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|  |  | **Organizational Identifiers** |  |  |
|  | VAMC  CONTROL  QIC  BEGDTE  REVDTE | Facility ID  Control Number  Abstractor ID  Abstraction Begin Date  Abstraction End Date | Pre-fill  QI pre-fill  Auto-fill  Auto-fill  Auto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSN  PTNAMEF  PTNAMEL  BIRTHDT  SEX  RACE  ETHNICITY  AGE | Patient SSN  First Name  Last Name  Birth Date  Sex  Race  Ethnicity  Age | Pre-fill: no change  Pre-fill: no change  Pre-fill: no change  Pre-fill: no change  Pre-fill: **can change**  Pre-fill: no change  Pre-fill: no change  Calculate age at clusterdt |  |
| **Cluster Headache Initial Encounter** | | | | |
| 1 | haencdt | **Computer will pre-fill** the date of the earliest outpatient encounter with a physician/APN/PA related to cluster headache. | mm/dd/yyyy  **Computer will pre-fill**  **Cannot modify**   |  | | --- | | >= 10/01/2015 and <= 9/30/2018 | | **Computer will pre-fill** date of the earliest outpatient encounter with a physician/APN/PA related to cluster headache during the specified time frame.  This date will come from the patient list provided by the Headache Centers of Excellence (HcoE). |
| 2 | haenc1sta | **Computer will pre-fill** the station (facility ID) where the visit took place. | **\_\_ \_\_ \_\_**  **Computer will pre-fill**  **Cannot modify** | **Computer will pre-fill** the station (facility ID) where the earliest visit related to cluster headache took place. This will come from the patient list provided by the HcoE. |

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| 3 | valhaenc | On (computer to display haencdt) is there documentation of an outpatient encounter with a physician/APN/PA for cluster headache?  1. Yes  2. No | 1,2  If 1 go to vistype1 | Select value “1” if the patient had an outpatient encounter with a physician/APN/PA for cluster headache on the pre-filled date.  **Include only outpatient encounters.**  An outpatient encounter may include:   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult only where the patient is seen by a Physician/APN/PA   **Exclude:**   * Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs) or Magnetic Resonance Imaging (MRI) * Telephone calls to inform patient of test results. * Provider to provider encounters where the patient is not present * Encounters at non-VHA facilities |
| 4 | othaencdt1 | **Computer will pre-fill** the date of the earliest outpatient encounter with a physician/APN/PA related to cluster headache. | mm/dd/yyyy  **Computer will pre-fill**  **Cannot modify**   |  | | --- | | >= 10/01/2015 and <= 9/30/2018 | | **Computer will pre-fill** date of the earliest outpatient encounter with a physician/APN/PA related to cluster headache during the specified time frame.  This date will come from the patient list provided by the Headache Centers of Excellence (HcoE). |
| 5 | ohaenc1sta | **Computer will pre-fill** the station (facility ID) where the visit took place. | **\_\_ \_\_ \_\_**  **Computer will pre-fill**  **Cannot modify** | **Computer will pre-fill** the station (facility ID) where the earliest visit related to cluster headache took place. This will come from the patient list provided by the HcoE. |
| 6 | valhaenc1 | On (computer to display othaencdt1) is there documentation of an outpatient encounter with a physician/APN/PA for cluster headache?  1. Yes  2. No | 1,2  If 1 go to vistype1  **If 2, the case is excluded** | Select value “1” if the patient had an outpatient encounter with a physician/APN/PA for cluster headache on the pre-filled date.  **Include only outpatient encounters.**  An outpatient encounter may include:   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult only where the patient is seen by a Physician/APN/PA   **Exclude:**   * Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs) or Magnetic Resonance Imaging (MRI) * Telephone calls to inform patient of test results. * Provider to provider encounters where the patient is not present * Encounters at non-VHA facilities   **Exclusion Statement**: Although the sample information indicated the patient had an outpatient encounter, medical record documentation did not find an encounter within the specified timeframe. |
| **If valhaenc = 1, InitialEncounterDate = haencdt; else InitialEncounterDate = othaencdt1** | | | | |

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| 7 | vistype1 | Was the encounter on (computer display InitialEncounterDate) conducted virtually or in person?   1. VA Video Connect (VVC) 2. Clinical Video Telehealth (CVT) 3. Telephone 4. In person | 1,2,3,4 | Virtual video encounters include VA Video Connect (VVC) and clinical video telehealth (CVT). An in person encounter is a face-to-face encounter between the patient and provider in the same location. |
| 8 | hcp1type | During the outpatient encounter on (computer display InitialEncounterDate), what type of health care provider did the patient see for cluster headache?   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   99. None of the above | 1,2,3,4,5,6,99   |  | | --- | | Warning if 99 | | **Please review the provider note on the specified encounter date indicate the provider that saw the patient for cluster headache.** |

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| 9 | hatype1  hatype2  hatype3  hatype4  hatype5  hatype6  hatype7  hatype8  hatype9  hatype10  hatype11  hatype12  hatype13  hatype14  hatype15  hatype16  hatype17  hatype18  hatype19  hatype20  hatype21  hatype22  hatype23  hatype24  hatype25  hatype26  hatype27  hatype28  hatype29  hatype30  hatype31  hatype32  hatype33  hatype34  hatype35  hatype36  hatype37  hatype38  hatype39  hatype99 | During the outpatient encounter on (computer display InitialEncounterDate), what is the clinical impression of the type(s) of headache documented by the provider?  **Select all that apply:**   1. Cluster headache 2. Headache or headache not otherwise specified (NOS) 3. Migraine without aura or migraine   4. Migraine with aura  5. Migraine with brainstem aura  6. Hemiplegic migraine  7. Retinal or ophthalmic migraine  8. Probable migraine  9. Cold stimulus headache  10. External pressure headache  11. Hypnic headache  12. Medication overuse headache  13. New daily persistent headache  14. Nummular headache  15. Sinus headache  16. Tension-type headache  17. TBI-associated headache  18. Post-traumatic headache (PTHA)  19. Hemicrania continua  20. Paroxysmal hemicrania  21. Probable trigeminal autonomic cephalalgia  22. Primary cough headache  23. Primary exercise headache  24. Primary headache associated with sexual activity  25. Primary stabbing headache  26. Primary thunderclap headache  27. Short-lasting unilateral neuralgiform headache attacks (SUNCT)  28. Acute headache attributed to whiplash  29. Persistent headache attributed to whiplash  30. Acute headache attributed to craniotomy  31. Persistent headache attributed to craniotomy  32. Headache attributed to Chiari malformation Type I  33. Headache attributed to epileptic seizure  34. Headache attributed to increased cerebrospinal fluid pressure  35. Headache attributed to low cerebrospinal fluid pressure  36. Headache attributed to intracranial neoplasia  37. Headache attributed to intrathecal injection  38. Headache attributed to non-infectious inflammatory intracranial disease  39. Headache attributed to a psychiatric disorder  99. No impression documented | 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,  39,99  Cannot select 99 with other values   |  | | --- | | Warning if hatype1 = 0 (null) or  hatype99 = -1 | | 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 17 TBI-associated headache and value 18 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). |
| 10 | haloc1  haloc2  haloc3  haloc4  haloc5  haloc6  haloc99 | During the outpatient encounter on (computer display InitialEncounterDate), what is the location of the patient’s headache pain documented by the physician/APN/PA?  **Select all that apply:**   1. Orbital 2. Supraorbital 3. Retroorbital 4. Periorbital 5. Temporal 6. Location elsewhere   99. No location documented | 1,2,3,4,5,6,99  Cannot select 99 with other values | Please read the physician/APN/PA note for the specified encounter related to headache and enter the more specific location(s) of the headache pain reported by the patient.  If a more specific location of the headache pain is not documented, enter 99. |
| 11 | haside | During the outpatient encounter on (computer display InitialEncounterDate), are the headache attacks always on the same side of the head (in a given cycle for episodic patients)?   1. Yes 2. No, headache attacks are not always on the same side   99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the attacks are documented as being on the same side of the head in a given cycle.  If there is no documentation about the side of the headache pain, enter 99. |
| 12 | hasev | During the outpatient encounter on (computer display InitialEncounterDate), is the headache attack severe or very severe or synonyms thereof?   1. Yes 2. No, headache attack is described as less than severe   99. No documentation | 1,2,99  If 2 or 99, go to hasymp1 | If the words severe or very severe are used by provider in the headache encounter note, select value “1” or yes.  Documentation such as disabling, crushing, worst pain in world, can also be used to select value “1.” |
| 13 | hasevwd | Enter the word(s) used to describe severity of cluster headache attack. | Free text | Enter the word(s) used to describe severity of cluster headache attack. |
| 14 | hasymp1  hasymp2  hasymp3  hasymp4  hasymp5  hasymp6  hasymp7  hasymp8  hasymp99 | On (computer display InitialEncounterDate) are any of the following symptoms present during the headache attack?  **Select all that apply**:   1. ipsilateral conjunctival injection 2. lacrimation 3. nasal congestion 4. rhinorrhea 5. eyelid edema 6. forehead or facial sweating 7. miosis 8. ptosis   99. None of the above | 1,2,3,4,5,6,7,8,99  Cannot select 99 with other values | Please read the physician/APN/PA note for the specified date of the encounter related to cluster headache to determine if there is documentation of any of the listed symptoms  If the physician/APN/PA documents any of the listed symptoms are present, select the applicable value(s). |

