3,4,5,6,7,99 | Please review the physician/APN/PA note for documentation of the outcome of divalproex sodium or valproic acid on the patient’s headache and select the appropriate value.Outcome is defined as the effect the medication had on the patient’s headache and may be positive (e.g., complete resolution of headache or negative (e.g., no improvement).  |
| 77 | magrx | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient has been prescribed magnesium?1. Yes
2. No
 | 1,2If 2, go to feverfew

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| --- |
| Warning if 2 and promedrx7 = -1 |

 | If the physician/APN/PA documents the patient has been prescribed magnesium (current or past prescription), select value 1. |
| 78 | magout | What outcome of magnesium was documented in the record by the provider? 1. Complete resolution of headaches; no longer has to take abortive agents in a given month2. Near complete resolution of headaches; still needs to take some abortive agents in a given month3. Some improvement of headaches; still needs to take abortive medications most weeks of the month4. Marginal improvement of headaches; still needs to take abortive medications most days of the month5. No improvement, remained on medication6. No improvement, medication discontinued7. Unable to tolerate side effects, medication discontinued99. Outcome not documented | 1,2,3,4,5,6,7,99 | Please review the physician/APN/PA note for documentation of the outcome of magnesium on the patient’s headache and select the appropriate value.Outcome is defined as the effect the medication had on the patient’s headache and may be positive (e.g., complete resolution of headache or negative (e.g., no improvement). |
| 79 | feverfew | During the encounter on (computer to display haencdt, did the physician/APN/PA document the patient has been prescribed feverfew (MIG-99)?1. Yes
2. No
 | 1,2

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| --- |
| Warning if 2 and promedrx7 = -1 |

 | If the physician/APN/PA documents the patient has been prescribed (current or in the past) feverfew (MIG-99), select value 1. |
| 80 | riboflav | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient has been prescribed riboflavin (vitamin B2)?1. Yes
2. No
 | 1,2

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| --- |
| Warning if 2 and promedrx7 = -1 |

 | If the physician/APN/PA documents the patient has been prescribed (current or in the past) riboflavin (vitamin B2), select value 1. |
| 81 | coenyq10 | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient has been prescribed coenzyme Q10 (coQ10)?1. Yes
2. No
 | 1,2

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| Warning if 2 and promedrx7 = -1 |

 | If the physician/APN/PA documents the patient has been prescribed (current or in the past) coenzyme Q10 (coQ10), select value 1. |

