Living with a headache disorder can feel physically and mentally exhausting, but understanding your condition can get you started with taking control of it symptoms. Asking the right questions during your conversation will help you know what to expect and how to better navigate your condition. Familiarize yourself with these common terms before your appointment to help facilitate your discussion.

**Vocabulary to Know**
Your doctor might mention these common terms. Here’s what they mean.

<table>
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<tr>
<th>Term</th>
<th>Description</th>
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<tr>
<td><strong>Primary Headache</strong></td>
<td>A headache that exists on its own and is not caused by another medical condition.</td>
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<td><strong>Secondary Headache</strong></td>
<td>A headache that is caused by another health condition, such as high blood pressure, an infection, a structural brain abnormality, or a blood vessel problem.</td>
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<td><strong>Tension-Type Headache</strong></td>
<td>The most common type of primary headache disorder, characterized by a dull tightening or pressure discomfort on both sides of the head. Sometimes referred to as a “stress headache” or simply a “tension headache,” it worsens with physical activity, lasts anywhere from 30 minutes to seven days, and may be associated with a sensitivity to light or sound, but not both.</td>
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<td><strong>Cluster Headache</strong></td>
<td>Another type of primary headache disorder, albeit much less common than tension-type headache or migraine, that causes a severe stabbing, burning and/or piercing pain around one eye or temple. Cluster headaches last anywhere from 15 to 180 minutes and may be associated with symptoms such as a stuffy or runny nose, teary or red eye, swollen or drooping eyelid, or facial sweating.</td>
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<td><strong>Migraine</strong></td>
<td>Another type of primary headache disorder that is generally characterized by a one-sided, throbbing sensation that worsens with physical activity.</td>
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<td><strong>Aura</strong></td>
<td>An aura, which occurs in a little over one quarter of migraine attacks, is characterized by impairments in vision, sensation, language, or, rarely, movement. These neurological disturbances are reversible, last five minutes up to one hour, and generally occur prior to headache onset.</td>
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<td><strong>Medication Overuse Headache</strong></td>
<td>A headache that occurs as a result of taking pain medication too frequently, specifically more than 10 to 15 days per months (depending on the specific medication). Previously called a “rebound headache,” a medication overuse headache may occur with a variety of pain medications ranging from opioids/narcotics to over-the-counter painkillers like nonsteroidal anti-inflammatories.</td>
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<td><strong>Trigger</strong></td>
<td>An environmental factor, such as stress, weather, sleep disturbances, or certain foods, that contribute to the development of a headache.</td>
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<td><strong>Brain Imaging</strong></td>
<td>Brain imaging, such as a CT scan and/or MRI of your brain, may be ordered to rule out a secondary headache, especially if certain “red flag” symptoms are present, like neurological symptoms or a sudden, severe headache onset.</td>
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Questions to Ask

These questions will help you start a conversation with your doctor about how to best manage your headaches.

About Symptoms
- Besides, head pain, why do I experience other symptoms (e.g., light or sound sensitivity) with my headaches?
- I have a fever with my headache. What does this mean, and should I contact my doctor?
- What “red flag” or worrisome symptoms associated with a headache mean I need to seek medical attention emergently?

About Causes & Risk Factors
- What are the most common headache triggers?
- Are my headaches a sign that I should get my hormones checked?
- Do headache disorders run in families?

About Diagnosis
- Is brain imaging (for example, a CT scan or MRI of my brain) needed to make a headache diagnosis?
- How do I know if I need to see a neurologist or headache specialist?
- How do I best prepare for my first doctor’s visit?

About Treatment
- What over-the-counter medications can treat my headache disorder?
- How do I know if I need a headache preventive medication?
- How will my doctor treat my headaches during pregnancy and/or when breastfeeding?
- Are there any complementary and alternative medications or therapies to prevent or treat my headaches?

About Coping
- How do I create a headache diary?
- Are my headaches causing my depression and/or anxiety or vice versa?
- How do I find a headache healthcare team I can trust?
About Living With Headaches

- Is there a connection between my headaches and stress?
- I heard caffeine can both help and contribute to headache pain. Should I moderate or eliminate my caffeine consumption?
- What lifestyle habits (i.e., diet or smoking cessation) can I adopt to minimize the number and severity of my headaches?