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| 15 | hanosymp1 hanosymp2  hanosymp3  hanosymp4  hanosymp5  hanosymp6  hanosymp7  hanosymp8  hanosymp9  hanosymp99 | On (computer display InitialEncounterDate) are any of the following symptoms documented as NOT present during the headache attack or is there documentation of “no autonomic symptoms”?  **Select all that apply**:   1. ipsilateral conjunctival injection 2. lacrimation 3. nasal congestion 4. rhinorrhea 5. eyelid edema 6. forehead or facial sweating 7. miosis 8. ptosis 9. “No autonomic symptoms”   99. None of the above | 1,2,3,4,5,6,7,8,9,99  Cannot select 9 or 99 with any other value  If any hasymp1-8 = -1, cannot enter -1 for related hanosymp1-8 (i.e., if hasymp1 = -1 cannot enter hanosymp1 = -1 | Please read the physician/APN/PA note for the specified date of the encounter related to cluster headache to determine if there is documentation any of the listed symptoms are NOT present.  If the physician/APN/PA documents any of the listed symptoms are not present, select the applicable value(s).  Please answer 9 only if it is noted that there are no autonomic symptoms. |
| 16 | hanum | During the encounter on (computer display InitialEncounterDate) is there evidence in the medical record that the patient had a total of more than five (5) headache attacks during their lifetime?   1. Yes 2. No, there is evidence of less than five (5) headache attacks during their lifetime   99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to cluster headache to determine if the patient had five or more headache attacks.  For example, daily headaches for two weeks, 10 attacks daily, a monthly attack for two years; select value 1.  If there is documentation of less than 5 headache attacks during the patient’s lifetime, select value 2.  If there is no documentation about the number of headache attacks, enter 99. |

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| 17 | hadur | On (computer display InitialEncounterDate), is the usual duration of a headache attack between 15 to 180 minutes?   1. Yes 2. No, headache attacks are not between 15-180 minutes   99. No documentation | 1,2,99  If 1, go to hafreq | Please read the physician/APN/PA note for the specified date of the encounter related to cluster headache to determine if the usual duration of a headache attack was between 15 to 180 minutes.  Examples: Physician notes, “Patient reports headache duration is typically 30 minutes;” enter 1.  Physician notes, “Reports usual duration of headache is 6 hours;” enter 2.  If there is no documentation about the usual duration of the headache attack, enter 99. |
| 18 | hamindur | If there is not a described usual duration, what is the documented minimum duration of an attack?   1. Less than 15 minutes 2. Between 15 to 90 minutes 3. Between 91 to 180 minutes 4. Between 180 to 360 minutes 5. Between 6 and 12 hours 6. More than 12 hours   99. No minimum duration documented | 1,2,3,4,5,6,99 | Please read the physician/APN/PA note for the encounter for the specified encounter related to cluster headache to determine the minimum duration of a headache attack and select the appropriate value.  If there is no documentation about the minimum duration of the headache attack, enter 99. |

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| 19 | hamaxdur | On (computer display InitialEncounterDate), if there is not a described usual duration, what is the documented maximum duration of an attack?   1. Less than 15 minutes 2. Between 15 to 90 minutes 3. Between 91 to 180 minutes 4. Between 180 to 360 minutes 5. Between 6 and 12 hours 6. More than 12 hours   99. Not documented | 1,2,3,4,5,6,99  If 1, go to haminrar  If 2, 3 or 99, go to hafreq  If 4, go to hamaxrar4  If 5 or 6, go to hamaxrar5 | Please read the physician/APN/PA note for the specified encounter related to cluster headache to determine the maximum duration of a headache attack and select the appropriate value.  If there is no documentation about the minimum duration of the headache attack, enter 99. |
| 20 | haminrar | On (computer display InitialEncounterDate), is a headache attack of less than 15 minutes documented as being rare or usual?   1. Rare (or unusual) 2. Usual (or typical)   99. Not documented | 1,2,99 | Please read the physician/APN/PA note for the specified encounter related to cluster headache to determine if the headache attack duration of less than 15 minutes is documented as being rare (unusual) or usual (typical) and select the appropriate value.  If there is no documentation about a headache attack duration of less than 15 minutes as being rare or usual, enter 99. |
| 21 | hatreat | During the encounter for headache on (computer display InitialEncounterDate), were headaches lasting less than 15 minutes treated with an abortive medication or other abortive treatment?   1. Yes 2. No, headaches were not treated with abortive medication or treatment   99. No documentation | 1,2,99  If 2 or 99, go to hafreq | **Abortive treatments for headache are medications or other treatment that can help stop a headache once it starts. Abortive treatment may include prescription or over the counter medications, oxygen, and action by the patient such as exercise or use of cold therapy (e.g., ice pack).**  Examples of abortive medications for headache include Triptans (e.g., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]), opioid medications, and ibuprofen. |
| 22 | hatxmed1  hatxmed2  hatxmed3  hatxmed4  hatxmed5  hatxmed6  hatxmed7  hatxmed8 | During the encounter for headache on (computer display InitialEncounterDate), select all abortive medications and/or abortive treatment the patient takes or used for headaches.  **Select all that apply:**   1. Triptans (see list in D/D rules) 2. Opioids (see list in D/D rules) 3. Ibuprofen 4. Other abortive medication 5. Oxygen 6. Exercise 7. Cold (e.g., ice pack) 8. Other abortive treatment | 1,2,3,4,5,6,7,8  Go to hafreq | Please indicate all abortive medications and/or abortive treatment the patient has taken or used for headache as noted by the physician/APN/PA.  **Examples of Triptans include:** almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®])  **Examples of opioid medications include but are not limited to:** codeine (acetaminophen plus codeine), buprenorphine, hydrocodone (Vicodin), hydromorphone, levorphanol, methadone, morphine, oxycodone (Percocet), extended release morphine (MS Contin), extended release oxymorphone, extended release oxycodone, extended release hydromorphone, transdermal systems with fentanyl (Duragesic patches), buprenorphine patch (Butrans)  If the physician/APN/PA documents the patient has taken an abortive medication that is not covered in values 1, 2 or 3, select value 4. |

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| 23 | hamaxrar4 | On (computer display InitialEncounterDate), is an attack between 180 to 360 minutes documented as being rare or usual?   1. Rare (or unusual) 2. Usual (or typical)   99. Not documented | 1,2,99  If 1,2, or 99, go to hafreq | Please read the physician/APN/PA note for the specified encounter related to cluster headache to determine if the headache attack duration between 180 to 360 minutes is documented as being rare (unusual) or usual (typical) and select the appropriate value.  If there is no documentation about a headache attack duration between 180 to 360 minutes as being rare or usual, enter 99. |
| 24 | hamaxrar5 | On (computer display InitialEncounterDate), is an attack greater than 6 hours documented as being rare or usual?   1. Rare 2. Usual   99. Not documented | 1,2,99 | Please read the physician/APN/PA note for the specified encounter related to cluster headache to determine if the headache attack duration greater than 6 hours is documented as being rare (unusual) or usual (typical) and select the appropriate value.  If there is no documentation about a headache attack duration greater than 6 hours being rare or usual, enter 99. |
| 25 | hafreq | On (computer display InitialEncounterDate), what is the usual frequency of headache attacks?   1. One attack occurring every 3 days or more than 3 days 2. One attack occurring every 1-2 days 3. 2-4 attacks per day 4. 5-8 attacks per day 5. More than 8 attacks per day   99. Not documented | 1,2,3,4,5,99 | Please read the physician/APN/PA note for the specified date of the encounter related to cluster headache to determine if the usual frequency of headache attacks is documented and select the corresponding value.  If there is no documentation about the frequency of the headache attacks, enter 99. |

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| 26 | hacycle | On (computer display InitialEncounterDate), do headaches occur only certain times of year?  1. Yes  2. No, headaches occur throughout the year  99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to cluster headache to determine if the headaches are documented as occurring in cycles or periods during certain times of the year.  Example: Physician noted, “patient reported headache attacks usually occur in spring and fall;” select value 1.  If the physician/APN/PA documents the headache attacks occur throughout the year, select value 2. |
| 27 | hatmdy | On (computer display InitialEncounterDate), do the individual headaches occur at the same time (day or night)?  1. Yes  2. No, headache attacks occur throughout the day at different times.  99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to cluster headache to determine if the individual headaches are documented as occurring at the same time of the day or night.  Example: Physician noted, “patient reported headaches usually occur after going to bed and he wakes up due to pain around 3:00 AM;” select value 1.  If the physician/APN/PA documents the headache attacks occur throughout the day at different times, select value 2. |

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| 28 | harem | On (computer display InitialEncounterDate), are there remission periods lasting for 3 months or longer when no cluster headache attacks occur?   1. Yes 2. No, there are no remission periods or remission periods last less than 3 months   99. No documentation | 1,2,99 | **A remission period is a period of time when no cluster headache attacks occur.**  Please read the physician/APN/PA note for the specified date of the encounter related to cluster headache to determine if there is documentation of remission periods lasting for 3 months or longer.  Example: Physician noted, “patient reported no headaches occurred from January through April;” select value 1.  If physician/APN/PA documents no remission periods or that remission periods last less than 3 months, select value 2. |
| 29 | haagi | On (computer display InitialEncounterDate) is there associated restlessness or agitation during any of the headache attacks?  1.Yes  2. No, there is not restlessness or agitation during headache attacks (could be stated that when patient gets the headache that they like to rest or lie down)  99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to cluster headache to determine if there is documentation of associated restlessness or agitation during any of the headache attacks.  If physician/APN/PA documents there is no restlessness or agitation during the headache attacks, for example, “When patient gets the headache they like to rest or lie down”, select value 2. |

