

My Headache Diary

It's important to keep track of your headaches by writing them down. Every time you have a headache, make notes in your Headache Diary. This will help you and your doctor understand your headaches better and create a plan to treat them. Ask your parent or other adult to help if you need it.

When you have a headache, answer these questions:

1. What day and time did your headache start?

2. What happened before the headache?

- Did you eat something?
- Were you active (playing sports, etc.)?
- Were you feeling stressed?
- Did you sleep less or more than usual?
- Did you take medication for something other than your headache?

3. How were you feeling during the headache?

- Did your vision change?
- Did you see bright lights or spots?
- Did you feel sick to your stomach?
- Did you throw up?
- Did you feel dizzy or confused?

4. How badly does the headache hurt?

- Rate your pain using the pictures provided on next page (if you have them)

5. Where did it hurt during your headache?

- Point to where it hurts using the pictures provided

6. Did you have vision changes?

- Did you see anything unusual (flashing lights, zig-zag lines, etc.) before or during your headache?

7. What did you do to feel better?

- Did you take any medicine?
- Did you lie down?
- Did you turn down the lights?
- Did you drink water?
- Did you try anything else to feel better (apply a warm cloth or take a shower, etc.)?
 - Did you feel better after?
- Rate your pain again using the pictures provided

8. When did the headache end?

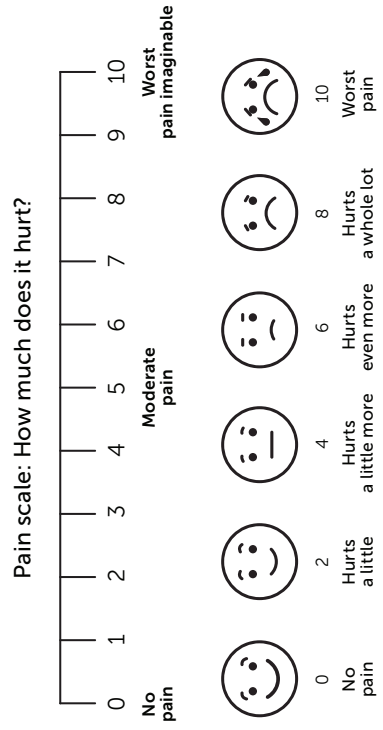
- What date and time did the headache stop?

Tips for parents and caregivers:



- Watch for changes in your child's behavior before, during, and after a headache. Note these changes in the diary.
- Use the pictures provided to help your child explain their pain. Show the pictures when the headache starts, during the headache, and again after steps have been taken to ease the pain.
- Bring the Headache Diary to your child's doctor appointments.

Headache diary for _____

1	2	3	4	5	6	7	8
Headache start date and time	What happened just before the headache?	How much did your head hurt? (0-10)	Where did your head hurt?	What did you feel just before and during the headache?	What did you do to make yourself feel better?	Did you feel better? (0-10)	Headache end date and time



Where does it hurt?

Front  Back 

Date of your last menstrual period _____

Person completing diary _____

Relation to patient _____

