

Children's Clinic of Klamath

Headache Diary

Date:				
Time headache began				
Time headache ended				
Warning signs (aura)				
Location of pain				
Type of pain (pressing, constant, throbbing, piercing, etc.)				
Intensity of pain	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
Other symptoms (nausea, vomiting, sensitive to light or sound)				
Medication taken				
Other treatment				
Effects of treatment				
How headache affects normal routine				
Hours of sleep the night before the headache				
What I ate before the headache				
Activity before headache occurred				
Important or stressful events that occurred today				
Comments				