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|  |  | **Oxygen** |  |  |
| 82 | oxygenrx | During the timeframe from (computer display haencdt – 1 year to haencdt), is there documentation the patient has been prescribed inhaled oxygen?1. Yes
2. No
 | 1.2If 2 and sex = 2, go to ocp; else if 2, go to medmari | Please review all pertinent documentation during the specified timeframe to determine if oxygen was prescribed for the patient. Do not include oxygen that was only prescribed and administered during an encounter with health care system (e.g., oxygen administered in Emergency Department, inpatient admission, etc.)Suggested data source: Physician orders, progress notes |
| 83 | oxyrate | Was a maximum rate of oxygen prescribed for the patient?Enter the rate:  | 1 – 15Abstractor may enter zz | Please review physician orders to determine the maximum rate of oxygen prescribed for the paatient. Oxygen rates may be prescribed as liters/minute (LPM) such as 2 liters/minute.If the maximum rate of oxygen prescribed is not found, enter zz.Suggested data source: Physician orders |
| 84 | oxydur | What was the recommended duration of time for use of oxygen by this patient? | Minutes1 – 1,440Abstractor may enter zz | Please review physician orders and progress notes to determine recommended duration of time for oxygen therapy. Enter the time in minutes.If the duration of the time for oxygen therapy is not found, enter zz.Suggested data source: Physician orders, progress notes |
| 85 | oxymask | During the timeframe from (computer display haencdt – 1 year to haencdt), is there documentation the patient was prescribed a non-rebreather mask?1. Yes
2. No
 | 1,2If 1 or 2 and sex = 2, go to ocp; else go to medmari | Please review all pertinent documentation during the specified timeframe to determine if a non-rebreather mask was prescribed for the patient. Do not include a non-rebreather mask that was only prescribed and used during an encounter with health care system (e.g., oxygen administered in Emergency Department, inpatient admission, etc.)Suggested data source: Physician orders, progress notes |
| 86 | ocp | During the encounter on (computer to display haencdt), did the physician/APN/PA document the female patient uses birth control?1. Yes
2. No
 | 1.2If 2, go to medmari | If the physician/APN/PA documents the patient uses any form of birth control, select value 1. Forms of birth control include:* Oral or transdermal (patch) contraceptives
* Intra-uterine device
* Birth control implant
* Birth control shot
* Birth control vaginal ring
* Condom, Male
* Condom, Female
* Diaphragm
* Birth control sponge
* Cervical cap
* Spermicide
* Withdrawal
* Abstinence
* Sterilization
* Vasectomy (male partner)
 |
| 87 | ocptype1ocptype2ocptype3ocptype4ocptype5ocptype6ocptype7ocptype8ocptype9ocptype10ocptype11ocptype12ocptype13ocptype14ocptype15ocptype16ocptype17 | What type(s) of birth control was the female patient using at the time of this visit? **Indicate all that apply:**1. Estrogen-only pill or patch2. Progesterone-only pill or patch3. Estrogen-progesterone combination pill or patch4. Intra-uterine device5. Birth control implant6. Birth control shot7. Birth control vaginal ring8. Condom, Male9. Condom, Female10. Diaphragm11. Birth control sponge12. Cervical cap13. Spermicide14. Withdrawal 15. Abstinence16. Sterilization17. Vasectomy | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17 | Please review the physician/APN/PA note and select all type(s) of birth control the patient is using at the time of the visit. |
| 88 | medmari | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient was using medical marijuana?1. Yes
2. No
 | 1.2If 2, go to cbd | If the physician/APN/PA documents the patient has been using (current or in the past) medical marijuana, select value 1. |
| 89 | mariha | Did the patient report using medical marijuana specifically for headache?1. Yes
2. No
 | 1,2If 2, go to cbd | Review the physician/APN/PA note for documentation that the patient is using the medical marijuana specifically for headache.If there is no documentation the patient uses medical marijuana for headache, select value 2. |
| 90 | maridur | What was the documented frequency this patient used medical marijuana?1. Rarely
2. Monthly
3. Weekly
4. Multiple days in a week
5. Daily

99. Not documented | 1,2,3,4,5,99 | Please select the value that indicates the frequency the patient used medical marijuana. If frequency is not documented, select 99. |
| 91 | mariout | What was the outcome of medical marijuana?1. Complete resolution of headaches; no longer has to take abortive agents in a given month2. Near complete resolution of headaches; still needs to take some abortive agents in a given month3. Some improvement of headaches; still needs to take abortive medications most weeks of the month4. Marginal improvement of headaches; still needs to take abortive medications most days of the month5. No improvement, remained on medication6. No improvement, medication discontinued7. Unable to tolerate side effects, medication discontinued99. Outcome not documented | 1,2,3,4,5,6,7,99 | Please review the physician/APN/PA note for documentation of the outcome of medical marijuana and select the appropriate value.Outcome is defined as the effect the medication had on the patient’s headache and may be positive (e.g., complete resolution of headache or negative (e.g., no improvement). |
| 92 | cbd | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient reported using cannabidiol (CBD) oil?1. Yes
2. No
 | 1,2If 2, go to overha | If the physician/APN/PA documents the patient reported current or past use of cannabidiol (CBD) oil, select value 1. |
| 93 | cbdha | Did the patient report using cannabidiol (CBD) oil specifically for headache?1. Yes
2. No
 | 1,2 | Review the physician/APN/PA note for documentation that the patient used the cannabidiol (CBD) oil specifically for headache.If there is no documentation the patient used cannabidiol (CBD) oil for headache, select value 2. |
| 94 | cbdout | What was the outcome of cannabidiol (CBD) oil documented in the record by the provider?1. Complete resolution of headaches; no longer has to take abortive agents in a given month2. Near complete resolution of headaches; still needs to take some abortive agents in a given month3. Some improvement of headaches; still needs to take abortive medications most weeks of the month4. Marginal improvement of headaches; still needs to take abortive medications most days of the month5. No improvement, remained on medication6. No improvement, medication discontinued7. Unable to tolerate side effects, medication discontinued99. Outcome not documented | 1,2,3,4,5,6,7,99 | Please review the physician/APN/PA note for documentation of the outcome of use of cannabidiol (CBD) oil and select the appropriate value.Outcome is defined as the effect the medication had on the patient’s headache and may be positive (e.g., complete resolution of headache or negative (e.g., no improvement). |