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| 30 | sefinj | On (computer display InitialEncounterDate) was there any assessment of self-injury during a cluster headache attack any time in the patient’s lifetime?  1.Yes  2. No  99. No documentation | 1,2, 99  If 2 or 99, go to asessi | Review the specified encounter note to determine if the provider or a Registered Nurse (RN) assessed the patient for self-injury during a cluster headache attack.  For example, physician asks the patient, “Have you ever hurt or injured yourself during a headache attack?” Select value 1.  Self-injury may include but it not limited to: banging or hitting their head, punching the wall, or biting extremities, such as their hand during the cluster headache attack.  Suggested data sources: Physician Progress notes, Nursing Notes |
| 31 | sefinjdone | On (computer display InitialEncounterDate), was self-injury carried out during a cluster headache attack any time in the patient’s lifetime?  1.Yes  2.No history of self-injury during a headache attack  99. No documentation | 1,2,99  If 2 or 99, go to asessi | Review the specified encounter note for documentation that self-injury was carried out during a cluster headache attack anytime in the patient’s life.  Look for documentation of terms such as banging or hitting their head, punching the wall, or biting extremities, such as their hand during the cluster headache attack |
| 32 | sefinjact | Enter the documented self-injury. | Free text | Examples include but are not limited to: Banging/hitting head, punching wall, biting hand |
| **Suicide Risk Assessment** | | | | |
| 33 | asessi | During the outpatient encounter on (computer display InitialEncounterDate), was the patient asked about suicidal thoughts or ideation?  1. Yes  2. No | 1,2  If 2, go to asesiatmp | Review the encounter note for any documentation the patient was asked about suicidal thoughts or ideation.  **Examples of suicidal thoughts include but are not limited to:** thoughts of killing self; thoughts of wishing oneself was dead  Suggested data sources: Physician Progress notes, Nursing Notes |
| 34 | docsi | During the outpatient encounter on (computer display InitialEncounterDate) did the patient have suicidal thoughts?  1. Yes  2. Patient did not have suicidal thoughts  99. No documentation | 1,2,99  If 2 or 99, go to asesiatmp | **Examples of suicidal thoughts include but are not limited to:** thoughts of killing self; thoughts of wishing oneself was dead  If the physician/APN/PA or RN documents the patient had any suicidal thoughts, select “1.”  If the physician/APN/PA or RN documents the patient did not have any suicidal thoughts, select “2.”  Suggested data sources: Physician Progress notes, Nursing Notes |
| 35 | siinfo | Enter the nature of the suicidal thoughts.   1. Wishing they were dead 2. Wishing they could go to sleep and not wake up 3. Wanting to kill themselves 4. Planning to kill themselves by [free text] | 1,2,3,4  If 4, go to siplan; else go to actsi | Select the appropriate value most closely representing the nature of the patient’s suicidal thoughts.  If there is documentation the patient planned to kill his/herself at any time, select value 4 and enter the method of harm as documented in the record. |
| 36 | siplan | Enter the method of harm indicated by the patient as documented in the record.   |  | | --- | |  | | Free text | Enter the method of harm (the way the patient indicated he/she has thought about killing his/herself) as documented in the record. |
| 37 | actsi | During the outpatient encounter on (computer display InitialEncounterDate), did the patient have active suicidal thoughts?   1. Yes 2. No active suicidal thoughts   99. No documentation | 1, 2,99  If 2 or 99, go to asesiatmp | **Active suicidal thoughts means that the patient indicated to the physician/APN/PA or RN that he/she currently has thoughts of harming oneself.**  In order to select “1”, the physician/APN/PA or RN must document they asked the patient about active suicidal thoughts and patient affirmed. For example, physician notes, “patient states he would be better off dead;” select value 1.  If the physician/APN/PA or RN documents the patient did not have active suicidal thoughts, select “2.” |
| 38 | acsiinfo | Enter the nature of the active suicidal thoughts.   1. Wishing they were dead 2. Wishing they could go to sleep and not wake up 3. Wanting to kill themselves 4. Planning to kill themselves by (free text) | 1,2,3,4  If 4, go to acsplan; else go to asesiatmp | Select the appropriate value most closely representing the nature of the patient’s active suicidal thoughts.  If there is documentation the patient plans to kill his/herself, select value 4 and enter the method of harm as documented in the record. |
| 39 | acsplan | Enter the method of harm indicated by the patient as documented in the record.   |  | | --- | |  | | Free text | Enter the method of harm (the way the patient indicated he/she is planning to kill his/herself) as documented in the record. |
| 40 | asesiatmp | During the outpatient encounter on (computer display InitialEncounterDate), did the physician/APN/PA or RN ask the patient about suicide attempts?   1. Yes 2. No | 1,2  If 2, go to haencdt2 as applicable | In order to select “1”, the physician/APN/PA or RN must document they asked the patient about suicide attempts during the encounter on the specified date. |
| 41 | suiatmp | During the outpatient encounter on (computer display InitialEncounterDate), did the patient ever attempt suicide?   1. Yes 2. No history of suicide attempt (meaning that it is stated that there is no history of suicide attempt)   99. No documentation | 1,2,99  If 2 or 99, go to haencdt2 as applicable | If the physician/APN/PA or RN documents the patient has ever attempted suicide, select “1.”  If the physician/APN/PA or RN documents no history of suicide attempt, select “2.” |
| 42 | atmpinfo | Enter the nature of the suicide attempt. | Text field | If there is documentation the patient has attempted suicide, enter the nature of the suicide attempt. |
| **If HAENCDT2 is null; go to end** | | | | |
| **Second Headache Encounter** | | | | |
| 43 | haencdt2 | **Computer will pre-fill** the date of the second outpatient encounter with a physician/APN/PA related to headache. | mm/dd/yyyy  **Computer will pre-fill**  Cannot modify   |  | | --- | | > haencdt and  <= 09/30/2021 | | **Computer will pre-fill** date of the second outpatient encounter with a physician/APN/PA related to headache during the specified time frame. This date will come from the patient list provided by the Headache Centers of Excellence (HcoE).  **Note:** This study will require that abstractors look at headache encounters across stations (facilities). |
| 44 | haencsta2 | **Computer will pre-fill** the station (facility ID) where the second visit took place. | **\_\_ \_\_ \_\_**  **Cannot modify**  **Computer will pre-fill** | **Computer will pre-fill** the station (facility ID) where the second visit related to headache took place. This will come from the patient list provided by the HcoE.  **Note:** This study will require that abstractors look at headache encounters across stations (facilities). |

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| 45 | valhaenc2 | On (computer to display haencdt2) is there documentation of an outpatient encounter with a physician/APN/PA for headache?  1. Yes  2. No | 1,2  If 1, go to vistype2 | Select value “1” if the patient had an outpatient encounter with a physician/APN/PA for headache on the pre-filled date.  **Include only outpatient encounters.**  An outpatient encounter may include:   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult only where the patient is seen by a Physician/APN/PA   **Exclude:**   * Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs) or Magnetic Resonance Imaging (MRI) * Telephone calls to inform patient of test results. * Provider to provider encounters where the patient is not present * Encounters at non-VHA facilities |

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| 46 | othaencdt2 | During the timeframe from (computer display haencdt2 + 1 day to 09/30/2021, enter the date of the earliest outpatient encounter with a physician/APN/PA for headache at this VAMC. | mm/dd/yyyy   |  | | --- | | > haencdt2 and <= 09/30/2021 |   Abstractor may enter 99/99/9999  **If 99/99/9999, go to end** | **Enter the exact date of the earliest outpatient encounter during the specified timeframe with a physician/APN/PA for headache.**  **Include:**   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult only where the patient is seen by a Physician/APN/PA   **Exclude:**   * Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs) or Magnetic Resonance Imaging (MRI) * Telephone calls to inform patient of test results. * Provider to provider encounters where the patient is not present * Encounters at non-VHA facilities   **If there is no VA outpatient encounter in the specified timeframe, enter 99/99/9999.**  **Suggested data sources:** Progress notes, clinic notes, telephone notes, tele-video notes |
| **If valhaenc2 = 1, EncounterDate2 = haencdt2; else EncounterDate2 = othaencdt2** | | | | |
| 47 | vistype2 | Was the encounter on (computer to display EncounterDate2) conducted virtually or in person?   1. VA Video Connect (VVC) 2. Clinical Video Telehealth (CVT) 3. Telephone 4. In person | 1,2,3,4 | Virtual video encounters include VA Video Connect (VVC) and clinical video telehealth (CVT). An in person encounter is a face-to-face encounter between the patient and provider in the same location. |
| 48 | hcptype2 | During the outpatient encounter on (computer to display EncounterDate2), what type of health care provider did the patient see for headache?   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   99. None of the above | 1,2,3,4,5,6,99   |  | | --- | | Warning if 99 | | **Please review the provider note on the specified encounter date indicate the provider that saw the patient for headache.** |

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| 49 | ha2type1  ha2type2  ha2type3  ha2type4  ha2type5  ha2type6  ha2type7  ha2type8  ha2type9  ha2type10  ha2type11  ha2type12  ha2type13  ha2type14  ha2type15  ha2type16  ha2type17  ha2type18  ha2type19  ha2type20  ha2type21  ha2type22  ha2type23  ha2type24  ha2type25  ha2type26  ha2type27  ha2type28  ha2type29  ha2type30  ha2type31  ha2type32  ha2type33  ha2type34  ha2type35  ha2type36  ha2type37  ha2type38  ha2type39  ha2type99 | During the outpatient encounter on (computer to display EncounterDate2), what is the clinical impression of the type(s) of headache documented by the provider?  **Select all that apply:**   1. Cluster headache 2. Headache or headache not otherwise specified (NOS) 3. Migraine without aura or migraine 4. Migraine with aura 5. Migraine with brainstem aura 6. Hemiplegic migraine 7. Retinal or ophthalmic migraine 8. Probable migraine 9. Cold stimulus headache 10. External pressure headache 11. Hypnic headache 12. Medication overuse headache 13. New daily persistent headache 14. Nummular headache 15. Sinus headache 16. Tension-type headache 17. TBI-associated headache 18. Post-traumatic headache (PTHA) 19. Hemicrania continua 20. Paroxysmal hemicrania 21. Probable trigeminal autonomic cephalalgia 22. Primary cough headache 23. Primary exercise headache 24. Primary headache associated with sexual activity 25. Primary stabbing headache 26. Primary thunderclap headache 27. Short-lasting unilateral neuralgiform headache attacks (SUNCT) 28. Acute headache attributed to whiplash 29. Persistent headache attributed to whiplash 30. Acute headache attributed to craniotomy 31. Persistent headache attributed to craniotomy 32. Headache attributed to Chiari malformation Type I 33. Headache attributed to epileptic seizure 34. Headache attributed to increased cerebrospinal fluid pressure 35. Headache attributed to low cerebrospinal fluid pressure 36. Headache attributed to intracranial neoplasia 37. Headache attributed to intrathecal injection 38. Headache attributed to non-infectious inflammatory intracranial disease 39. Headache attributed to a psychiatric disorder   99. No impression documented | 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,  39,99  Cannot select 99 with other values   |  | | --- | | Warning if ha2type1 = 0 (null) or  ha2type99 = -1 | | 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 17 TBI-associated headache and value 18 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). |
| 50 | ha2loc1  ha2loc2  ha2loc3  ha2loc4  ha2loc5  ha2loc6  ha2loc99 | During the outpatient encounter on (computer to display EncounterDate2), what is the location of the patient’s headache pain documented by the physician/APN/PA?  **Select all that apply:**   1. Orbital 2. Supraorbital 3. Retroorbital 4. Periorbital 5. Temporal 6. Location elsewhere   99. No location documented | 1,2,3,4,5,6,99  Cannot select 99 with other values | Please read the physician/APN/PA note for the specified encounter related to headache and enter the more specific location(s) of the headache pain reported by the patient.  If a more specific location of the headache pain is not documented, enter 99. |
| 51 | haside2 | During the outpatient encounter on (computer to display EncounterDate2), are the headache attacks documented as always being on the same side of the head (in a given cycle for episodic patients)?   1. Yes 2. No, headache attacks are not always on the same side   99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the attacks are documented as being on the same side of the head in a given cycle.  If there is no documentation about the side of the headache pain, enter 99. |
| 52 | hasev2 | During the outpatient encounter on (computer to display EncounterDate2), is the headache attack severe or very severe or synonyms thereof?   1. Yes 2. No, headache attack is described as less than severe   99. No documentation | 1,2,99  If 2 or 99, go to ha2symp1 | If the words severe or very severe are used by provider in the headache encounter note, select value “1” or yes.  Documentation such as disabling, crushing, worst pain in world, can also be used to select value “1” |
| 53 | hasevwd2 | Enter the word(s) used to describe severity of headache attack. | Free text | Enter the word(s) used to describe severity of headache attack. |
| 54 | ha2symp1  ha2symp2  ha2symp3  ha2symp4  ha2symp5  ha2symp6  ha2symp7  ha2symp8  ha2symp99 | On (computer to display EncounterDate2) are any of the following symptoms present during the headache attack?  **Select all that apply**:   1. ipsilateral conjunctival injection 2. lacrimation 3. nasal congestion 4. rhinorrhea 5. eyelid edema 6. forehead or facial sweating 7. miosis 8. ptosis   99. None of the above | 1,2,3,4,5,6,7,8,99  Cannot select 99 with other values | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if there is documentation of any of the listed symptoms.  If the physician/APN/PA documents any of the listed symptoms are present, select the applicable value(s). |

