Headache among nurse’s aides working at emergency care hospitals

Cefaleia entre auxiliares de enfermagem que trabalham em hospitais de emergência

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RESUMO

Introdução. Técnicos de enfermagem trabalhando em hospitais de emergência são expostos a vários fatores estressantes, sendo a cefaléia uma queixa comum entre eles. Objetivos. Caracterizar a ocorrência de cefaléia entre técnicos de enfermagem de hospitais de emergência. Método. Utilizamos um questionário para analisar a cefaléia em técnicos de enfermagem de dois hospitais públicos de emergência em Belém, Brasil. Resultados. A prevalência de cefaléia foi de 65%. Mulheres (76%) sofrem mais de cefaléia que homens. A faixa etária mais acometida foi entre 45 a 54 anos. Auxiliares casados relataram mais cefaleia (73,5%) que os de outros estados civis. A maioria sofria de cefaléia uma vez por mês, com duração de 30 minutos, de caráter em pulsação, bilateral e de forte intensidade. Os sintomas associados mais frequentemente foram a fonofobia, náuseas e fotofobia. Conclusão. A cefaléia é um fator que afeta a saúde de técnicos de enfermagem que trabalham em hospitais de emergência públicos em Belém, Brasil.

Unitermos. Cefaleia, Epidemiologia, Auxiliares de Enfermagem

ABSTRACT

Introduction. Nurse’s aides working at emergency care hospitals are exposed to many stressful factors. Headache is a common complaint among them. Objectives. To characterize the occurrence of headache among nurse’s aides working at emergency care hospitals. Method. We used a questionnaire to analyze headache among nurse’s aides in two public emergency care hospitals in Belém, Brazil. Results. The prevalence of headache was 65%. Women reported more headache than men (76%). Ages between 45 to 54 years old were more frequently affected. Married individuals reported more headache (73.5%) compared to individuals with other marital status. Episodes of headache occurred more often once a month, lasting 30 minutes, with a bilateral and pulsatile characteristic (54%), these episodes were more often considered of strong intensity. Common associated symptoms were phonophobia, nausea and photophobia. Conclusion. Headache is a factor that affects the health of nurse’s aides working in public emergency care hospitals in Belém, Brazil.

Keywords. Headache, Epidemiology, Nurses’ Aides

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INTRODUCTION

Headache is one of the most common complaints in clinical practice, and being a public health problem. It has an estimated prevalence of more than 90% during a lifetime in the North American population, and usually is associated with disabling symptoms\(^1\).

Headache is the second most frequent cause of attendance in emergency care units\(^2\). It is also the third most frequent reason that takes a patient to a generalist physician ambulatory and the first complaint in neurologist’s ambulatories\(^3\).

Some authors say that migraine is more disabling than diseases like systemic arterial hypertension, osteoarthritis, and diabetes. Besides individual suffering, headache also has direct economic losses (expenses with medical consultations and medicines), and indirect expenses (absences at work and low productivity)\(^4\).

In the general population, including Brazilian studies, there is a high prevalence of headache during the lifetime of an individual that ranges from 71 to 96%\(^5-8\). A Brazilian study among medicine and psychology students showed a prevalence of headache of 98.8%\(^9\). The prevalence of headache among health care professionals working in a teaching hospital was found to be 61% in another study\(^10\). These data points to an association between the stressful working related to health care and the prevalence of headache.

Considering the Brazilian population, a headache prevalence was found to be 74.1% in a study in Santa Catarina, Brazil\(^11\); another study showed a prevalence of 53.2% in Espírito Santo, Brazil\(^12\); and a third study found a prevalence of headache of 71.3% in Rio Grande do Sul, Brazil\(^1\).

The socio-economic impact of headache in patients’ life is considerable\(^13\). A Canadian study found that 77% of the studied population had limitations in their daily activities caused by migraine, 50% had to stop their activities because of the pain, and 30% were obligated to stop their activities and lay down during the episodes\(^14,15\).

A research conducted with health care professionals at a hospital in Ribeirão Preto, Brazil, found that 24.1% of those who suffered headaches had problems in family relations\(^16\).

It is estimated that professions related to health care are the third category of professions that suffers the most with emotional stress related to work\(^17\). Nursing can be considered the forth most stressful career in the public sector\(^18\). These professionals are in constant contact with processes of pain, disease, and death. This issue can generate anxiety and the feeling of loss, especially considering nursing procedures that are sometimes uncomfortable, painful, and invasive to the patient\(^19\). Last but not the least, working at an emergency care unit is a physical and mental stressful experience for the health care team\(^18\).