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|  |  | **Medication overuse headache (MOH)** |  |  |
| 95 | overha | During the encounter on (computer to display haencdt), did the physician/APN/PA document concern about the overuse of abortive medication as a reason for the patient’s headache or for why the headache is difficult to treat?1. Yes
2. No

99. Not documented | 1,2,99 | Medication overuse headache (MOH) is also termed transformed migraine.**Please review the physician/APN/PA note for documentation of any concern that overuse of abortive medication as the reason for the patient’s headache or for why the headache is difficult to treat.** Abortive medications include triptans (i.e., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]) and ergotamines (e.g., Migranal® , Cafergot®, Migergot®, DHE-45, Cafatine, Cafetrate, Ercaf, Ergo-Caff, Ergomar®, Wigraine®).  |
| 96 | pthealth | During the encounter on (computer to display haencdt), did the physician/APN/PA document concern about the overuse of abortive medication on the overall health of the patient?1. Yes
2. No

99. Not documented | 1,2,99 | Please review the physician/APN/PA note for documentation of any concern about overuse of abortive medication on the overall health of the patient. |
|  |  | **Refractory Headaches** |  |  |
| 97 | hadiff | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient’s headaches are difficult to treat, but not refractory to treatment?1. Yes
2. No

99. Not documented | 1,2,99If 1, go to medsidef | Please review the physician/APN/PA note for documentation that the patient’s headaches are difficult to treat but are not refractory to treatment.If there is documentation that patient has tried many medications without success or headache has been “difficult to treat,” “tried several medications without success,” but there was not specific mention of the word “refractory,” then the headaches would be considered difficult to treat. |
| 98 | refha | During the encounter on (computer to display haencdt), did the provider indicate that the patient’s headaches are refractory to treatment?1. Yes
2. No

99. Not documented | 1,2,99 | **Refractory headaches meaning is that the patient’s headache is not improved with any type of medication tried.**Please review the physician/APN/PA note for documentation that the patient’s headaches are refractory to treatment.  |
| 99 | medsidef | During the encounter on (computer to display haencdt), did the provider indicate that the patient had intolerable side effects to medications?1. Yes
2. No

99. Not documented | 1,2,99 | **Intolerable meaning that the patient could not continue taking the medication because of side effects.**For example, physician documents the patient tried sumatriptan and reported feeling numbness all over her body and almost passed out. |

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|  |  | **Behavioral Health Interventions and Complementary/Alternative Medicine Treatment**  |  |  |
| 100 | behalttx1behalttx2behalttx3behalttx4behalttx5behalttx6behalttx7behalttx8behalttx9behalttx10behalttx11behalttx12behalttx13behalttx14behalttx15behalttx16behalttx17behalttx18behalttx19behalttx20behalttx99 | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient pursued any of the following Behavioral Health Interventions and Complementary/Integrative Health (CIH) treatment options?**Indicate all the apply:**1. Acupuncture
2. Aromatherapy
3. Art therapy
4. Battlefield acupuncture
5. Biofeedback
6. Chiropractor referral
7. Cognitive behavioral therapy
8. Hypnosis
9. Massage therapy
10. Meditation/mindfulness
11. Mindfulness-based stress reduction
12. Music therapy
13. Nutritional therapy
14. Qi gong
15. Relaxation
16. Relaxation and biofeedback
17. Reike
18. Tai chi
19. Yoga

20. other99. not documented | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,99 | Please review the physician/APN/PA note and select all behavioral health interventions and complementary/integrative health (CIH) treatments the patient has tried. |