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| 55 | ha2nosymp1 ha2nosymp2  ha2nosymp3  ha2nosymp4  ha2nosymp5  ha2nosymp6  ha2nosymp7  ha2nosymp8  ha2nosymp9  ha2nosymp99 | On (computer to display EncounterDate2), are any of the following symptoms documented as NOT present during the headache attack or is there documentation of “no autonomic symptoms”?  **Select all that apply**:   1. ipsilateral conjunctival injection 2. lacrimation 3. nasal congestion 4. rhinorrhea 5. eyelid edema 6. forehead or facial sweating 7. miosis 8. ptosis 9. “No autonomic symptoms”   99. None of the above. | 1,2,3,4,5,6,7,8,9,99  Cannot select 9 or 99 with any other value  If any ha2symp1-8 = -1, cannot enter -1 for related ha2nosymp1-8 (i.e., if ha2symp1 = -1 cannot enter ha2nosymp1 = -1) | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if there is documentation any of the listed symptoms are NOT present.  If the physician/APN/PA documents any of the listed symptoms are not present, select the applicable value(s).  Please answer 9 only if it is noted that there are no autonomic symptoms. |

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| 56 | hanum2 | During the encounter on (computer to display EncounterDate2) is there evidence in the medical record that the patient had a total of more than five (5) headache attacks during their lifetime?   1. Yes 2. No, there is evidence of less than five (5) headache attacks during their lifetime   99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the patient had five or more headache attacks.  For example, daily headaches for two weeks, 10 attacks daily, a monthly attack for two years; select value 1.  If there is documentation of less than 5 headache attacks during the patient’s lifetime, select value 2.  If there is no documentation about the number of headache attacks, enter 99. |
| 57 | hadur2 | On (computer to display EncounterDate2), is the usual duration of a headache attack between 15 to 180 minutes?   1. Yes 2. No, headache attacks are not between 15-180 minutes   99. No documentation | 1,2,99  If 1, go to hafreq2 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the usual duration of a headache attack was between 15 to 180 minutes.  Examples: Physician notes, “Patient reports headache duration is typically 30 minutes;” enter 1.  Physician notes, “Reports usual duration of headache is 6 hours;” enter 2.  If there is no documentation about the duration of the headache attack, enter 99. |
| 58 | hamindur2 | On (computer to display EncounterDate2), if there is not a described usual duration, what is the documented minimum duration of an attack?   1. Less than 15 minutes 2. Between 15 to 90 minutes 3. Between 91 to 180 minutes 4. Between 180 to 360 minutes 5. Between 6 and 12 hours 6. More than 12 hours   99. No minimum duration documented | 1,2,3,4,5,6,99 | Please read the physician/APN/PA note for the specified encounter related to headache to determine the minimum duration of a headache attack and select the appropriate value.  If there is no documentation about the minimum duration of the headache attack, enter 99. |

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| 59 | hamaxdur2 | On (computer to display EncounterDate2), if there is not a described usual duration, what is the documented maximum duration of an attack?   1. Less than 15 minutes 2. Between 15 to 90 minutes 3. Between 91 to 180 minutes 4. Between 180 to 360 minutes 5. Between 6 and 12 hours 6. More than 12 hours   99. Not documented | 1,2,3,4,5,6,99  If 1, go to haminrar2  If 2, 3 or 99, go to hafreq2  If 4, go to ha2maxrar4  If 5 or 6, go to ha2maxrar5 | Please read the physician/APN/PA note for the specified encounter related to headache to determine the maximum duration of a headache attack and select the appropriate value.  If there is no documentation about the minimum duration of the headache attack, enter 99. |
| 60 | haminrar2 | On (computer to display EncounterDate2), is a headache attack of less than 15 minutes documented as being rare or usual?   1. Rare (or unusual) 2. Usual (or typical)   99. Not documented | 1,2,99 | Please read the physician/APN/PA note for the specified encounter related to headache to determine if the headache attack duration of less than 15 minutes is documented as being rare (unusual) or usual (typical) and select the appropriate value.  If there is no documentation about a headache attack duration of less than 15 minutes as being rare or usual, enter 99. |
| 61 | hatreat2 | During the encounter for headache on (computer to display EncounterDate2), were headaches lasting less than 15 minutes treated with an abortive medication or other abortive treatment?   1. Yes 2. No, headaches were not treated with abortive medication or treatment   99. No documentation | 1,2, 99  If 2 or 99, go to hafreq2 | **Abortive treatments for headache are medications or other treatment that can help stop a headache once it starts. Abortive treatment may include prescription or over the counter medications, oxygen, and action by the patient such as exercise or use of cold therapy (e.g., ice pack).**  Examples of abortive medications for headache include Triptans (e.g., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]), opioid medications, and ibuprofen. |
| 62 | hatx2med1  hatx2med2  hatx2med3  hatx2med4  hatx2med5  hatx2med6  hatx2med7  hatx2med8 | During the encounter for headache on (computer to display EncounterDate2), select all abortive medications and/or abortive treatment the patient takes or used for headaches.  **Select all that apply:**   1. Triptans (see list in D/D rules) 2. Opioids (see list in D/D rules) 3. Ibuprofen 4. Other abortive medication 5. Oxygen 6. Exercise 7. Cold (e.g., ice pack) 8. Other abortive treatment | 1,2,3,4,5,6,7,8  Go to hafreq2 | Please indicate all abortive medications and/or abortive treatment the patient has taken or used for headache as noted by the physician/APN/PA.  **Examples of Triptans include:** almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®])  **Examples of opioid medications include but are not limited to:** codeine (acetaminophen plus codeine), buprenorphine, hydrocodone (Vicodin), hydromorphone, levorphanol, methadone, morphine, oxycodone (Percocet), extended release morphine (MS Contin), extended release oxymorphone, extended release oxycodone, extended release hydromorphone, transdermal systems with fentanyl (Duragesic patches), buprenorphine patch (Butrans)  If the physician/APN/PA documents the patient has taken an abortive medication that is not covered in values 1, 2 or 3, select value 4. |

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| 63 | ha2maxrar4 | On (computer to display EncounterDate2), is an attack between 180 to 360 minutes documented as being rare or usual?   1. Rare (or unusual) 2. Usual (or typical)   99. Not documented | 1,2,99  If 1,2, or 99 go to hafreq2 | Please read the physician/APN/PA note for the specified encounter related to headache to determine if the headache attack duration between 180 to 360 minutes is documented as being rare (unusual) or usual (typical) and select the appropriate value.  If there is no documentation about a headache attack duration between 180 to 360 minutes as being rare or usual, enter 99. |
| 64 | ha2maxrar5 | On (computer to display EncounterDate2), is an attack greater than 6 hours documented as being rare or usual?   1. Rare 2. Usual   99. Not documented | 1,2,99 | Please read the physician/APN/PA note for the specified encounter related to headache to determine if the headache attack duration greater than 6 hours is documented as being rare (unusual) or usual (typical) and select the appropriate value.  If there is no documentation about a headache attack duration greater than 6 hours being rare or usual, enter 99. |
| 65 | hafreq2 | On (computer to display EncounterDate2), what is the usual frequency of headache attacks?   1. One attack occurring every 3 days or more than 3 days 2. One attack occurring every 1-2 days 3. 2-4 attacks per day 4. 5-8 attacks per day 5. More than 8 attacks per day   99. Not documented | 1,2,3,4,5,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the usual frequency of headache attacks is documented and select the corresponding value. .  If there is no documentation about the frequency of the headache attacks, enter 99. |

