

Lifting The Burden

The Global Campaign against Headache

A collaboration between the World Health Organization, non-governmental organisations, academic institutions and individuals worldwide

HURT Index (v 2.2) (Headache Under-Response to Treatment)

Your medical treatment for your headaches may not be as good as it can be. By completing this short questionnaire, you will help your doctor or nurse improve it.

Please answer these questions carefully

please tick **ONE** box in each row

1	On how many days in the last month did you have a headache?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		none	1-2	3-5	6-15	16+
2	On how many days in the last three months did your headaches make it hard to work, study or carry out household work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		none	1-5	6-10	11-20	21+
3	On how many days in the last three months did your headaches spoil or prevent your family, social or leisure activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		none	1-5	6-10	11-20	21+

Analysis (these questions establish frequency of all headaches and of disabling headaches under current treatment; ticks towards the right suggest increasing need for treatment review)

All ticks in white area

Headache control is good: no review needed.

One or more ticks in lightly-shaded area

Better acute headache management is needed; review Qs 4-8 for guidance; prophylaxis may not be required.

One or more ticks in middle-shaded area

Headache control is not good; review Qs 4-8 to optimise acute medication; consider ways of reducing frequency (trigger avoidance and prophylactic medication).

One or more ticks in dark-shaded area

Disabling headache, poorly treated; possibly chronic daily headache (acute medication should be avoided); review Qs 4-8 and consider ways of reducing frequency.

4	On how many days in the last month did you take medication to relieve a headache? (Do not count preventative medication.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		none	1-4	5-9	10-15	16+	
5	When you take your headache medication, does one dose get rid of your headache and keep it away?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		always	often	sometimes	rarely	never	
6	Do you feel in control of your headaches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		always	often	sometimes	rarely	never	
7	Do you avoid or delay taking your headache medication because you do not like its side-effects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		never	rarely	sometimes	often	always	
8	What have you been told is your headache diagnosis? Do you feel you understand this diagnosis? [tick one box]	please write your diagnosis here:				<input type="checkbox"/>	<input type="checkbox"/>
						yes	no

Analysis (these questions suggest how current management might be improved)

Q4: Response should accord with Q1. When medication days are 5-9 there is potential risk of medication overuse. When medication days are >10 there is high risk of medication-overuse headache.

Advise patient about the risk and dangers of medication overuse. Give written information leaflet.

Consider ways to reduce frequency (trigger avoidance and prophylactic medication).

Q5: Ticks towards the **right** increasingly suggest poor efficacy

Consider treating earlier, changing medication, dose or route of administration, or using combination therapy, according to local guidelines.

Q6: This question relates to self-efficacy and to satisfaction.

When the response is in the shaded area, look for the reason(s) in responses to Qs 1-6. If it is not evident, consider the possibility of co-morbidities.

The response should be concordant with previous responses.

When the response is not concordant, consider cognitive interventions and expectation management.

Q7: Ticks towards the **right** increasingly suggest poor tolerability.

Consider changing medication or dose according to local guidelines.

Q8: This question relates to education.

Always hand out the appropriate information leaflet. When the diagnosis is wrongly stated, or the answer "no" is given, further explanation may be necessary.