**Supplementary Table C. SNNOOP10 criteria (adapted from Do et al (19).**

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| **Acronym** | **Feature** | **Description** |
| S | Systemic symptoms | Fever, weight loss suggestive of infections, temporal arteritis, malignancy |
| N | Neoplasm in history | Neoplasm of brain or possible metastasis |
| N | Neurological signs or dysfunction (including decreased consciousness) | Focal signs or symptoms (confusion, altered consciousness, seizures) suggestive of underlying neurological disorders such as stroke, raised intracranial pressure, intracranial mass lesions, venous sinus thrombosis |
| O | Onset of headache | Within one minute (abrupt onset, thunderclap headache) could be suggestive of subarachnoid haemorrhage, reversible cerebral vasoconstriction syndrome, acute haemorrhagic stroke, vasculitis |
| O | Older | Patients >50 years presenting with new-onset headache or different type of headache may be indicative of temporal arteritis or another secondary headache disorder |
| P | Positional | Positional changes that are worse with sitting and standing may suggest spontaneous intracranial hypertension |
| P | Pregnancy or puerperium | Headache in pregnancy may be caused by associated venous sinus thrombosis |
| P | Precipitating factors | Coughing, sneezing, straining or laughing may indicate posterior fossa pathology |
| P | Papilloedema | Suggestive of increased intracranial pressure |
| P | Pulsatile tinnitus | Tinnitus associated with a pulse is suggestive of idiopathic intracranial hypertension where patients may complain of visual obscurations |
| P | Prior headache | Previous headache phenotype very different from current headache phenotype |
| P | Progressive headache | Suggestive of neoplasms and non-vascular intracranial pathology |