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| 66 | hacycle2 | On (computer to display EncounterDate2) do headaches occur only certain times of year?  1. Yes  2. No, headaches occur throughout the year  99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the headaches are documented as occurring in cycles or periods during certain times of the year.  Example: Physician noted, “patient reported headache attacks usually occur in spring and fall;” select value 1.  If the physician/APN/PA documents the headache attacks occur throughout the year, select value 2. |
| 67 | hatmdy2 | On (computer to display EncounterDate2), do the individual headaches occur at the same time (day or night)?  1. Yes  2. No, headache attacks occur throughout the day at different times.  99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the individual headaches are documented as occurring at the same time of the day or night.  Example: Physician noted, “patient reported headaches usually occur after going to bed and he wakes up due to pain around 3:00 AM;” select value 1.  If the physician/APN/PA documents the headache attacks occur throughout the day at different times, select value 2. |

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| 68 | harem2 | On (computer to display EncounterDate2) are there remission periods lasting for 3 months or longer when no headache attacks occur?   1. Yes 2. No, there are no remission periods or remission periods last less than 3 months   99. No documentation | 1,2,99 | **A remission period is a period of time when no headache attacks occur.**  Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if there is documentation of remission periods lasting for 3 months or longer.  Example: Physician noted, “patient reported no headaches occurred from January through April;” select value 1.  If physician/APN/PA documents no remission periods or that remission periods last less than 3 months, select value 2. |
| 69 | haagi2 | On (computer to display EncounterDate2) is there documentation of associated restlessness or agitation during any of the headache attacks?  1.Yes  2. No, there is not restlessness or agitation during headache attacks (could be stated that when patient gets the headache that they like to rest or lie down)  99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if there is documentation of associated restlessness or agitation during any of the headache attacks.  If physician/APN/PA documents there is no restlessness or agitation during the headache attacks, for example, “When patient gets the headache they like to rest or lie down”, select value 2. |

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| 70 | sefinj2 | On (computer to display EncounterDate2) was there any assessment of self-injury during a headache attack any time in the patient’s lifetime?  1.Yes  2. No  99. No documentation | 1,2, 99  If 2 or 99, go to haencdt3 as applicable | Review the specified encounter note to determine if the provider assessed the patient for self-injury during a headache attack. For example, physician asks the patient, “Have you ever hurt or injured yourself during a headache attack?” Select value 1.  Self-injury may include but it not limited to: banging or hitting their head, punching the wall, or biting extremities, such as their hand during the headache attack.  Suggested data sources: Physician Progress notes, Nursing Notes |
| 71 | sefinjdone2 | On (computer to display EncounterDate2) was self-injury carried out during a headache attack any time in the patient’s lifetime?  1.Yes  2.No, history of self-injury during a headache attack  99. No documentation | 1,2,99  If 2 or 99, go to haencdt3 as applicable | Review the specified encounter note for documentation that self-injury was carried out during a headache attack anytime in the patient’s life. |
| 72 | sefinjact2 | Enter the documented self-injury. | Free text | Examples include but are not limited to: Banging/hitting head, punching wall, biting hand |
| **If HAENCDT3 is null, go to end** | | | | |
| **Third Headache Encounter** | | | | |
| 73 | haencdt3 | **Computer will pre-fill** the date of the third outpatient encounter with a physician/APN/PA related to headache. | mm/dd/yyyy  **Computer will pre-fill**  **Cannot modify**   |  | | --- | | > haencdt2 and  <= 09/30/2021 | | **Computer will pre-fill** date of the third outpatient encounter with a physician/APN/PA related to headache during the specified time frame. This date will come from the patient list provided by the Headache Centers of Excellence (HcoE).  **Note:** This study will require that abstractors look at headache encounters across stations (facilities). |

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| 74 | haencsta3 | **Computer will pre-fill** the station (facility ID) where the third visit took place. | **\_\_ \_\_ \_\_**  **Computer will pre-fill**  **Cannot modify** | **Computer will pre-fill** the station (facility ID) where the third visit related to headache took place. This will come from the patient list provided by the HcoE.  **Note:** This study will require that abstractors look at headache encounters across stations (facilities). |
| 75 | valhaenc3 | On (computer to display haencdt3) is there documentation of an outpatient encounter with a physician/APN/PA for headache?  1. Yes  2. No | 1,2  If 1, go to vistype3 | Select value “1” if the patient had an outpatient encounter with a physician/APN/PA for headache on the pre-filled date.  **Include only outpatient encounters.**  An outpatient encounter may include:   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult only where the patient is seen by a Physician/APN/PA   **Exclude:**   * Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs) or Magnetic Resonance Imaging (MRI) * Telephone calls to inform patient of test results. * Provider to provider encounters where the patient is not present * Encounters at non-VHA facilities |

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| 76 | othaencdt3 | During the timeframe from (computer display haencdt3 + 1 day to 09/30/2021, enter the date of the earliest outpatient encounter with a physician/APN/PA for headache at this VAMC. | mm/dd/yyyy   |  | | --- | | > haencdt3 and <= 09/30/2021 |   Abstractor may enter 99/99/9999  **If 99/99/9999, go to end** | **Enter the exact date of the earliest outpatient encounter during the specified timeframe with a physician/APN/PA for headache.**  **Include:**   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult only where the patient is seen by a Physician/APN/PA   **Exclude:**   * Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs) or Magnetic Resonance Imaging (MRI) * Telephone calls to inform patient of test results. * Provider to provider encounters where the patient is not present * Encounters at non-VHA facilities   **If there is no VA outpatient encounter in the specified timeframe, enter 99/99/9999.**  **Suggested data sources:** Progress notes, clinic notes, telephone notes, tele-video notes |
| **If valhaenc3 = 1, EncounterDate3 = haencdt3; else EncounterDate3 = othaencdt3** | | | | |

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| 77 | vistype3 | Was the encounter on (computer to displayEncounterDate3) conducted virtually or in person?   1. VA Video Connect (VVC) 2. Clinical Video Telehealth (CVT) 3. Telephone 4. In person | 1,2,3,4 | Virtual video encounters include VA Video Connect (VVC) and clinical video telehealth (CVT). An in person encounter is a face-to-face encounter between the patient and provider in the same location. |
| 78 | hcptype3 | During the outpatient encounter on (computer to display EncounterDate3), what type of health care provider did the patient see for headache?   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   99. None of the above | 1,2,3,4,5,6,99   |  | | --- | | Warning if 99 | | **Please review the provider note on the specified encounter date indicate the provider that saw the patient for headache.** |

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| 79 | ha3type1  ha3type2  ha3type3  ha3type4  ha3type5  ha3type6  ha3type7  ha3type8  ha3type9  ha3type10  ha3type11  ha3type12  ha3type13  ha3type14  ha3type15  ha3type16  ha3type17  ha3type18  ha3type19  ha3type20  ha3type21  ha3type22  ha3type23  ha3type24  ha3type25  ha3type26  ha3type27  ha3type28  ha3type29  ha3type30  ha3type31  ha3type32  ha3type33  ha3type34  ha3type35  ha3type36  ha3type37  ha3type38  ha3type39  ha3type99 | During the outpatient encounter on (computer to display EncounterDate3), what is the clinical impression of the type(s) of headache documented by the provider?  **Select all that apply:**   1. Cluster headache 2. Headache or headache not otherwise specified (NOS) 3. Migraine without aura or migraine 4. Migraine with aura 5. Migraine with brainstem aura 6. Hemiplegic migraine 7. Retinal or ophthalmic migraine 8. Probable migraine 9. Cold stimulus headache 10. External pressure headache 11. Hypnic headache 12. Medication overuse headache 13. New daily persistent headache 14. Nummular headache 15. Sinus headache 16. Tension-type headache 17. TBI-associated headache 18. Post-traumatic headache (PTHA) 19. Hemicrania continua 20. Paroxysmal hemicrania 21. Probable trigeminal autonomic cephalalgia 22. Primary cough headache 23. Primary exercise headache 24. Primary headache associated with sexual activity 25. Primary stabbing headache 26. Primary thunderclap headache 27. Short-lasting unilateral neuralgiform headache attacks (SUNCT) 28. Acute headache attributed to whiplash 29. Persistent headache attributed to whiplash 30. Acute headache attributed to craniotomy 31. Persistent headache attributed to craniotomy 32. Headache attributed to Chiari malformation Type I 33. Headache attributed to epileptic seizure 34. Headache attributed to increased cerebrospinal fluid pressure 35. Headache attributed to low cerebrospinal fluid pressure 36. Headache attributed to intracranial neoplasia 37. Headache attributed to intrathecal injection 38. Headache attributed to non-infectious inflammatory intracranial disease 39. Headache attributed to a psychiatric disorder   99. No impression documented | 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,  32,33,34,35,36,3,38,  39,99  Cannot select 99 with other values   |  | | --- | | Warning if ha3type1 = 0 (null) or  ha3type99 = -1 | | 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 17 TBI-associated headache and value 18 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). |
| 80 | ha3loc1  ha3loc2  ha3loc3  ha3loc4  ha3loc5  ha3loc6  ha3loc99 | During the outpatient encounter on (computer to display EncounterDate3), what is the location of the patient’s headache pain documented by the physician/APN/PA?  **Select all that apply:**   1. Orbital 2. Supraorbital 3. Retroorbital 4. Periorbital 5. Temporal 6. Location elsewhere   99. No location documented | 1,2,3,4,5,6,99  Cannot select 99 with other values | Please read the physician/APN/PA note for the specified encounter related to headache and enter the more specific location(s) of the headache pain reported by the patient.  If a more specific location of the headache pain is not documented, enter 99. |
| 81 | haside3 | During the outpatient encounter on (computer to display EncounterDate3), are the headache attacks always on the same side of the head (in a given cycle for episodic patients)?   1. Yes 2. No, headache attacks are not always on the same side   99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the attacks are documented as being on the same side of the head in a given cycle.  If there is no documentation about the side of the headache pain, enter 99. |
| 82 | hasev3 | During the outpatient encounter on (computer to display EncounterDate3), is the headache attack severe or very severe or synonyms thereof?   1. Yes 2. No, headache attack is described as less than severe   99. No documentation | 1,2,99  If 2 or 99, go to ha3symp1 | If the words severe or very severe are used by provider in the headache encounter note, select value “1” or yes.  Documentation such as disabling, crushing, worst pain in world, can also be used to select value “1” |
| 83 | hasevwd3 | Enter the word(s) used to describe severity of headache attack. | Free text | Enter the word(s) used to describe severity of the headache attack. |
| 84 | ha3symp1  ha3symp2  ha3symp3  ha3symp4  ha3symp5  ha3symp6  ha3symp7  ha3symp8  ha3symp99 | On (computer to display EncounterDate3) are any of the following symptoms present during the headache attack?  **Select all that apply**:   1. ipsilateral conjunctival injection 2. lacrimation 3. nasal congestion 4. rhinorrhea 5. eyelid edema 6. forehead or facial sweating 7. miosis 8. ptosis   99. None of the above | 1,2,3,4,5,6,7,8,99  Cannot select 99 with other values | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if there is documentation of any of the listed symptoms.  If the physician/APN/PA documents any of the listed symptoms are present, select the applicable value(s). |

