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|  |  | **Organizational Identifiers** |  |  |
|  | VAMCCONTROLQICBEGDTEREVDTE | Facility IDControl NumberAbstractor IDAbstraction Begin DateAbstraction End Date | Pre-fillQI pre-fillAuto-fillAuto-fillAuto-fill |  |
|  |  | **Patient Identifiers** |  |  |
|  | SSNPTNAMEFPTNAMELBIRTHDTSEXRACEETHNICITYAGE | Patient SSNFirst NameLast NameBirth DateSexRaceEthnicityAge | Pre-fill: no changePre-fill: no changePre-fill: no changePre-fill: no changePre-fill: **can change**Pre-fill: no changePre-fill: no changeCalculate 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**

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| >= 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. Yes2. No | 1,2If 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
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| 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**

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| >= 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. Yes2. No | 1,2If 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

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| 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 | hatype1hatype2hatype3hatype4hatype5hatype6hatype7hatype8hatype9hatype10hatype11hatype12hatype13hatype14hatype15hatype16hatype17hatype18hatype19hatype20hatype21hatype22hatype23hatype24hatype25hatype26hatype27hatype28hatype29hatype30hatype31hatype32hatype33hatype34hatype35hatype36hatype37hatype38hatype39hatype99 | 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 aura5. Migraine with brainstem aura6. Hemiplegic migraine7. Retinal or ophthalmic migraine8. Probable migraine 9. Cold stimulus headache10. External pressure headache11. Hypnic headache12. Medication overuse headache13. New daily persistent headache14. Nummular headache15. Sinus headache16. Tension-type headache17. TBI-associated headache18. Post-traumatic headache (PTHA)19. Hemicrania continua 20. Paroxysmal hemicrania21. Probable trigeminal autonomic cephalalgia22. Primary cough headache23. Primary exercise headache24. Primary headache associated with sexual activity25. Primary stabbing headache26. Primary thunderclap headache27. Short-lasting unilateral neuralgiform headache attacks (SUNCT)28. Acute headache attributed to whiplash29. Persistent headache attributed to whiplash30. Acute headache attributed to craniotomy31. Persistent headache attributed to craniotomy32. Headache attributed to Chiari malformation Type I33. Headache attributed to epileptic seizure34. Headache attributed to increased cerebrospinal fluid pressure35. Headache attributed to low cerebrospinal fluid pressure36. Headache attributed to intracranial neoplasia37. Headache attributed to intrathecal injection38. Headache attributed to non-infectious inflammatory intracranial disease39. Headache attributed to a psychiatric disorder99. 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, 39,99Cannot select 99 with other values

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| 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 | haloc1haloc2haloc3haloc4haloc5haloc6haloc99 | 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 hasymp2hasymp3hasymp4hasymp5hasymp6hasymp7hasymp8hasymp99 | 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 | 1,2,3,4,5,6,7,8,99Cannot 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 hanosymp2hanosymp3hanosymp4hanosymp5hanosymp6hanosymp7hanosymp8hanosymp9hanosymp99 | 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 | 1,2,3,4,5,6,7,8,9,99Cannot select 9 or 99 with any other valueIf 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 | 1,2,99If 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 haminrarIf 2, 3 or 99, go to hafreqIf 4, go to hamaxrar4If 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 | 1,2,99If 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 | hatxmed1hatxmed2hatxmed3hatxmed4hatxmed5hatxmed6hatxmed7hatxmed8 | 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
 | 1,2,3,4,5,6,7,8Go 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 | 1,2,99If 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. Yes2. No, headaches occur throughout the year99. 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. Yes2. 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.Yes2. 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.Yes2. No99. No documentation | 1,2, 99If 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.Yes2.No history of self-injury during a headache attack99. No documentation | 1,2,99If 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  | 1,2If 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 deadSuggested 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 thoughts99. No documentation | 1,2,99If 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 deadIf 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.

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 | 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, 2,99If 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)
 | 1,2,3,4If 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.

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 | 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
 | 1,2If 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 | 1,2,99If 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

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| > 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. Yes2. No | 1,2If 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

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| > 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

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| 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 | ha2type1ha2type2ha2type3ha2type4ha2type5ha2type6ha2type7ha2type8ha2type9ha2type10ha2type11ha2type12ha2type13ha2type14ha2type15ha2type16ha2type17ha2type18ha2type19ha2type20ha2type21ha2type22ha2type23ha2type24ha2type25ha2type26ha2type27ha2type28ha2type29ha2type30ha2type31ha2type32ha2type33ha2type34ha2type35ha2type36ha2type37ha2type38ha2type39ha2type99 | 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, 39,99Cannot select 99 with other values