There are few epidemiological studies in Brazil that relates headache and how it affects the daily life of health care professional. That is why the objective of this study is to analyze the occurrence and characterize headache among nurse’s aides working in emergency care hospitals in Belém, Brazil.

METHOD

Sample

This study was approved by the Ethic Committee in Research of the Federal University of Para, in Brazil (protocol #115/2010).

We studied nurse’s aides in two emergency care hospitals in Belém, Brazil, the Mário Pinotti Hospital with 319 nurse’s aides working in it, and the Humberto Maradé Pereira Hospital, with 220 nurse’s aides. Our research included 300 aides, 173 working at the Mário Pinotti Hospital, and 127 working at Humberto Maradé Pereira Hospital. All professionals studied signed the informed consent form to participate in this study.

All nurse’s aides that participated on this study worked on 6 or 12 hours shifts. Theses shift could be diurnal or nocturnal and depends on specific working contracts signed between the professional and the hospital.

It is an observational, cross-sectional epidemiological survey to analyze and characterize headache as a symptom among nurse’s aides working in emergency care in two public hospitals in Belém, Brazil. The study was conducted in the period between August to December, 2011.
Procedure

We created a questionnaire based on the International Headache Society (IHS)diagnostic criteria that was translated to Portuguese and used by the authors for this paper (Annex 1). We did not have the opportunity to validate this questionnaire yet, so we present it as a pilot study that still needs a strategy to be validated.

The questionnaire is composed of closed and open questions. These questions were related to age, gender, religion, city of birth, ethnic group, marital status, and headache related questions: age of beginning, frequency of episodes, duration, localization, intensity, occurrence of nausea, vomiting, factors that worsen or relieve the headache, relation of the headache with a known cause, and other symptoms that could influence the daily life of the professionals.

Statistical Analysis

We analyzed nurse’s aides in different days of the week and in different shifts of work so we could enhance the heterogeneity of our population.

All statistical analyzes were performed using the computer program BioEstat 5.0. The level of significance used was 5%.

RESULTS

We interviewed a total of 300 individuals. Most of them between 45 and 54 years old (38%). The prevalence of headache among analyzed nurse’s aides was 65%. The group between 45 and 54 years old was more affected by headaches (24%), followed by the group between 35 and 44 years old (20%; Table 1).

About fifty nine percent (59.4%) of nurse’s aides with headache episodes had associated symptoms that affected their daily life as: photophobia, phonophobia, osmophobia, nausea, vomiting, visual alterations, asthena, weakness sensation, irritability, and dizziness. The group between 45 and 54 years was more affected by these symptoms (Table 2).

Most of the analyzed nurse’s aides were women (76%). Considering the total of interviewed professionals, 50% were women reporting headache, 26% were women without headache, 15% were men with headache complaint and 9% were men without headache episodes.

According to the ethnic groups, the group that consider themselves pardos are the majority, and that is also the group that reported more episodes of headache. Considering a total of 166 pardos individuals, 117 referred headache episodes (70.4%). The group considering themselves whites was 22% of the total, and 65.1% of them related headache episodes. Both yellow and black groups each had 57% of the interviewed professionals with headache complaint.

The relation between race and headache with associated symptoms showed that 60% of the paro group related headache associated with other symptoms that affected their daily life. Among white individuals we found this association in 53% of the professionals, in 60% among Asian descendents, and in 66% of afro descendents aides.

Considering the marital status, 73.5% of married professionals reported episodes of headache. Episodes of

<table>
<thead>
<tr>
<th>Age</th>
<th>N</th>
<th>Headache</th>
<th>Headache + associated symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-34</td>
<td>72 (24%)</td>
<td>57 (19%)</td>
<td>34 (29%)</td>
</tr>
<tr>
<td>35-44</td>
<td>78 (26%)</td>
<td>60 (20%)</td>
<td>30 (26%)</td>
</tr>
<tr>
<td>45-54</td>
<td>114 (38%)*</td>
<td>72 (24%)</td>
<td>46 (40%)*</td>
</tr>
<tr>
<td>55-64</td>
<td>36 (12%)</td>
<td>6 (2%)</td>
<td>6 (5%)</td>
</tr>
<tr>
<td>Total</td>
<td>300 (100%)</td>
<td>195 (65%)*</td>
<td>116 (100%)</td>
</tr>
</tbody>
</table>

*p<0.05 (Qui-squared test =40.80; p<0.0001).