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| 85 | ha3nosymp1 ha3nosymp2  ha3nosymp3  ha3nosymp4  ha3nosymp5  ha3nosymp6  ha3nosymp7  ha3nosymp8  ha3nosymp9  ha3nosymp99 | On (computer to display EncounterDate3), are any of the following symptoms documented as NOT present during the headache attack or is there documentation of “no autonomic symptoms”?  **Select all that apply**:   1. ipsilateral conjunctival injection 2. lacrimation 3. nasal congestion 4. rhinorrhea 5. eyelid edema 6. forehead or facial sweating 7. miosis 8. ptosis 9. “No autonomic symptoms”   99. None of the above. | 1,2,3,4,5,6,7,8,9,99  Cannot select 9 or 99 with any other value  If any ha3symp1-8 = -1, cannot enter -1 for related ha3nosymp1-8 (i.e., if ha3symp1 = -1 cannot enter  ha3nosymp1 = -1. | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if there documentation of any of the listed symptoms are NOT present.  If the physician/APN/PA documents any of the listed symptoms are not present, select the applicable value(s).  Please answer 9 only if it is noted that there are no autonomic symptoms. |
| 86 | hanum3 | During the encounter on (computer to display EncounterDate3) is there evidence in the medical record that the patient had a total of more than five (5) headache attacks during their lifetime?   1. Yes 2. No, there is evidence of less than five (5) headache attacks during their lifetime   99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the patient had five or more headache attacks.  For example, daily headaches for two weeks, 10 attacks daily, a monthly attack for two years; select value 1.  If there is documentation of less than 5 headache attacks during the patient’s lifetime, select value 2.  If there is no documentation about the number of headache attacks, enter 99. |

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| 87 | hadur3 | On (computer to display EncounterDate3), is the usual duration of a headache attack between 15 to 180 minutes?   1. Yes 2. No, headache attacks are not between 15-180 minutes   99. No documentation | 1,2,99  If 1, go to hafreq3 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the usual duration of a headache attack was between 15 to 180 minutes.  Examples: Physician notes, “Patient reports headache duration is typically 30 minutes;” enter 1.  Physician notes, “Reports usual duration of headache is 6 hours;” enter 2.  If there is no documentation about the duration of the headache attack, enter 99. |
| 88 | hamindur3 | On (computer to display EncounterDate3), if there is not a described usual duration, what is the documented minimum duration of an attack?   1. Less than 15 minutes 2. Between 15 to 90 minutes 3. Between 91 to 180 minutes 4. Between 180 to 360 minutes 5. Between 6 and 12 hours 6. More than 12 hours   99. No minimum duration documented | 1,2,3,4,5,6,99 | Please read the physician/APN/PA note for the specified encounter related to headache to determine the minimum duration of a headache attack and select the appropriate value.  If there is no documentation about the minimum duration of the headache attack, enter 99. |

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| 89 | hamaxdur3 | On (computer to display EncounterDate3), if there is not a described usual duration, what is the documented maximum duration of an attack?   1. Less than 15 minutes 2. Between 15 to 90 minutes 3. Between 91 to 180 minutes 4. Between 180 to 360 minutes 5. Between 6 and 12 hours 6. More than 12 hours   99. Not documented | 1,2,3,4,5,6,99  If 1, go to haminrar3  If 2, 3 or 99, go to hafreq3  If 4, go to ha3maxrar4  If 5 or 6, go to ha3maxrar5 | Please read the physician/APN/PA note for the specified encounter related to headache to determine the maximum duration of a headache attack and select the appropriate value.  If there is no documentation about the minimum duration of the headache attack, enter 99. |
| 90 | haminrar3 | On (computer to display EncounterDate3), is a headache attack of less than 15 minutes documented as being rare or usual?   1. Rare (or unusual) 2. Usual (or typical)   99. Not documented | 1,2,99 | Please read the physician/APN/PA note for the specified encounter related to headache to determine if the headache attack duration of less than 15 minutes is documented as being rare (unusual) or usual (typical) and select the appropriate value.  If there is no documentation about a headache attack duration of less than 15 minutes as being rare or usual, enter 99. |

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| 91 | hatreat3 | During the encounter for headache on (computer to display EncounterDate3), were headaches lasting less than 15 minutes treated with an abortive medication or other abortive treatment?   1. Yes 2. No, headaches were not treated with abortive medication or treatment   99. No documentation | 1,2,99  If 2 or 99, go to hafreq3 | **Abortive treatments for headache are medications or other treatment that can help stop a headache once it starts. Abortive treatment may include prescription or over the counter medications, oxygen, and action by the patient such as exercise or use of cold therapy (e.g., ice pack).**  Examples of abortive medications for headache include Triptans (e.g., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]), opioid medications, and ibuprofen. |

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| 92 | hatx3med1  hatx3med2  hatx3med3  hatx3med4  hatx3med5  hatx3med6  hatx3med7  hatx3med8 | During the encounter for headache on (computer to display EncounterDate3), select all abortive medications and/or abortive treatment the patient takes or used for headaches.  **Select all that apply:**   1. Triptans (see list in D/D rules) 2. Opioids (see list in D/D rules) 3. Ibuprofen 4. Other abortive medication 5. Oxygen 6. Exercise 7. Cold (e.g., ice pack) 8. Other abortive treatment | 1,2,3,4,5,6,7,8  Go to hafreq3 | Please indicate all abortive medications and/or abortive treatment the patient has taken or used for headache as noted by the physician/APN/PA.  **Examples of Triptans include:** almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®])  **Examples of opioid medications include but are not limited to:** codeine (acetaminophen plus codeine), buprenorphine, hydrocodone (Vicodin), hydromorphone, levorphanol, methadone, morphine, oxycodone (Percocet), extended release morphine (MS Contin), extended release oxymorphone, extended release oxycodone, extended release hydromorphone, transdermal systems with fentanyl (Duragesic patches), buprenorphine patch (Butrans)  If the physician/APN/PA documents the patient has taken an abortive medication that is not covered in values 1, 2 or 3, select value 4. |

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| 93 | ha3maxrar4 | On (computer to display EncounterDate3), is an attack between 180 to 360 minutes documented as being rare or usual?   1. Rare (or unusual) 2. Usual (or typical)   99. Not documented | 1,2,99  If 1,2, or 99, go to hafreq3 | Please read the physician/APN/PA note for the specified encounter related to headache to determine if the headache attack duration between 180 to 360 minutes is documented as being rare (unusual) or usual (typical) and select the appropriate value.  If there is no documentation about a headache attack duration between 180 to 360 minutes as being rare or usual, enter 99. |
| 94 | ha3maxrar5 | On (computer to display EncounterDate3), is an attack greater than 6 hours documented as being rare or usual?   1. Rare 2. Usual   99. Not documented | 1,2,99 | Please read the physician/APN/PA note for the specified encounter related to headache to determine if the headache attack duration greater than 6 hours is documented as being rare (unusual) or usual (typical) and select the appropriate value.  If there is no documentation about a headache attack duration greater than 6 hours being rare or usual, enter 99. |

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| 95 | hafreq3 | On (computer to display EncounterDate3), what is the usual frequency of headache attacks?   1. One attack occurring every 3 days or more than 3 days 2. One attack occurring every 1-2 days 3. 2-4 attacks per day 4. 5-8 attacks per day 5. More than 8 attacks per day   99. Not documented | 1,2,3,4,5,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the usual frequency of headache attacks is documented and select the corresponding value.  If there is no documentation about the frequency of the headache attacks, enter 99. |
| 96 | hacycle3 | On (computer to display EncounterDate3) do headaches occur only certain times of year?  1. Yes  2. No, headaches occur throughout the year  99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the headaches are documented as occurring in cycles or periods during certain times of the year.  Example: Physician noted, “patient reported headache attacks usually occur in spring and fall;” select value 1.  If the physician/APN/PA documents the headache attacks occur throughout the year, select value 2. |
| 97 | hatmdy3 | On (computer to display EncounterDate3) do the individual headaches occur at the same time (day or night)?  1. Yes  2. No, headache attacks occur throughout the day at different times.  99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the individual headaches are documented as occurring at the same time of the day or night.  Example: Physician noted, “patient reported headaches usually occur after going to bed and he wakes up due to pain around 3:00 AM;” select value 1.  If the physician/APN/PA documents the headache attacks occur throughout the day or night at different times, select value 2. |

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| 98 | harem3 | On (computer to display EncounterDate3) are there remission periods lasting for 3 months or longer when no headache attacks occur?   1. Yes 2. No, there are no remission periods or remission periods last less than 3 months   99. No documentation | 1,2,99 | **A remission period is a period of time when no headache attacks occur.**  Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if there is documentation of remission periods lasting for 3 months or longer.  Example: Physician noted, “patient reported no headaches occurred from January through April;” select value 1.  If the physician/APN/PA documents no remission periods or that remission periods last less than 3 months, select value 2. |
| 99 | haagi3 | On (computer to display EncounterDate3) is there associated restlessness or agitation during any of the headache attacks?  1.Yes  2. No, there is not restlessness or agitation during headache attacks (could be stated that when patient gets the headache that they like to rest or lie down)  99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if there is documentation of associated restlessness or agitation during any of the headache attacks.  If the physician/APN/PA documents there is not restlessness or agitation during the headache attacks, for example, “When patient gets the headache they like to rest or lie down”, select value 2. |

