

Patient Tools® - Survey

Report: CHAT 3a Report
Patient ID: 58366
Date: 03/01/2021 10:51:42

Diagnosis (Dx): Probable Migraine

Probable migraine fulfills all but 1 of the 3 migraine criteria below. There is an overlap between "probable migraine" and tension-type headache.

Migraine criteria:

- usually lasts between 4 and 72 hours
 - at least 2 of these 4 features
moderate-to-severe intensity
one-sided (unilateral)
throbbing or pounding quality
worse with activity (or relieved with rest)
 - at least 1 of these features:
nausea or vomiting
sensitive to light and noise
-

ITEM	RESPONSE
T1. How long have you been having the headaches that are bothering you?	more than a year / many years
T2. How often do you get a headache which is more than just mild, or makes it difficult to function normally or that you take medication to treat?	1 - 7 days/month
T3. How long does each of these headaches usually last (without treatment)?	3 - 4 hours
T4. How often do you get any headache at all (mild or severe)?	1 - 7 days/month
T5. How often do milder headaches last (if you do not take medicine to relieve them)?	4 hours - 1 day
LLH1. Are your headaches, when more bothersome:	mild mainly one-sided or begin one-sided throbbing or pounding, pressure/squeezing worse with physical activity (or better with rest)

LLH2. With more severe headaches, do you feel...	nausea/vomiting: usually not sensitive to light: sometimes/usually sensitive to noise: sometimes/usually sensitive to odors: usually not
LLH Loc. Are these headaches (or facial pains)...	mainly on one side but can be all over

WHA1. Have you had any headaches which started so suddenly and were so severe that it was like being hit in the head, or like an explosion	Yes
WHA2. Does your headache sometimes wake you up from sleep?	no
WHA3. Can you trigger a headache, or make it much worse, by	cough/sneeze/bearing down?...yes exercise?...no sex?...yes
WHA4. Do you experience any neurologic symptoms, with or without your headache, such as	trouble with your speech? brief episodes of loss of vision or clouding of your vision?
WHA5. Do you have any history of seizures?	no
WHA6. Do you have any of the following symptoms?	persistent fever, or fever with your headaches? persistent unexplained cough?
WHA7. Do you have any history of cancer?	no

Please print the Assessment page before ending the Survey.

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