**Headache**

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

|  |  |
| --- | --- |
| **Can you tell me about** | **PTO** |
| * Onset, duration, frequency and temporal pattern (episodic, daily or unremitting). **First & Worst** |  |
| * Pain characteristics including severity, site and spread of pain. |  |
| * 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**. |  |
| * Contacts with similar symptoms.   + Consider possible carbon monoxide poisoning if household contacts or pets have similar symptoms. |  |
| * 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. |  |
| * Comorbidities and past medical history including: * Compromised immunity, systemic illness, malignancy and pregnancy |  |
| * 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. |  |
| * 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. |  |
| 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 |  |