<table>
<thead>
<tr>
<th>Age of beginning of headache (years)</th>
<th>N</th>
<th>Age of beginning of headache + associated symptoms (years)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-15</td>
<td>60 (30.7%)</td>
<td>9 a 15</td>
<td>15 (12.9%)</td>
</tr>
<tr>
<td>16-25</td>
<td>44 (22.6%)</td>
<td>16 a 25</td>
<td>60 (51.7%) **</td>
</tr>
<tr>
<td>26-35</td>
<td>61 (31.3%)*</td>
<td>26 a 35</td>
<td>30 (25.9%)</td>
</tr>
<tr>
<td>&gt;36</td>
<td>30 (15.4%)</td>
<td>&gt; 36</td>
<td>11 (9.5%)</td>
</tr>
</tbody>
</table>

**p<0.05 (Qui-squared test =13.349; p=0.0039); ***p<0.05 (Qui-squared test =51.103; p<0.0001).
headache occurred in 52.5% of single individuals, 47.2% of individuals living in stable union, and in 61.2% of divorced aides. There is no association among marital status and headache (Qui-squared test = 2.456; p = 0.4679).

Analyzing the association of headache with other symptoms that affected the aides's daily life it was found that 73% of the divorced professionals referred this association, followed by 64% of the stable union group, 57% of the married group, and 54% of the single.

Considering all nurse’s aides, 31.3% had their first episodes of headache between the ages of 26 to 35 years old. Analyzing the beginning of these episodes associated with other symptoms that affects their daily life, most of them (51.7%) started these episodes by the ages of 16 to 25 years old.

Considering the frequency of episodes among nurse’s aides that suffer headaches, most of them (52.3%) referred one episode a month, 15% suffered an episode a few times a year, 13.3% had headaches many times a week, 9.7% suffered from headaches many times a month, and only 1.5% referred daily headaches.

Headache associated with other limiting symptoms was more frequent in individuals relating headache episodes once a month (36.9%). Only 17% of aides suffering headache a few times a year associated these episodes with other limiting symptoms. A group of 6 individuals (3%) suffering from headache many times a week associates these episodes with other symptoms. There was also a small group of 3 people (1.5%) relating many episodes of headache a month with limiting symptoms.

Considering the length of the headache episodes, there was a significant group of 81 aides suffering episodes of headaches lasting 30 minutes. Another group of 37 participants reported episodes lasting 1 hour, followed by 16 professionals reporting headaches for 2 hours, and 14 other interviewed aides with episodes of headache lasting more than 4 hours. Events of headache lasting a few minutes occurred in a small proportion of participants: 8 of them reported episodes of 15 minutes of duration, and 6 aides with headaches of about 15 minutes. Long lasting episodes of headache occurred in 4 individuals reporting headache for 12 hours, 5 professional with headache lasting 24 hours, and 3 other aides with headache lasting for 2 to 3 days.

The group in which the headache lasted 30 minutes was related to the biggest occurrence of associated symptoms that impaired their daily life. In this group, 71.6% of nurse’s aides that suffer headaches reported: photophobia, phonophobia, osmophobia, nausea, vomiting, visual alterations, asthenia, weakness sensation, irritability, or dizziness.

The most frequent localization of the headache was bilateral (41.5%) followed by unilateral (15.8%; Table 3). Most of the analyzed aides related the characteristic of headache as pulsatile (54%), followed by a sensation of pressure (34%), stab (27%), and sting pain (11%; Table 4).

Headache of strong intensity was the most frequent intensity reported by the headache-suffering population (55%). This is also the group that most related their headaches with associated disabling symptoms. Moderate intensity headache occurred in 25% of professionals, followed by a group reporting headache of very strong intensity (13%), and a group of mild intensity headache (7%).

We also analyzed associated symptoms that would disturb the aide’s daily activities. The five most prevalent associated symptoms were: phonophobia (75%), nausea (50%), photophobia (42.2%), visual alterations (12%), and vomiting (24.1%; Table 5).