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| 100 | sefinj3 | On (computer to display EncounterDate3) was there any assessment of self-injury during a headache attack any time in the patient’s lifetime?  1.Yes  2. No  99. No documentation | 1,2, 99  If 2 or 99, go to haencdt4 as applicable | Review the specified encounter note to determine if the provider or a Registered Nurse (RN) assessed the patient for self-injury during a headache attack. For example, physician asks the patient, “Have you ever hurt or injured yourself during a headache attack?” Select value 1.  Self-injury may include but it not limited to: banging or hitting their head, punching the wall, or biting extremities, such as their hand during the headache attack.  Suggested data sources: Physician Progress notes, Nursing Notes |
| 101 | sefinjdone3 | On (computer to display EncounterDate3) was self-injury carried out during a headache attack any time in the patient’s lifetime?  1.Yes  2.No, history of self-injury during a headache attack  99. No documentation | 1,2,99  If 2 or 99, go to haencdt4 as applicable | Review the specified encounter note for documentation that self-injury was carried out during a headache attack anytime in the patient’s life. |
| 102 | sefinjact3 | Enter the documented self-injury. | Free text | Examples include but are not limited to: Banging/hitting head, punching wall, biting hand |
| **If HAENCDT4 is null, go to end** | | | | |
| **Fourth Headache Encounter** | | | | |
| 103 | haencdt4 | **Computer will pre-fill** the date of the fourth outpatient encounter with a physician/APN/PA related to headache. | mm/dd/yyyy  **Computer will pre-fill**  **Cannot modify**   |  | | --- | | > haencdt3 and  <= 09/30/2021 | | **Computer will pre-fill** date of the fourth outpatient encounter with a physician/APN/PA related to headache during the specified time frame. This date will come from the patient list provided by the Headache Centers of Excellence (HcoE).  **Note:** This study will require that abstractors look at headache encounters across stations (facilities). |
| 104 | haencsta4 | **Computer will pre-fill** the station (facility ID) where the fourth visit took place. | **\_\_ \_\_ \_\_**  **Computer will pre-fill**  **Cannot modify** | **Computer will pre-fill** the station (facility ID) where the fourth visit related to headache took place. This will come from the patient list provided by the HcoE.  **Note:** This study will require that abstractors look at headache encounters across stations (facilities). |
| 105 | valhaenc4 | On (computer to display haencdt4) is there documentation of an outpatient encounter with a physician/APN/PA for headache?  1. Yes  2. No | 1,2  If 1, go to vistype4 | Select value “1” if the patient had an outpatient encounter with a physician/APN/PA for headache on the pre-filled date.  **Include only outpatient encounters.**  An outpatient encounter may include:   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult only where the patient is seen by a Physician/APN/PA   **Exclude:**   * Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs) or Magnetic Resonance Imaging (MRI) * Telephone calls to inform patient of test results. * Provider to provider encounters where the patient is not present * Encounters at non-VHA facilities |

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| 106 | othaencdt4 | During the timeframe from (computer display haencdt4 + 1 day to 09/30/2021, enter the date of the earliest outpatient encounter with a physician/APN/PA for headache at this VAMC. | mm/dd/yyyy   |  | | --- | | > haencdt4 and <= 09/30/2021 |   Abstractor may enter 99/99/9999  **If 99/99/9999, go to end** | **Enter the exact date of the earliest outpatient encounter during the specified timeframe with a physician/APN/PA for headache.**  **Include:**   * Face-to-face visit * Telehealth visit * Telephone note * e-Consult only where the patient is seen by a Physician/APN/PA   **Exclude:**   * Encounters that were for the purpose of procedures only, such as electroencephalograms (EEGs) or Magnetic Resonance Imaging (MRI) * Telephone calls to inform patient of test results. * Provider to provider encounters where the patient is not present * Encounters at non-VHA facilities   **If there is no VA outpatient encounter in the specified timeframe, enter 99/99/9999.**  **Suggested data sources:** Progress notes, clinic notes, telephone notes, tele-video notes |
| **If valhaenc4 = 1, EncounterDate4 = haencdt4; else EncounterDate4 = othaencdt4** | | | | |

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| 107 | vistype4 | Was the encounter on (computer to displayEncounterDate4) conducted virtually or in person?   1. VA Video Connect (VVC) 2. Clinical Video Telehealth (CVT) 3. Telephone 4. In person | 1,2,3,4 | Virtual video encounters include VA Video Connect (VVC) and clinical video telehealth (CVT). An in person encounter is a face-to-face encounter between the patient and provider in the same location. |
| 108 | hcptype4 | During the outpatient encounter on (computer to display EncounterDate4), what type of health care provider did the patient see for headache?   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   99. None of the above | 1,2,3,4,5,6,99   |  | | --- | | Warning if 99 | | **Please review the provider note on the specified encounter date indicate the provider that saw the patient for headache.** |

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| 109 | ha4type1  ha4type2  ha4type3  ha4type4  ha4type5  ha4type6  ha4type7  ha4type8  ha4type9  ha4type10  ha4type11  ha4type12  ha4type13  ha4type14  ha4type15  ha4type16  ha4type17  ha4type18  ha4type19  ha4type20  ha4type21  ha4type22  ha4type23  ha4type24  ha4type25  ha4type26  ha4type27  ha4type28  ha4type29  ha4type30  ha4type31  ha4type32  ha4type33  ha4type34  ha4type35  ha4type36  ha4type37  ha4type38  ha4type39  ha4type99 | During the outpatient encounter on (computer to display EncounterDate4), what is the clinical impression of the type(s) of headache documented by the provider?  **Select all that apply:**   1. Cluster headache 2. Headache or headache not otherwise specified (NOS) 3. Migraine without aura or migraine 4. Migraine with aura 5. Migraine with brainstem aura 6. Hemiplegic migraine 7. Retinal or ophthalmic migraine 8. Probable migraine 9. Cold stimulus headache 10. External pressure headache 11. Hypnic headache 12. Medication overuse headache 13. New daily persistent headache 14. Nummular headache 15. Sinus headache 16. Tension-type headache 17. TBI-associated headache 18. Post-traumatic headache (PTHA) 19. Hemicrania continua 20. Paroxysmal hemicrania 21. Probable trigeminal autonomic cephalalgia 22. Primary cough headache 23. Primary exercise headache 24. Primary headache associated with sexual activity 25. Primary stabbing headache 26. Primary thunderclap headache 27. Short-lasting unilateral neuralgiform headache attacks (SUNCT) 28. Acute headache attributed to whiplash 29. Persistent headache attributed to whiplash 30. Acute headache attributed to craniotomy 31. Persistent headache attributed to craniotomy 32. Headache attributed to Chiari malformation Type I 33. Headache attributed to epileptic seizure 34. Headache attributed to increased cerebrospinal fluid pressure 35. Headache attributed to low cerebrospinal fluid pressure 36. Headache attributed to intracranial neoplasia 37. Headache attributed to intrathecal injection 38. Headache attributed to non-infectious inflammatory intracranial disease 39. Headache attributed to a psychiatric disorder   99. No impression documented | 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,  39,99  Cannot select 99 with other values   |  | | --- | | Warning if ha4type1 = 0 (null) or  ha4type99 = -1 | | 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 17 TBI-associated headache and value 18 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). |
| 110 | ha4loc1  ha4loc2  ha4loc3  ha4loc4  ha4loc5  ha4loc6  ha4loc99 | During the outpatient encounter on (computer to display EncounterDate4), what is the location of the patient’s headache pain documented by the physician/APN/PA?  **Select all that apply:**   1. Orbital 2. Supraorbital 3. Retroorbital 4. Periorbital 5. Temporal 6. Location elsewhere   99. No location documented | 1,2,3,4,5,6,99  Cannot select 99 with other values | Please read the physician/APN/PA note for the specified encounter related to headache and enter the more specific location(s) of the headache pain reported by the patient.  If a more specific location of the headache pain is not documented, enter 99. |
| 111 | haside4 | During the outpatient encounter on (computer to display EncounterDate4), are the headache attacks always on the same side of the head (in a given cycle for episodic patients)?   1. Yes 2. No, headache attacks are not always on the same side   99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the attacks are documented as being on the same side of the head in a given cycle.  If there is no documentation about the side of the headache pain, enter 99. |
| 112 | hasev4 | During the outpatient encounter on (computer to display EncounterDate4), is the headache attack severe or very severe or synonyms thereof?   1. Yes 2. No, headache attack is described as less than severe   99. No documentation | 1,2,99  If 2 or 99, go to ha4symp1 | If the words severe or very severe are used by provider in the headache encounter note, select value “1” or yes.  Documentation such as disabling, crushing, worst pain in world, can also be used to select value “1” |
| 113 | hasevwd4 | Enter the word(s) used to describe severity of headache attack. | Free text | Enter the word(s) used to describe severity of headache attack. |
| 114 | ha4symp1  ha4symp2  ha4symp3  ha4symp4  ha4symp5  ha4symp6  ha4symp7  ha4symp8  ha4symp99 | On (computer to display EncounterDate4) is there documentation of any of the following symptoms during the headache attack?  **Select all that apply**:   1. ipsilateral conjunctival injection 2. lacrimation 3. nasal congestion 4. rhinorrhea 5. eyelid edema 6. forehead or facial sweating 7. miosis 8. ptosis   99. None of the above | 1,2,3,4,5,6,7,8,99  Cannot select 99 with other values | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if there is documentation of any of the listed symptoms.  If the physician/APN/PA documents any of the listed symptoms are present, select the applicable value(s). |

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| 115 | ha4nosymp1 ha4nosymp2  ha4nosymp3  ha4nosymp4  ha4nosymp5  ha4nosymp6  ha4nosymp7  ha4nosymp8  ha4nosymp9  ha4nosymp99 | On (computer to display EncounterDate4), are any of the following symptoms documented as NOT present during the headache attack or is there documentation of “no autonomic symptoms”?  **Select all that apply**:   1. ipsilateral conjunctival injection 2. lacrimation 3. nasal congestion 4. rhinorrhea 5. eyelid edema 6. forehead or facial sweating 7. miosis 8. ptosis 9. “No autonomic symptoms”   99. None of the above. | 1,2,3,4,5,6,7,8,9,99  Cannot select 9 or 99 with any other value  If any ha4symp1-8 = -1, cannot enter -1 for related ha4nosymp1-8 (i.e., if ha4symp1 = -1 cannot enter  ha4nosymp1 = -1. | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if there is documentation any of the listed symptoms are NOT present.  If the physician/APN/PA documents any of the listed symptoms are not present, select the applicable value(s).  Please answer 9 only if it is noted that there are no autonomic symptoms. |