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|  |  | **Devices** |  |  |
| 101 | offrdev | During the encounter on (computer to display haencdt), did the physician/APN/PA document the patient has been offered any device for the treatment of his/her headache?1. Yes2. No | 1,2If 2, go to counsel | **Devices used to treat headache include non-invasive vagus nerve stimulator (NVNS), mini-transcranial magnetic stimulator (TMS), and Cefaly.**If the physician/APN/PA offered the patient a device or the physician/APN/PA documents devices that were previously offered to the patient, select value 1. |
| 102 | offdevi1offdevi2offdevi3offdevi99 | Which of the following devices have been offered?**Indicate all that apply:**1. Non-invasive vagus nerve stimulator (NVNS)
2. Mini-transcranial magnetic stimulator (TMS)
3. Cefaly

99. None of the above | 1,2,3,99 | **Please indicate all devices offered to the patient for treatment of headache.** |
| 103 | trydev | During the timeframe from (computer display haencdt – 1 year to haencdt + 1 month), is there documentation the patient tried a device for the treatment of his/her headache?1. Yes
2. No
 | 1,2If 2, go to counsel | Please review all provider notes during the specified timeframe to determine if the patient tried a device for treatment of his/her headache.Devices used to treat headache include non-invasive vagus nerve stimulator (NVNS), mini-transcranial magnetic stimulator (TMS), and Cefaly. |
| 104 | trydevi1trydevi2trydevi3trydevi99 | Which of the following devices have been used? **Indicate all that apply:**1. Non-invasive vagus nerve stimulator (NVNS)
2. Mini-transcranial magnetic stimulator (TMS)
3. Cefaly

99. None of the above | 1,2,3,99If 1,2, or 3, enable devi1, devi2 or devi3 as applicableIf 99, go to counsel | **Please select all devices tried by the patient for treatment of headache.** |
| 105 | usedevi1usedevi2usedevi3 | What is the documented frequency of use of the devices(s)?

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| --- | --- |
| **Device** | **Use**1. Rarely
2. Monthly
3. Weekly
4. Multiple days in a week
5. Daily

99. Not documented |
| 1. Non-invasive vagus nerve stimulator (NVNS)
 | 1,2,3,4,5,99 |
| 1. Mini-transcranial magnetic stimulator (TMS)
 | 1,2,3,4,5,99 |
| 1. Cefaly
 | 1,2,3,4,5,99 |

 | Please select the value that indicates the frequency the patient used the specified device. If frequency is not documented, select 99. |

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|  |  | **Counseling** |  |  |
| 106 | counsel1counsel2counsel3counsel4counsel5counsel6counsel99 | During the encounter on (computer to display haencdt), did the physician/APN/PA provide counseling related to the patient’s headache(s) on any of the following?**Indicate all the apply:**1. Exercise2. Hydration status3. Medication side effects4. Nutrition (e.g., avoiding food triggers)5. Sleep hygiene 6. Stress reduction99. None of the above | 1,2,3,4,5,6,99 | Please review the physician/APN/PA note and select all counseling provided to the patient regarding his/her headache. |
|  |  | **Imaging and other diagnostic testing**  |  |  |
| 107 | brainimg | During the timeframe from (computer display haencdt – 2 years to 9/30/2017), did the patient receive a brain imaging test at any VAMC? 1. Yes
2. No
 | 1,2If 2, go to lumbpunc | Brain imaging tests include CT, CT/CTA, MRI, MRI/MRA, MRI/MRV, MRI/MRA/MRV, MRI orbit.Please review the record for documentation of any brain imaging tests during the past two years. The brain imaging test may be completed before or after HAENCDT.Suggested data sources: radiology and imaging reports |
| 108 | imagedt | Enter the date of the earliest brain imaging test completed during the past two years.  | mm/dd/yyyy

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| --- |
| <= 2 years prior to haencdt and <=stdyend |

 | Enter the exact date of the earliest brain imaging test. |
| 109 | imgtype | What was the type of the brain imaging test completed on (computer display imagedt)?1. CT2. CT/CTA3. MRI4. MRI/MRA5. MRI/MRV6. MRI/MRA/MRV7. MRI orbit | 1,2,3,4,5,6,7 | Select the imaging test completed on the date entered in IMAGEDT.Suggested data sources: radiology and imaging reports |
| 110 | imgresult | Was the brain imaging test interpreted as being normal?1. Yes
2. No