### Table 3. Headache localization and its association with other symptoms.

<table>
<thead>
<tr>
<th>Localization</th>
<th>N</th>
<th>%</th>
<th>Association with other symptoms</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilateral</td>
<td>81</td>
<td>41.5</td>
<td>57</td>
<td>49.1</td>
</tr>
<tr>
<td>Unilateral</td>
<td>31</td>
<td>15.8</td>
<td>11</td>
<td>9.4</td>
</tr>
<tr>
<td>Frontal</td>
<td>26</td>
<td>13.3</td>
<td>29</td>
<td>25</td>
</tr>
<tr>
<td>Supra-orbital</td>
<td>23</td>
<td>11.7</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Orbital</td>
<td>17</td>
<td>8.7</td>
<td>5</td>
<td>4.3</td>
</tr>
<tr>
<td>Occipital</td>
<td>9</td>
<td>4.6</td>
<td>4</td>
<td>3.4</td>
</tr>
<tr>
<td>Frontal + occipital</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Orbital + supra-orbital</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Generalized</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0.8</td>
</tr>
<tr>
<td>Total</td>
<td>195</td>
<td>100</td>
<td>116</td>
<td>100</td>
</tr>
</tbody>
</table>
DISCUSSION

Our study analyzed headache as a symptom and its relations with other symptoms that cause detriment to the daily activities of nurse’s aides working in emergency hospitals. We have not studied the etiology of the headache. Even though, it’s known that migraine and tension-type headache are the most prevalent causes of headache among the general population, mainly in women.

The prevalence of headache among nurse’s aides in our study was 65%. Another study conducted in Brazil showed a headache prevalence of 78.9% in a high school student’s population. In 2005, a study about headache on healthcare professionals in a hospital in Santa Catarina, Brazil, showing a headache prevalence of 74.1%. In the latter study, nurse’s aides composed most part of the analyzed population. Another analysis demonstrated a headache prevalence of 98.1% among nursing professionals in a hospital in Rio Grande do Sul, Brazil.

Findings analyzing 987 healthcare professional in a hospital showed that 38.5% of them related headache episodes, their average age was 31.1 years old, with a prevalence of female professionals. In this same analysis, 150 individuals were nurse’s aides, and most of them (62%) suffered headache episodes.

We found an age variance in our population ranging from 25 to 64 years old. There was a prevalence of nurse’s aides in the group between 45 to 54 years old (38%), the average age was 49.5 years old, with a prevalence of female nurse’s aides (76%). We also found that 65.7% of analyzed women had headache episodes, and this amount represents 62.5% of men. It is well known in the specialized literature the highest prevalence of headache in women, and our analyzes is in accordance with that.

Analyzing the prevalence of headache by age group in a transversal observational study as we are presenting here has its limitations once we do not have a birth cohort of the analyzed individuals. So, the prevalence of headache on a given age group may reflect the exposition of that generation to some risk factors, and not necessarily a strict relation of neither the prevalence of headache on that age group nor the natural history of the disease itself.

Based on these analyzes it can be said that headache among nursing professionals, in special nurse’s aides, varies from study to study, but always has a considerable prevalence.

In our study most nurse’s aides considered themselves of pardó ethnic group. Most of them were married (58%), and this same married group had a higher prevalence of headache (73.5%).

Another Brazilian study analyzing healthcare professionals in a hospital showed that 49.7% of headache suffering professionals were married, and 46.3% of this population were nurse’s aides. The prevalence of headache in Salvador, Brazil, stating that married individuals suffered more headache than single.

We also noted that in 31.3% of our population

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N</th>
<th>%</th>
<th>Association with other symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulsatile</td>
<td>106</td>
<td>54</td>
<td>67</td>
</tr>
<tr>
<td>Pressure</td>
<td>34</td>
<td>17</td>
<td>23</td>
</tr>
<tr>
<td>Stab</td>
<td>27</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Sting</td>
<td>11</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Pulsatile + Stab</td>
<td>17</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>195</td>
<td>100</td>
<td>116</td>
</tr>
</tbody>
</table>

**Table 5. Symptoms associated with headache among nurse’s aides.**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phonophobia</td>
<td>87*</td>
<td>75*</td>
</tr>
<tr>
<td>Nauseas</td>
<td>58</td>
<td>50</td>
</tr>
<tr>
<td>Photophobia</td>
<td>49</td>
<td>42.2</td>
</tr>
<tr>
<td>Visual alterations</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Vomiting</td>
<td>28</td>
<td>24.1</td>
</tr>
<tr>
<td>Weakness sensation</td>
<td>25</td>
<td>21.5</td>
</tr>
<tr>
<td>Osmophobia</td>
<td>19</td>
<td>16.3</td>
</tr>
<tr>
<td>Irritability</td>
<td>8</td>
<td>6.8</td>
</tr>
<tr>
<td>Dizziness</td>
<td>3</td>
<td>2.5</td>
</tr>
<tr>
<td>Asthenia</td>
<td>2</td>
<td>1.7</td>
</tr>
<tr>
<td>Redness in the eyes</td>
<td>17</td>
<td>14.6</td>
</tr>
</tbody>
</table>

