1. Have you got the headache at present?

2. Have you had this type of headache before?

3. How often do you get the headaches?

4. How long do the headaches last?

5. Where exactly is the headache?

6. How would you describe the headache?

7. Gradual or sudden onset of the headache?

   Why: If sudden and severe headache must consider possibility of subarachnoid hemorrhage.

8. Is there anything that will bring the headaches on, or worsen the headache?

   Why: e.g. exertion such as coughing, sneezing, stooping, straining, lifting and various sporting activities (exertional headache); after sexual intercourse (post-coital headache); migraines may be triggered by many factors including certain foods, alcohol, bright light, glare, emotional stress, allergens, excessive noise, strong perfume, tiredness, stress, relaxation after stress, exercise, menstruation or pregnancy; cluster headaches may be aggravated by alcohol; headaches from cervical spondylosis may be aggravated by moving the neck.

9. Is there anything that can relieve the headaches?
**Why:** e.g. migraines are relieved with sleeping; tension headaches may be relieved by alcohol; headaches due to cervical spondylosis or dysfunction may be relieved by heat or cold compresses to the neck.

10. **What time of the day is the headache worse?**

**Why:** e.g. if patient wakes with the headache consider migraine, cervical spondylosis, depression, hypertension or brain tumor; frontal sinusitis often starts at around 9am and builds to a maximum at around 1 pm, then subsides over the next few hours; cluster headaches often start suddenly through the night around 2-3 hrs after falling asleep.

11. **Are you under a lot of stress or tension?**

**Why:** may suggest tension headache (commonest cause of chronic recurrent headache).

12. **Have you had a heavy cold recently?**

**Why:** may suggest cause of headache is a respiratory infection (this is the most common cause of headache) or sinusitis.

13. **Recent head injury?**

**Why:** may suggest concussion, post-concussion headache, extradural haematoma, subdural haematoma or headache from cervical spondylosis or cervical dysfunction.

14. **Have you had a recent spinal procedure?**

**Why:** e.g. epidural, lumbar puncture or spinal anesthesia - may be cause of the headache, usually which come on when standing upright and relieved by lying down.
15. **Risk factors for benign intracranial hypertension?**

*Why:* e.g. young, obese females, combined oral contraceptive pill, tetracycline, nitrofurantoin, Vitamin A preparations.

16. **Medications?**

*Why:* e.g. monoamine (MAO) inhibitor antidepressants may cause headaches if the person also consumes foodstuffs containing tyramine such as cheese, yeast extracts, broad beans, cream, chocolate and alcohol; medications that may cause headache include non-steroidal anti-inflammatory drugs, corticosteroids, cyclosporine, oral contraceptive pill, calcium channel blockers, nitrates, theophylline, quinine, nitrazepam, ranitidine, beta-blockers, methyldopa, hydralazine and dipyridamole.

Some medications if taken regularly may cause rebound headache if you stop taking them such as aspirin, codeine and ergotamine. Benign intracranial hypertension may be linked with oral contraceptive pill, tetracycline, nitrofurantoin and Vitamin A preparations.

17. **Alcohol history?**

*Why:* e.g. alcohol hangover or withdrawal may cause headache.

18. **Caffeine intake?**

*Why:* including coffee, soft drinks and chocolate. Caffeine withdrawal may cause a headache.

19. **Family history?**

*Why:* e.g. migraine, cluster headaches.
20. Pain in the back of the head or neck?

Why: may suggest cervical spondylosis (degeneration), cervical dysfunction.

21. Nausea or vomiting?

Why: may suggest migraine, brain tumor, meningitis or subarachnoid hemorrhage.

22. Unusual sensations in your eyes, such as flashing lights?

Why: may suggest migraine or preeclampsia.

23. Dizziness, weakness or any strange sensations?

24. Does the light hurt your eyes?

Why: may suggest migraine, meningitis.

25. Do you get blurred vision?

Why: may suggest refractive errors of the eyes, migraine, brain tumor or benign intracranial hypertension as cause of headache.

26. Watering or redness of one or both of your eyes?
27. Pain or tenderness on combing your hair?

Why: may suggest tension headache (as scalp is often tender to touch) or temporal arteritis.

28. Does your nose run when you get the headaches?

Why: may suggest cluster headache.

29. Fever, sweats or chills?

Why: may suggest sinusitis, meningitis, encephalitis, respiratory illness or brain abscess.

30. Teeth pain?

Why: may suggest dental disorders or sinusitis as the cause of headache.

31. Jaw pain?

Why: suggests temporomandibular joint dysfunction or temporal arteritis (if jaw pain occurs with eating).

32. Seizures?

Why: may suggest brain tumor or meningitis.
33. **Symptoms of tension headache?**

**Why:** e.g. "tight" pressure feeling over the forehead and temples, may radiate to the back of the head, lasts for hours, usually starts after rising and gets worse throughout the day, aggravated by stress overwork and skipping meals, may be relieved by alcohol. May be associated with lightheadedness, fatigue and neck ache.

34. **Symptoms of migraine headache?**

**Why:** e.g. intense throbbing unilateral headache over the front or side of the head, may radiate to behind the eyes or back of head, lasts from 4-72 hours (average 6-8 hours), often the person wakes with the headache and it is relieved by sleep. It may be associated with nausea, vomiting, visual field loss or numbness on one side of face. In children it may be associated with abdominal pain.

35. **Symptoms of frontal sinusitis?**

**Why:** e.g. may follow an upper respiratory tract infection or rhinitis. Dull throbbing headache over the forehead and behind the eyes, often but not always unilateral. Often develops in the morning at around 9am and subsides around 6pm. Aggravated by leaning forward. May be associated with fever.

36. **Symptoms of cluster headache?**

**Why:** e.g. paroxysmal clusters of unilateral headache over or about one eye which occur nightly, often in the early hours of the morning. Headaches last 15 minutes to 2-3 hours and the clusters last for 4-6 weeks. May be associated with runny nose or eye on the same side of the headache, flushing of the forehead and cheek or droopy eyelid.
37. 37. Symptoms of headaches from cervical spondylosis or cervical dysfunction?

Why: e.g. nagging dull aching pain over the back of the head which may radiate to the sides or top of the head. Person will often wake with the headache and it will often settle around midday. May be associated with grating in the neck or pins and needles over one side of the back of the scalp.

38. 38. Symptoms of temporal arteritis?

Why: e.g. severe constant unilateral throbbing headache on the forehead and the side of the head and can radiate around the side to the back of the head. Tends to be worse in the morning and is aggravated by stress and anxiety. May be associated with vague aches and pains in the muscles of the neck and shoulders, weight loss, intermittent blurred vision, tenderness when brushing the hair, pain in the jaw with eating. Usually occurs in people aged over 50 years.

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15. Risk factors for benign intracranial hypertension?
16. **Medications?**

17. **Alcohol history?**

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33. **Symptoms of tension headache?**

34. **Symptoms of migraine headache?**

35. **Symptoms of frontal sinusitis?**

36. **Symptoms of cluster headache?**

37. **Symptoms of headaches from cervical spondylosis or cervical dysfunction?**

38. **Symptoms of temporal arteritis?**