

Time relationships:

- When did the symptoms start?
- How would you describe the onset: sudden or gradual?
- Were you feeling completely well before the onset of the symptoms?
- Are the symptoms constant or intermittent?
- If intermittent, how long does each episode last?
- How long do you remain symptom-free between episodes?
- Are the symptoms getting better, worse, or staying the same over time?

Precipitating, exacerbating or relieving factors:

- Were there any specific triggers or events that initiated the symptoms?
- Are there particular activities or situations that seem to worsen the symptoms?
- Are there certain actions, treatments, or conditions that appear to alleviate or relieve the symptoms?

Associated symptoms:

- Are there any symptoms that seem to accompany your primary complaint?
- When you experience the primary symptom, do you also feel any of the following: nausea, vomiting, photophobia (sensitivity to light)?
- Do you notice any neck stiffness, fever, or rash accompanying your headaches or other symptoms?
- Are there any auditory symptoms like hearing loss or tinnitus associated with your condition?
- Have you observed any variability or intermittent recovery of certain symptoms?
- Are there other symptoms that you might have overlooked or forgotten to mention?

Common presenting symptoms; Headache:

- How would you describe the nature of your headache (e.g., throbbing, stabbing, tension-like)?
- Can you specify the location of the headache? Does it localize to one particular side or area?
- How would you rate the intensity of your headache on a scale of 1-10?
- How quickly does the headache come on? Is the onset sudden or gradual?
- Is there any specific time of day when the headache is most severe or tends to start?
- Are there any associated symptoms like nausea, photophobia (sensitivity to light), or phonophobia (sensitivity to sound)?
- Does your headache come in clusters or episodes?
- How do you usually respond when you have a headache? For instance, do you seek a quiet, dark room or find yourself pacing?
- Are there any factors or activities that you've noticed trigger your headache?
- Have you observed any patterns, like certain times of the month or relation to meals, when the headache occurs?
- Have you taken any medications for the headache, and if so, have they been effective?

Common presenting symptoms; Transient loss of consciousness:

- Have you ever experienced sudden episodes where you lost consciousness or "blacked out"?
- If so, can you describe the circumstances leading up to the episode?
- How long do these episodes of loss of consciousness typically last?
- Is there any warning or feeling before you lose consciousness, such as feeling faint or lightheaded?
- After regaining consciousness, how do you usually feel? Is there confusion, fatigue, or any other sensation?
- Have you noticed any specific triggers that seem to cause these episodes, such as standing up quickly, stress, or certain activities?
- Have others observed anything unusual during these episodes, like jerky movements or changes in breathing?
- How frequently do these episodes occur?

Common presenting symptoms; Seizures:

- Have you ever experienced episodes that you would describe as seizures or convulsions?
- Can you describe what happens during these episodes?
- Are you aware of your surroundings during the seizure, or do you lose consciousness?
- How long do these seizures typically last?
- Are there any specific triggers or situations that seem to provoke these seizures?
- Do you experience a stiffening of the body followed by rhythmic jerking movements?
- After a seizure, do you feel confused or disoriented? How long does this postictal phase last?
- Have you ever been diagnosed with epilepsy or another neurological condition?
- Are there any other symptoms or behaviors you've noticed associated with these episodes, such as lip smacking, wandering, or other unusual movements?
- How frequently do these seizures occur?

Common presenting symptoms; Stroke and transient ischemic attack:

- Have you ever experienced a sudden onset of neurological symptoms such as weakness on one side, difficulty speaking, or blurred vision?
- Can you describe the nature and duration of these symptoms?
- Were these symptoms transient (lasting less than 24 hours) or persistent?
- Have you been previously diagnosed with a stroke or transient ischemic attack (TIA)?
- Are there any specific situations or triggers that seem to provoke these symptoms?
- Did you notice any patterns, like certain times of the day or relation to meals, when the symptoms occur?
- Have you taken any medications for these symptoms, and if so, have they been effective?
- Are you aware of any family history related to stroke or TIA?
- Were there any other associated symptoms like dizziness, confusion, or difficulty swallowing?