*p<0.05 (Qui-squared test =245.89; p<0.0001).
headache episodes started in the age between 26 and 35 years old. A study showed that 29% of the group with frequent headache started their episodes by the age of 4 to 10 years old. A study about headache among high school students showed that most of primary headache suffering individuals started their episodes in the age between 10 to 19 years old. These important Brazilian data do not completely match with our findings, even though we analyzed a different and specific population and we did not define the headache etiology of our population, but analyzed it as a symptom affecting their lives.

In the population studied in Rio Grande do Sul, Brazil, the frequency of headache episodes was found to be once a week in 23% oh them, daily in 4%, and rarely in 34%. In our analysis, 34% of the subjects had headache episodes once a month, 1% daily and 15% some times a year (rarely).

As shown by us, in 62% of nurse’s aides suffering headache once a month, these episodes are accompanied by symptoms that impairs their daily life. This association declines to 30.1% in subjects with episodes of headache a few times a year.

The duration of the headache episodes in the population analyzed by us lasted mainly 30 minutes (41.5%), its localization was more frequently bilateral (41.5%) followed by the unilateral localization (15.8%). A study showed a predominance of bilateral headache (65%) also followed by the unilateral localization. In our findings, the association of headache with other disabling symptoms was more common in subjects with bilateral headache (49.1%).

We found that pulsatile headache was the most common pattern of headache in our population (54%). Episodes of strong intensity headache also were the majority (55%). Phonofobia was the most common symptom related to headache episodes (75%), followed by nausea (50%), and photophobia (42.2%).

Studying the socio-economic impact of primary headache on healthcare professionals working in a hospital, Bolan et al in 2005 showed that headache was the main cause of working absence resulting in a huge loss of working hours because of these absences.

A Brazilian study with bus drivers found that the perception of health, the quality of life, the impact of diseases and its treatments in the life of individuals are all being more frequently studied on epidemiological studies. In our study 38.6% of the analyzed nurse’s aides reported that their headache episodes had a negative impact in their daily activities. It was common for the bus driver with headache episodes to suffer impairment in their functional capacity, to have a negative perception of their health and vitality, taking to a negative repercussion in their social, emotional and mental states.

Both migraine and tension-type headache impairs the daily activities of the headache suffering population. But migraine had an even worse impact in their professional activities.

Headache has an economic impact associated to it that can be considered either direct and/or indirect. Direct expenses are those related to medical assistance, medicines, hospitalization, and so on. Indirect expenses are those related to absences at work and low productivity caused by the pain. The prevalence of headache is so elevated that is possible to say that every human being will have an episode of headache during their lifetime. That’s why headache is considered to be a public health problem. In 1991, 93% of men and 99% of women will have some kind of headache during their lives.

Healthcare professionals, in special those working in emergency sectors, are exposed constantly to stressful situations. A study in Brazil, showed that headache was the main physical symptom complained by the nursing team in an emergency hospital. Another study in Goiânia, Brazil, observed that headache, as a symptom was the most prevalent complaint among high school nursing students. We consider these studies to be important because we can extrapolate these findings to how would future nursing professionals working in hospitals feel. A study about nurses during their post-graduation courses found a prevalence of headache among them of 93% in men and 97% in women, 54% of this population was diagnosed with migraine and 40% as having tension-type headache.

Considering these important studies on headache affecting Brazilians, in special healthcare professionals, and comparing it to our own findings on nurse’s aides, although our study being a pilot study, with its limitations of using a questionnaire that still requires a va-
lidation, we can say that headache is a prevalent symptom that impairs nurse’s aides quality of life. With that in mind, it is reasonable to suggest that changes on public health politics affecting these professionals’ working conditions would be made to improve their working conditions and wellbeing as well to diagnose and treat its headache accordingly.

CONCLUSION

The analysis presented in this paper is an observational transversal epidemiological inquiry study. We analyzed headache as a symptom in a specific population. By this mean, we have not done an etiological diagnosis of headache. Our objective was to define the prevalence of headache and characterize it according to the proposed variants in a population of nurse’s aides working in emergency care hospitals. We believe that headache is a symptom affecting the life of a significant proportion of these professionals that must be investigated, diagnosed and treated accordingly.

