Recurrent or chronic headache

Please print this form, check **one box per question**, and bring the completed form to your appointment. These are the questions your neurologist is most likely to ask about this symptom — answering them on paper first makes the visit faster and more accurate. If you are unsure of an answer, check "Not sure".

Your name	Date of birth	Today's date
_____	_____	_____

1A. Safety screen

Answer every question. If any answer is "Yes" or "Not sure", follow the instruction shown below the question — these can be emergencies.

Did the headache reach maximal intensity within one minute, or is it unlike any previous headache?

☐ No ☐ Yes ☐ Not sure

If yes: Seek emergency assessment now. Do not wait for a routine appointment or rely on pain relief as a test.

Is there new weakness, numbness, confusion, fainting, seizure, double vision, or difficulty speaking?

☐ No ☐ Yes ☐ Not sure

If yes: Call emergency services now and record the onset or last-known-well time.

Is there fever with neck stiffness, a new rash, persistent vomiting, or marked light sensitivity?

☐ No ☐ Yes ☐ Not sure

If yes: Seek emergency assessment now, especially if the person is drowsy, confused, or rapidly worsening.

Is there new visual loss, severe pain on eye movement, pregnancy/postpartum status, cancer, immunosuppression, or anticoagulant use with this headache?

☐ No ☐ Yes ☐ Not sure

If yes: Arrange emergency or same-day assessment depending on severity; new visual loss or neurological symptoms require emergency care.

1B. Timeline

Use the first occurrence for recurrent episodes and the current episode for a changing symptom.

How did the symptom begin?

☐ Suddenly, over seconds or minutes ☐ Over hours to days ☐ Gradually over weeks or months

☐ Longstanding or since childhood ☐ Not sure

Use the first occurrence for recurrent episodes; use the current episode for a changing symptom.

What is the overall course?

☐ One persistent episode ☐ Separate recurrent episodes ☐ Steadily worsening ☐ Fluctuating or variable

☐ Currently resolved

Has this exact pattern been assessed before?

☐ Definitely new ☐ The same pattern occurred before ☐ Present and stable for a long time ☐ Not sure

1C. Discriminating features

Which headache pattern is most prominent?

☐ Throbbing with nausea or light/sound sensitivity ☐ Bilateral pressing or tightening ☐ Daily or near-daily persistent pain

☐ A clear change from a previous pattern

Does posture, coughing, or exertion reliably change the headache?

☐ Worse upright and better lying down ☐ Worse lying flat or on waking ☐ Triggered by cough, bending, or strain
☐ No clear trigger ☐ Not sure

How long does a typical attack last?

☐ Seconds to minutes ☐ 4–72 hours ☐ Longer than 72 hours or continuous ☐ Not sure

How often are acute pain medicines or combination analgesics used?

☐ Rarely or never ☐ On 10 or more days per month ☐ Daily or near-daily ☐ Not sure

1D. Associated findings

Record other clues and the effect on usual activities. New associated symptoms can change urgency.

Are there other neurological symptoms—weakness, numbness, speech change, double vision, swallowing difficulty, or severe imbalance?

☐ Yes ☐ No ☐ Not sure

Are there systemic clues—fever, weight loss, cancer, infection risk, pregnancy/postpartum status, or a new medication?

☐ Yes ☐ No ☐ Not sure

How much does this affect daily activity?

☐ Noticeable but activities continue ☐ Some activities are limited ☐ Cannot perform usual activities ☐ Not sure

1E. Clinical context

These answers help distinguish medication, medical, neurological, and pre-existing contributors.

Who is being assessed?

☐ Adult or adolescent ☐ Child under 12 ☐ Adult aged 65 or older

Could a medicine, substance, withdrawal, or recent dose change be relevant?

☐ No plausible contributor ☐ Yes or possibly ☐ Not reviewed

Include sedatives, dopamine-blocking drugs, stimulants, decongestants, anticholinergics, alcohol, and non-prescribed substances when relevant.

Is there a relevant neurological, muscular, metabolic, cardiovascular, autoimmune, or sleep disorder?

☐ No known relevant condition ☐ Yes ☐ Not sure

What prior information is available?

☐ A previous examination or investigation ☐ Prior records but no clear explanation ☐ No useful prior assessment ☐ Not sure

1F. Additional history

Use the lines below to record exact dates and times, witness details, current medications and any recent dose changes, prior tests or investigation reports, and what your usual baseline function is.

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This form collects your history only. It cannot diagnose, triage, or exclude an emergency, and it is not medical advice. Call 911 for severe, sudden, or worsening symptoms.