

General rules

1. If the patient has more than one headache disorder, all should be diagnosed in the order of importance indicated by the patient.
2. To make a diagnosis, all letter headings of a set of diagnostic criteria must be fulfilled.
3. After each diagnosis add estimated number of *headache days per year* in parentheses.
4. Diagnostic criteria given at the one or two digit level must generally be met by the subforms, but exceptions and/or more specific criteria are listed under the subforms.
5. Patients who for the first time develop a particular form of headache in close temporal relation to onset of one of the disorders listed in groups 5-11 are coded to these groups using the fourth digit to specify type of headache. A causal relationship is not necessarily indicated, however. Preexisting migraine, tension-type headache and cluster headache aggravated in close temporal relation to one of the disorders listed in groups 5-11 are still coded as migraine, tension-type headache and cluster headache (groups 1-3). If number of headache days increases by 100 per cent or more, the aggravating factor may be mentioned in parentheses, but it is not coded for.
6. Code to the degree (number of digits) which suits your purpose.
7. If one headache type fits the diagnostic criteria for different categories of headache, code to the first headache category in the classification for which the criteria are fulfilled (1.7, 2.3 and 3.3 are not regarded as diagnoses if the headache also fulfils another diagnosis).
8. If a patient has a form of headache fulfilling one set of diagnostic criteria, similar episodes which do not quite satisfy the criteria also usually occur. This can be due to treatment, lack of ability to remember symptoms exactly and other factors. Ask the patient to describe a typical untreated attack or an unsuccessfully treated attack and ascertain that there have been enough of these attacks to establish the diagnosis. Then estimate the days per year with this type of headache adding also treated attacks and less typical attacks.
9. A major obstacle to an exact diagnosis is the reliance on patients' history to determine whether criteria are met. In less clear cases it is recommended to let the patient record attack characteristics prospectively using a headache diary before the diagnosis is made.
10. If a fourth digit is to be used in association with a diagnosis at the two digit level, insert 0 as the third digit.