REFERENCES

Annex 1. Questionário sobre cefaleia (Headache Questionnaire).

IDENTIFICAÇÃO
1. Iniciais: ____________________ 2. Idade: _____ anos
7. Profissão: ______________________ 8. Telefone: _______________________
9. E-mail: ________________________ 10. MSN : _______________________

DOR DE CABEÇA (Leia antes as observações no rodapé)
11. Sofre de dor de cabeça: __SIM. __NÃO.
12. Você atribui a sua dor de cabeça a alguma causa conhecida (desordem orgânica, trauma ou uso de substâncias)?  __SIM. Qual: ________________
13. _NÃO.
14. A sua dor de cabeça lhe causa algum grau de prejuízo para realizar suas atividades diárias?
15. Com qual idade começou a sua dor de cabeça? _____ anos
16. ___1._2._3._4._5._6._7._8._9._10._11. +10.
17. Com qual idade ocorreu o primeiro episódio de dor de cabeça com prejuízo para realizar suas atividades diárias? _____ anos
18. __1._2._3._4._5._6._7._8._9._10._11. +10.
19. Quantos episódios de dor de cabeça você já sofreu na vida?
20. Quantos episódios de dor de cabeça com prejuízo para realizar suas atividades diárias você já sofreu na vida?
21. Qual a frequência dos seus episódios de dor de cabeça?
22. __Contínua.__Todo dia.__Várias vezes por semana.__Semanal.__Várias vezes por mês.
23. ___Uma ou poucas vezes por mês.__Algumas vezes por ano.
24. Qual é a característica ou tipo de sua dor de cabeça?
25. __Pulsação.__Aperto/pressão.__Ardência.__Pontada.__Pulsação + Ardente + Pontada
26. Qual a característica ou tipo de dor está relacionado ao episódio de cefaléia com prejuízo para realizar suas atividades diárias?
27. __Pulsação.__Aperto/pressão.__Ardência.__Pontada.__Pulsação + Ardente + Pontada
28. Qual a intensidade da sua dor de cabeça?
29. __Leve.__Moderada.__Forte. __Muito forte.
30. Qual intensidade da sua dor de cabeça está relacionada ao número de episódios de cefaléia com prejuízo para realizar suas atividades diárias?
31. __Leve.__Moderada.__Forte. __Muito forte.
32. Qual a duração de seus episódios de dor de cabeça?
33. < 15 min._15 min._30 min._1 hora.
34. __2 horas._3 horas._< 4 horas._4 horas.
35. ___12 horas._24 horas._2-3 dias.
36. Qual a duração dos seus episódios de dor de cabeça com prejuízo para realizar suas atividades diárias?
37. < 15 min._15 min._30 min._1 hora.
38. __2 horas._3 horas._< 4 horas._4 horas.
39. ___12 horas._24 horas._2-3 dias.
40. Qual a localização da sua dor de cabeça?
41. __Unilateral focal._Bilateral focal._Orbital._Supra-orbital._Frontal._Occipital.
42. ___Frontal + Occipital._Orbital + Supra-orbital._Generalizada.
43. Qual é a característica ou tipo da sua dor de cabeça?
44. __Pulsação._Aperto/pressão._Ardência._Pontada._Pulsação + Ardente + Pontada
45. Qual a característica ou tipo de dor está relacionado ao episódio de cefaléia com prejuízo para realizar suas atividades diárias?
46. __Pulsação._Aperto/pressão._Ardência._Pontada._Pulsação + Ardente + Pontada
47. Qual a intensidade da sua dor de cabeça?
48. __Leve._Moderada._Forte. __Muito forte.
49. Qual intensidade da sua dor de cabeça está relacionada ao número de episódios de cefaléia com prejuízo para realizar suas atividades diárias?
50. __Leve._Moderada._Forte. __Muito forte.
51. Marque os sintomas associados à dor de cabeça com prejuízo para realizar suas atividades diárias:
52. Náuseas._Vômitos._Fotofobia (aversão à luz)._Fonofobia (aversão ao barulho)._Osmofobia (aversão ao cheiro).

Obs.1: Se a resposta da questão 11 for “Não”, não é necessário prosseguir.
Obs.2: Quando necessário, poderão ser marcadas mais de uma opção em uma questão.