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| 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 | ha2loc1ha2loc2ha2loc3ha2loc4ha2loc5ha2loc6ha2loc99 | 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 | ha2symp1ha2symp2ha2symp3ha2symp4ha2symp5ha2symp6ha2symp7ha2symp8ha2symp99 | 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 | 1,2,3,4,5,6,7,8,99Cannot 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 ha2nosymp2ha2nosymp3ha2nosymp4ha2nosymp5ha2nosymp6ha2nosymp7ha2nosymp8ha2nosymp9ha2nosymp99 | 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. | 1,2,3,4,5,6,7,8,9,99Cannot select 9 or 99 with any other valueIf 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 | 1,2,99If 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 | 1,2,3,4,5,6,99If 1, go to haminrar2If 2, 3 or 99, go to hafreq2If 4, go to ha2maxrar4If 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, 99If 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 | hatx2med1hatx2med2hatx2med3hatx2med4hatx2med5hatx2med6hatx2med7hatx2med8 | 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
 | 1,2,3,4,5,6,7,8Go 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 | 1,2,99If 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. Yes2. No, headaches occur throughout the year99. 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. Yes2. 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.Yes2. 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.Yes2. No99. No documentation | 1,2, 99If 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.Yes2.No, history of self-injury during a headache attack99. No documentation | 1,2,99If 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**

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| > 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. Yes2. No | 1,2If 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

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| > 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

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| 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 | ha3type1ha3type2ha3type3ha3type4ha3type5ha3type6ha3type7ha3type8ha3type9ha3type10ha3type11ha3type12ha3type13ha3type14ha3type15ha3type16ha3type17ha3type18ha3type19ha3type20ha3type21ha3type22ha3type23ha3type24ha3type25ha3type26ha3type27ha3type28ha3type29ha3type30ha3type31ha3type32ha3type33ha3type34ha3type35ha3type36ha3type37ha3type38ha3type39ha3type99 | 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, 39,99Cannot select 99 with other values

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| 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 | ha3loc1ha3loc2ha3loc3ha3loc4ha3loc5ha3loc6ha3loc99 | 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 | 1,2,3,4,5,6,99Cannot 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 | ha3symp1ha3symp2ha3symp3ha3symp4ha3symp5ha3symp6ha3symp7ha3symp8ha3symp99 | 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 | 1,2,3,4,5,6,7,8,99Cannot 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 ha3nosymp2ha3nosymp3ha3nosymp4ha3nosymp5ha3nosymp6ha3nosymp7ha3nosymp8ha3nosymp9ha3nosymp99 | 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. | 1,2,3,4,5,6,7,8,9,99Cannot select 9 or 99 with any other valueIf 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 | 1,2,99If 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 | 1,2,3,4,5,6,99If 1, go to haminrar3If 2, 3 or 99, go to hafreq3If 4, go to ha3maxrar4If 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 | 1,2,99If 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 | hatx3med1hatx3med2hatx3med3hatx3med4hatx3med5hatx3med6hatx3med7hatx3med8 | 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
 | 1,2,3,4,5,6,7,8Go 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 | 1,2,99If 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. Yes2. No, headaches occur throughout the year99. 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. Yes2. 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.Yes2. 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.Yes2. No99. No documentation | 1,2, 99If 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.Yes2.No, history of self-injury during a headache attack99. No documentation | 1,2,99If 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**

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| > 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. Yes2. No | 1,2If 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

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| > 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

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| 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 | ha4type1ha4type2ha4type3ha4type4ha4type5ha4type6ha4type7ha4type8ha4type9ha4type10ha4type11ha4type12ha4type13ha4type14ha4type15ha4type16ha4type17ha4type18ha4type19ha4type20ha4type21ha4type22ha4type23ha4type24ha4type25ha4type26ha4type27ha4type28ha4type29ha4type30ha4type31ha4type32ha4type33ha4type34ha4type35ha4type36ha4type37ha4type38ha4type39ha4type99 | 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, 39,99Cannot select 99 with other values

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| 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 | ha4loc1ha4loc2ha4loc3ha4loc4ha4loc5ha4loc6ha4loc99 | 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 | 1,2,3,4,5,6,99Cannot 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 | ha4symp1ha4symp2ha4symp3ha4symp4ha4symp5ha4symp6ha4symp7ha4symp8ha4symp99 | 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 | 1,2,3,4,5,6,7,8,99Cannot 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 ha4nosymp2ha4nosymp3ha4nosymp4ha4nosymp5ha4nosymp6ha4nosymp7ha4nosymp8ha4nosymp9ha4nosymp99 | 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. | 1,2,3,4,5,6,7,8,9,99Cannot select 9 or 99 with any other valueIf 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 | 1,2,99If 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 haminrar4If 2, 3 or 99, go to hafreq4If 4, go to ha4maxrar4If 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 | 1,2,99If 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 | hatx4med1hatx4med2hatx4med3hatx4med4hatx4med5hatx4med6hatx4med7hatx4med8 | 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
 | 1,2,3,4,5,6,7,8Go 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 | 1,2,99If 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. Yes2. No, headaches occur throughout the year99. 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. Yes2. 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.Yes2. 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.Yes2. No99. No documentation | 1,2, 99If 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.Yes2.No, history of self-injury during a headache attack99. No documentation | 1,2,99If 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 |