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| 116 | hanum4 | During the encounter on (computer to display EncounterDate4) is there evidence in the medical record that the patient had a total of more than five (5) headache attacks during their lifetime?   1. Yes 2. No, there is evidence of less than five (5) headache attacks during their lifetime   99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the patient had five or more headache attacks.  For example, daily headaches for two weeks, 10 attacks daily, a monthly attack for two years; select value 1.  If there is documentation of less than 5 headache attacks during the patient’s lifetime, select value 2.  If there is no documentation about the number of headache attacks, enter 99. |
| 117 | hadur4 | On (computer to display EncounterDate4), is the usual duration of a headache attack between 15 to 180 minutes?   1. Yes 2. No, headache attacks are not between 15-180 minutes   99. No documentation | 1,2,99  If 1,go to hafreq4 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the usual duration of a headache attack was between 15 to 180 minutes.  Examples: Physician notes, “Patient reports headache duration is typically 30 minutes;” enter 1.  Physician notes, “Reports usual duration of headache is 6 hours;” enter 2.  If there is no documentation about the duration of the headache attack, enter 99. |
| 118 | hamindur4 | On (computer to display EncounterDate4), if there is not a described usual duration, what is the documented minimum duration of an attack?   1. Less than 15 minutes 2. Between 15 to 90 minutes 3. Between 91 to 180 minutes 4. Between 180 to 360 minutes 5. Between 6 and 12 hours 6. More than 12 hours   99. No minimum duration documented | 1,2,3,4,5,6,99 | Please read the physician/APN/PA note for the specified encounter related to headache to determine the minimum duration of a headache attack and select the appropriate value.  If there is no documentation about the minimum duration of the headache attack, enter 99. |

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| 119 | hamaxdur4 | On (computer to display EncounterDate4), if there is not a described usual duration, what is the documented maximum duration of an attack?   1. Less than 15 minutes 2. Between 15 to 90 minutes 3. Between 91 to 180 minutes 4. Between 180 to 360 minutes 5. Between 6 and 12 hours 6. More than 12 hours   99. Not documented | 1,2,3,4,5,6,99  If 1, go to haminrar4  If 2, 3 or 99, go to hafreq4  If 4, go to ha4maxrar4  If 5 or 6, go to ha4maxrar5 | Please read the physician/APN/PA note for the specified encounter related to headache to determine the maximum duration of a headache attack and select the appropriate value.  If there is no documentation about the minimum duration of the headache attack, enter 99. |
| 120 | haminrar4 | On (computer to display EncounterDate4), is a headache attack of less than 15 minutes documented as being rare or usual?   1. Rare (or unusual) 2. Usual (or typical)   99. Not documented | 1,2,99 | Please read the physician/APN/PA note for the specified encounter related to headache to determine if the headache attack duration of less than 15 minutes is documented as being rare (unusual) or usual (typical) and select the appropriate value.  If there is no documentation about a headache attack duration of less than 15 minutes as being rare or usual, enter 99. |
| 121 | hatreat4 | During the encounter for headache on (computer to display EncounterDate4), were headaches lasting less than 15 minutes treated with an abortive medication or other abortive treatment?   1. Yes 2. No, headaches were not treated with abortive medication or treatment   99. No documentation | 1,2,99  If 2 or 99, go to hafreq4 | **Abortive treatments for headache are medications or other treatment that can help stop a headache once it starts. Abortive treatment may include prescription or over the counter medications, oxygen, and action by the patient such as exercise or use of cold therapy (e.g., ice pack).**  Examples of abortive medications for headache include Triptans (e.g., almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®]), opioid medications, and ibuprofen. |
| 122 | hatx4med1  hatx4med2  hatx4med3  hatx4med4  hatx4med5  hatx4med6  hatx4med7  hatx4med8 | During the encounter for headache on (computer to display EncounterDate4), select all abortive medications and/or abortive treatment the patient takes or used for headaches.  **Select all that apply:**   1. Triptans (see list in D/D rules) 2. Opioids (see list in D/D rules) 3. Ibuprofen 4. Other abortive medication 5. Oxygen 6. Exercise 7. Cold (e.g., ice pack) 8. Other abortive treatment | 1,2,3,4,5,6,7,8  Go to hafreq | Please indicate all abortive medications and/or abortive treatment the patient has taken or used for headache as noted by the physician/APN/PA.  **Examples of Triptans include:** almotriptan [Axert®], eletriptan [Relpax®], frovatriptan [Frova®], naratriptan [Amerge®], rizatriptan [Maxalt®], sumatriptan [Imitrex®], zolmitriptan, [Zomig®])  **Examples of opioid medications include but are not limited to:** codeine (acetaminophen plus codeine), buprenorphine, hydrocodone (Vicodin), hydromorphone, levorphanol, methadone, morphine, oxycodone (Percocet), extended release morphine (MS Contin), extended release oxymorphone, extended release oxycodone, extended release hydromorphone, transdermal systems with fentanyl (Duragesic patches), buprenorphine patch (Butrans)  If the physician/APN/PA documents the patient has taken an abortive medication that is not covered in values 1, 2 or 3, select value 4. |

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| 123 | ha4maxrar4 | On (computer to display EncounterDate4), is an attack between 180 to 360 minutes documented as being rare or usual?   1. Rare (or unusual) 2. Usual (or typical)   99. Not documented | 1,2,99  If 1,2, or 99 go to hafreq4 | Please read the physician/APN/PA note for the specified encounter related to headache to determine if the headache attack duration between 180 to 360 minutes is documented as being rare (unusual) or usual (typical) and select the appropriate value.  If there is no documentation about a headache attack duration between 180 to 360 minutes as being rare or usual, enter 99. |
| 124 | ha4maxrar5 | On (computer to display EncounterDate4), is an attack greater than 6 hours documented as being rare or usual?   1. Rare 2. Usual   99. Not documented | 1,2,99 | Please read the physician/APN/PA note for the specified encounter related to headache to determine if the headache attack duration greater than 6 hours is documented as being rare (unusual) or usual (typical) and select the appropriate value.  If there is no documentation about a headache attack duration greater than 6 hours being rare or usual, enter 99. |
| 125 | hafreq4 | On (computer to display EncounterDate4), what is the usual frequency of headache attacks?   1. One attack occurring every 3 days or more than 3 days 2. One attack occurring every 1-2 days 3. 2-4 attacks per day 4. 5-8 attacks per day 5. More than 8 attacks per day   99. Not documented | 1,2,3,4,5,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the usual frequency of headache attacks is documented and select the corresponding value. .  If there is no documentation about the frequency of the headache attacks, enter 99. |

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| 126 | hacycle4 | On (computer to display EncounterDate4) do headaches occur only certain times of year?  1. Yes  2. No, headaches occur throughout the year  99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the headaches are documented as occurring in cycles or periods during certain times of the year.  Example: Physician noted, “patient reported headache attacks usually occur in spring and fall;” select value 1.  If the physician/APN/PA documents the headache attacks occur throughout the year, select value 2. |
| 127 | hatmdy4 | On (computer to display EncounterDate4) do the individual headaches occur at the same time (day or night)?  1. Yes  2. No headache attacks occur throughout the day at different times.  99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if the individual headaches are documented as occurring at the same time of the day or night.  Example: Physician noted, “patient reported headaches usually occur after going to bed and he wakes up due to pain around 3:00 AM;” select value 1.  If the physician/APN/PA documents the headache attacks occur throughout the day or night at different times, select value 2. |

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| 128 | harem4 | On (computer to display EncounterDate4), are there remission periods lasting for 3 months or longer when no headache attacks occur?   1. Yes 2. No, there are no remission periods or remission periods last less than 3 months   99. No documentation | 1,2,99 | **A remission period is a period of time when no headache attacks occur.**  Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if there is documentation of remission periods lasting for 3 months or longer.  Example: Physician noted, “patient reported no headaches occurred from January through April;” select value 1.  If physician/APN/PA documents no remission periods or that remission periods last less than 3 months, select value 2. |
| 129 | haagi4 | On (computer to display EncounterDate4) is there associated restlessness or agitation during any of the headache attacks?  1.Yes  2. No, there is not restlessness or agitation during headache attacks (could be stated that when patient gets the headache that they like to rest or lie down)  99. No documentation | 1,2,99 | Please read the physician/APN/PA note for the specified date of the encounter related to headache to determine if there is documentation of associated restlessness or agitation during any of the headache attacks.  If physician/APN/PA documents there is no restlessness or agitation during the headache attacks, for example, “When patient gets the headache they like to rest or lie down”, select value 2. |

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| 130 | sefinj4 | On (computer to display EncounterDate4) was there any assessment of self-injury during a headache attack any time in the patient’s lifetime?  1.Yes  2. No  99. No documentation | 1,2, 99  If 2 or 99, go to end | Review the specified encounter note to determine if the provider or a Registered Nurse (RN) assessed the patient for self-injury during a headache attack. For example, physician asks the patient, “Have you ever hurt or injured yourself during a headache attack?” Select value 1.  Self-injury may include but it not limited to: banging or hitting their head, punching the wall, or biting extremities, such as their hand during the headache attack.  Suggested data sources: Physician Progress notes, Nursing Notes |
| 131 | sefinjdone4 | On (computer to display EncounterDate4) was self-injury carried out during a headache attack any time in the patient’s lifetime?  1.Yes  2.No, history of self-injury during a headache attack  99. No documentation | 1,2,99  If 2 or 99, go to end | Review the specified encounter note for documentation that self-injury was carried out during a headache attack anytime in the patient’s life. |
| 132 | sefinjact4 | Enter the documented self-injury. | Free text | Examples include but are not limited to: Banging/hitting head, punching wall, biting hand |