**Headache**

**Name Date\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

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| **Can you tell me about** | **PTO** |
| * Onset, duration, frequency and temporal pattern (episodic, daily or unremitting). **First & Worst**
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| * Pain characteristics including severity, site and spread of pain.
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| * Associated symptoms such as:
	+ Aura (visual, auditory or gustatory disturbance), nausea, photophobia and intolerance of noise — may indicate [migraine](https://cks.nice.org.uk/headache-assessment#!scenarioRecommendation:2).
	+ Autonomic features for example tearing, drooping or swollen eyelid, pain around one eye, nasal congestion or rhinorrhoea — may indicate [cluster headache](https://cks.nice.org.uk/headache-assessment#!scenarioRecommendation:2).
	+ Systemic and neurological features such as **fever, neck stiffness**, **rash, weakness and visual disturbance**.
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| * Contacts with similar symptoms.
	+ Consider possible carbon monoxide poisoning if household contacts or pets have similar symptoms.
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| * Precipitating and relieving factors such as:
	+ **Trauma**, posture (lying down), Valsalva manoeuvres, fatigue or stress, menstrual cycle, and medication (**Codeine**) or **Alcohol** change or withdrawal.
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| * Comorbidities and past medical history including:
* Compromised immunity, systemic illness, malignancy and pregnancy
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| * Drug history including:
	+ Drugs used for headache — intake, response to, and side effects of acute and preventive medications that have been tried.
	+ Other prescribed and non-prescribed drugs such as anticoagulants, glucocorticoids, methamphetamines, and cocaine.
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| * Effect on activities — ask what does the person 'do' during attacks? eg
	+ Migraine is associated with withdrawal from daily activities due to incapacity.
	+ Tension-type headache typically has no effect on activities.
	+ Cluster headache is associated with agitation or restlessness.
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| Is it like a severe sudden thunderclap? |  |
| Is there neck stiffness or pain on putting chin to chest |  |
| Are there any ‘flu symptoms, shivering, sweats, rashes |  |
| Are there any episodes of weakness or confusion or drowsiness |  |
| Any dental, TMJ or chewing pain |  |
| Any visual pain or disturbance |  |