99. Not documented | 1,2,99If 1, go to lumbpunc | **Normal** = no evidence of intracranial abnormalityPlease review the impression/findings section of the brain imaging test report for interpretation of the test results.**Examples of normal brain imaging test results include but at not limited to:**CT head results state: No blood, mass, shift or no acute intracranial pathology under the impression/findings section of the imaging report. MRI brain results state: No acute intracranial pathology or normal MRI.Suggested data sources: radiology and imaging reports |
| 111 | imgabn1imgabn2imgabn3imgabn4imgabn5imgabn6imgabn7imgabn8imgabn9imgabn10imgabn11imgabn12imgabn13imgabn14imgabn15imgabn16imgabn17imgabn99 | If the imaging was not normal, did it report any of the following?**Indicate all that apply:**1. atrophy2. cranial nerve enhancement3. encephalomalacia4. epidural hematoma5. hemosiderin deposition6. mass lesion/brain tumor7. meningeal enhancement8. periventricular white matter disease9. prior stroke10. sinusitis11. skull fracture12. small cortical veins13. subarachnoid hemorrhage14. subdural hematoma15. thrombosis of superior sagittal, straight, transverse or sigmoid sinus16. unidentified bright objects (UBOs)17. ventricular dilatation99. None of the above | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,99 | Please review the impression section of the imaging test report for interpretation of the test results and select all findings documented.Suggested data sources: radiology and imaging reports  |
| 112 | lumbpunc | During the timeframe from (computer display haencdt – 1 year to 9/30/2017), is there documentation a lumbar puncture (i.e., spinal tap) was performed?1. Yes
2. No
 | 1,2If 2, go to fundus | Please review relevant documentation during the past year to determine if a lumbar puncture was performed.Suggested data sources: clinic notes, progress notes, procedure notes  |
| 113 | lpress | Was the opening pressure during the lumbar puncture noted to be elevated?1. Yes
2. No
 | 1,2 | Review the lumbar puncture procedure note for documentation that the opening pressure was elevated.  |
| 114 | fundus | During the timeframe from (computer display haencdt – 1 year to 9/30/2017), is there documentation a funduscopic examination was performed? 1. Yes
2. No
 | 1,2If 2, go to tbi | The funduscopic exam could be performed by any type of health care provider, and not necessarily an ophthalmologist or optometrist.Documentation that indicates funduscopic exam of the retina was performed: reference to optic disc, arterioles, no hemorrhage or exudates, microaneuryms, no papilledema, any reference to terms indicating retinopathy. Documentation of a dilated eye exam may include abbreviations such as Dil, DL, DI, or DFE. The term “non-mydriatic” means non-dilated. |
| 115 | fundusdt | Enter the date the most recent funduscopic examination was performed.  | mm/dd/yyyy

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| --- |
| <= 1 year prior to or = haencdt and <=stdyend |

 | Enter the date the most recent funduscopic exam was performed. |
| 116 | fundres1fundres2fundres3fundres4fundres99 | Were any of the following findings documented from the funduscopic exam?**Indicate all that apply:**1. papilledema2. peripheral vision loss3. diplopia4. cranial nerve palsy99. None of the above | 1,2,3,4,99 | Please indicate all findings documented from the funduscopic exam. |

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|  |  | **Traumatic Brain Injury (TBI)** |  |  |
| 117 | tbi | Does the Veteran have a diagnosis of Traumatic Brain Injury (TBI)?1. Yes
2. No
 | 1,2Will be auto-filled as 1 if prevtbi = 1If 2, go to end | Look in the progress notes or problem list tab to determine if there is documentation of a diagnosis of TBI. A current or pre-existing diagnosis of TBI may be documented in a progress note, listed as a health factor in the TBI Clinical Reminder or documented as a comment on the consult.**Suggested data sources:** Polytrauma/TBI Clinic/Care note,C&P TBI note, consultations, progress notes |
| 118 | tbimulti | Is there documentation in the medical record of more than one TBI event?1. Yes
2. No
 | 1,2 | Review the Polytrauma/TBI Clinic/Care and progress notes to determine if the Veteran had more than one TBI event.**Suggested data sources:** Polytrauma/TBI Clinic/Care note, C&P TBI note, consultations, progress notes |
| 119 | tbidt1 | Enter the date of the first (earliest) TBI event. | mm/dd/yyyy