Common presenting symptoms; Dizziness and vertigo:

- Have you experienced episodes of dizziness or a sensation that the room is spinning (vertigo)?
- How would you describe the sensation: is it more of a lightheaded feeling or a true spinning sensation?
- How long do these episodes of dizziness or vertigo typically last?
- Are there any specific movements or positions that seem to trigger the dizziness, like turning your head or standing up quickly?
- Have you noticed any associated symptoms like nausea, vomiting, or hearing loss during these episodes?
- Do these episodes come suddenly or are there any warning signs?
- Are there any specific situations or activities that seem to provoke or worsen these symptoms?
- Have you ever fallen or felt unsteady because of the dizziness or vertigo?
- Have you been previously diagnosed with any conditions related to dizziness or vertigo, like benign paroxysmal positional vertigo (BPPV) or Ménière's disease?

Common presenting symptoms; Functional neurological problems:

- Have you been told or do you believe that your symptoms might be related to psychological or emotional factors?
- How do you feel about the possibility that your symptoms could be described as "functional" or "psychogenic"?
- Have you undergone any psychological evaluations or therapies in relation to your symptoms?
- Are there specific stressors or emotional events that you've noticed coincide with the onset or worsening of your symptoms?
- How do these symptoms impact your daily life and emotional well-being?
- Have you ever been given a diagnosis like "functional neurological disorder," "hysterical," or "conversion disorder"?
- Are you currently seeing a mental health professional or therapist?

Sensory Symptoms Questions

- Numbness, tingling, pain?
- Distribution and area affected
- Modality affected - pain, temperature, light touch, vibration, position sense
- Coordination/Balance Questions

Cognitive/Behavioral Symptoms

- Problems with memory, concentration, speech, behavior?
- Fluctuating course?
- Hallucinations?

Bladder/Bowel Symptoms

- Urinary/fecal incontinence?
- Urgency or hesitancy?

Past medical history:

- Have you ever been diagnosed with any medical conditions in the past?
- Have you undergone any surgeries or procedures?
- Were there any significant illnesses or health challenges during your childhood?
- Have you been hospitalized for any reason in the past? If so, why and when?
- Do you have any known allergies to medications, foods, or other substances?
- Have you ever had a blood transfusion or any significant injuries?
- Were there any complications or issues during or after childbirth (for females)?

Developmental History

- Milestones, school performance

- Birth history - any complications?"

Drug history:

- Are you currently taking any prescribed medications? If so, can you list them and their dosages?
- Do you take any over-the-counter medications, vitamins, or supplements regularly?
- Have you had any adverse reactions or allergies to medications in the past?
- Are you on any long-term medications, and if so, why?
- Have you started or stopped any medications recently?
- Do you use any recreational or illicit drugs? If so, which ones and how frequently?
- Do you consume alcohol or tobacco products? If so, can you specify the quantity and frequency?

Family history:

- Are there any known hereditary or genetic conditions in your family?
- Have any of your immediate family members been diagnosed with neurological conditions such as strokes, epilepsy, dementia, or movement disorders?
- Are there any other significant medical conditions or diseases that seem to run in your family?
- Have any of your family members had similar symptoms or conditions to what you are experiencing now?
- Have any of your family members passed away at a young age or suddenly, and if so, do you know the cause?
- Are there any specific health-related patterns or trends you've noticed within your family?

Social history:

- What is your current occupation? Are you exposed to any specific hazards or chemicals at work?
- How would you describe your living situation? Do you live alone, with family, or in a care facility?

- Do you use alcohol or recreational drugs? If so, can you specify the type and frequency?
- Do you smoke tobacco products? If yes, how many packs/cigarettes per day and for how long?
- Are you involved in any regular physical activities or exercises?
- Have you recently traveled or been exposed to unfamiliar environments or potential infectious agents?
- Are there any specific hobbies or activities you engage in that might be relevant to your symptoms?
- How would you describe your general diet and nutrition?" then compile it into one nice formatted with title and numbered pages and further comments at each section to guide the student in their questioning pdf please?