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| --- |
| <= 50 years prior to haencdt and > birthdt |

 | Enter the date the first (earliest) TBI event occurred.If only year is documented, enter 01 for month and day.Suggested data sources: Polytrauma/TBI Clinic/Care note, C&P TBI note, consultations, progress notes |
| 120 | tbisev | What severity of TBI is documented by the provider for the first (earliest) TBI event? 1. Mild
2. Moderate
3. Severe

99. Not documented | 1,2,3,99If tbimulti = 2, go to tbifall | **This information is typically located in the Polytrauma/TBI Clinic/Care Note. It can also be found in the HPI of provider notes.** Most patients with TBI have mild TBI (mTBI). |
| 121 | tbidt2 | Enter the date of the second TBI event. | mm/dd/yyyy

|  |
| --- |
| > tbidt1 and <= stdyend  |

 | Enter the date the second TBI event occurred. If only year is documented, enter 01 for month and day.Suggested data sources: Polytrauma/TBI Clinic/Care note, C&P TBI note, consultations, progress notes |
| 122 | tbisev2 | What severity of TBI is documented by the provider for the second TBI event? 1. Mild
2. Moderate
3. Severe

99. Not documented | 1,2,3,99 | **This information is typically located in the Polytrauma/TBI Clinic/Care Note. It can also be found in the HPI of provider notes.** Most patients with TBI have mild TBI (mTBI). |
| 123 | tbidt3 | Enter the date of the third (most recent) TBI event. | mm/dd/yyyy

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| --- |
|  > tbidt2 and <= stdyend  |

Abstractor can enter 99/99/9999If 99/99/9999, go to tbifall | Enter the date the third (most recent) TBI event occurred.If only year is documented, enter 01 for month and day.If there is no documentation of a third TBI event, enter 99/99/9999.Suggested data sources: Polytrauma/TBI Clinic/Care note, C&P TBI note, consultations, progress notes |
| 124 | tbisev3 | What severity of TBI is documented by the provider for the third (most recent) TBI event? 1. Mild
2. Moderate
3. Severe

99. Not documented | 1,2,3,99 | **This information is typically located in the Polytrauma/TBI Clinic/Care Note. It can also be found in the HPI of provider notes.** Most patients with TBI have mild TBI (mTBI). |
| 125 | tbifall | For the first TBI event on (computer display tbidt1), does the provider documentation indicate the etiology of the TBI was a fall? 1. Yes
2. No
 | 1,2If 2, go to tbimva  | Please review the Polytrauma/TBI Care note and provider notes related to TBI to determine if the etiology (cause) of TBI was a fall. |
| 126 | fallnum | Enter the number of fall(s) resulting in TBI documented in the medical record.  | \_\_ \_\_Whole numbers only 1 – 20Abstractor may enter zzIf valid number or zz, go to helmet | This maybe an absolute number or noted to be “many.” If the number of falls resulting in TBI is not documented, enter zz. |
| 127 | tbimva | For the first TBI event on (computer display tbidt1), does the provider document the etiology of the TBI was a motor vehicle/traffic accident?1. Yes
2. No
 | 1,2If 2, go to tbiblast | Please review the Polytrauma/TBI Care note and provider notes related to TBI to determine if the etiology (cause) of TBI was a motor vehicle/traffic accident. |
| 128 | mvanum | Enter the number of motor vehicle/traffic accident(s) resulting in TBI documented in the medical record. | \_\_ \_\_Whole numbers only 1 – 20Abstractor may enter zzIf valid number or zz, go to helmet | If the number of motor vehicle/traffic accidents resulting in TBI is not documented, enter zz. |
| 129 | tbiblast | For the first TBI event on (computer display tbidt1), does the provider document the etiology of the TBI was a blast (e.g., RPG, IED) injury?1. Yes
2. No
 | 1,2If 2, go to tbibull | Blast injuries include Improvised Explosive Device (IED) and Rocket Propelled Grenade (RPG).Please review the Polytrauma/TBI Care note and provider notes related to TBI to determine if the etiology (cause) of TBI was a RPG or IED. |
| 130 | blastnum | Enter the number of blast injuries resulting in TBI documented in the medical record. | \_\_ \_\_Whole numbers only 1 – 20Abstractor may enter zzIf valid number or zz, go to helmet | If the number of blast injuries (RPG or IED) resulting in TBI is not documented, enter zz. |
| 131 | tbibull | For the first TBI event on (computer display tbidt1), does the provider document the etiology of the TBI was a bullet injury (e.g., gunshot)?1. Yes
2. No
 | 1,2If 2, go to tbiasault | Please review the Polytrauma/TBI Care note and provider notes related to TBI to determine if the etiology (cause) of TBI was a bullet injury (e.g., gunshot). |
| 132 | bullnum | Enter the number of bullet injuries (events) resulting in TBI documented in the medical record. | \_\_ \_\_Whole numbers only 1 – 20Abstractor may enter zzIf valid number or zz, go to helmet | If the number of bullet injuries (events) resulting in TBI is not documented, enter zz. |
| 133 | tbiasault | For the first TBI event on (computer display tbidt1), does the provider document the etiology of the TBI was an assault? 1. Yes
2. No
 | 1,2 If 2, go to tbiblunt | Please review the Polytrauma/TBI Care note and provider notes related to TBI to determine if the etiology (cause) of TBI was an assault. |
| 134 | asaultnum | Enter the number of assault injuries resulting in TBI documented in the medical record. | \_\_ \_\_Whole numbers only 1 – 20Abstractor may enter zzIf valid number or zz, go to helmet | If the number of assaults resulting in TBI is not documented, enter zz. |
| 135 | tbiblunt | For the first TBI event on (computer display tbidt1), does the provider document the etiology of the TBI was blunt trauma to the head? 1. Yes
2. No
 | 1,2If 2, go to helmet | Please review the Polytrauma/TBI Care note and provider notes related to TBI to determine if the etiology (cause) of TBI was an blunt trauma to the head. |
| 136 | bluntnum | Enter the number of blunt trauma events resulting in TBI documented in the medical record. | \_\_ \_\_Whole numbers only 1 – 20Abstractor may enter zzIf valid number or zz, go to helmet | If the number of assaults resulting in TBI is not documented, enter zz. |
| 137 | helmet | For the first TBI event on (computer display tbidt1), does the provider document the Veteran was wearing a helmet at the time of the TBI injury or injuries?1. Yes, for all injuries
2. Yes, for some injuries
3. No, was not wearing a helmet for any injury
4. Not documented
 | 1,2,3,99 | Please review the Polytrauma/TBI Care note and provider notes related to TBI to determine if the Veteran was wearing a helmet at the time of the TBI injury or injuries.  |
| 138 | tbisx1tbisx2tbisx3tbisx4tbisx5tbisx6tbisx7tbisx8tbisx9tbisx10tbisx11tbisx12tbisx13tbisx14tbisx15tbisx16tbisx17tbisx18tbisx19tbisx20tbisx21tbisx22tbisx99 | For the first TBI event on (computer display tbidt1), in the Polytrauma/TBI Care note, did the provider document the Veteran reported any of the following?**Indicate all that apply:**1. change in taste or smell2. difficulty falling or staying asleep3. difficulty making decisions 4. fatigue, loss of energy, getting tired easily5. feeling anxious or tense 6. feeling depressed or sad 7. feeling dizzy8. forgetfulness, cannot remember things9. headache10. hearing difficulty11. increased appetite 12. irritability, easily annoyed, poor frustration tolerance, feeling easily overwhelmed by things13. loss of appetite14. loss of balance15. nausea16. numbness or tingling17. poor concentration18. poor coordination, clumsy19. sensitivity to light20. sensitivity to noise 21. slowed thinking, difficulty getting organized, cannot finish things22. vision problems99. None of the above | 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,99 | Please review the Polytrauma/TBI Care note and select all conditions reported by the Veteran related to the TBI.  |
| 139 | prevtbti | Is there documentation that the Veteran had a TBI prior to being in the military?1. Yes
2. No
3. Not documented
 | 1,2,99 | Please review all clinical documentation to determine if the Veteran had a TBI prior to enlisting in the military.Suggested data sources: Polytrauma TBI note, C&P TBI note, consultations, progress notes |