

# My Headache Diary

It is important to write down information about your headaches. Every time you have a headache, make notes in your diary. This information will help you and your healthcare provider learn about your headaches. This will also help you and your health provider make a plan for treating your headache. Ask your parent or other adult to help you with this diary.

Each time you have a headache, answer these questions in your headache diary:

1. What was the date/day of the week when you had the headache? What time of the day did the headache start?
2. What did you do just before the headache?
  - Did you eat something?
  - Were you physically active?
  - Were you stressed?
  - Did you have less or more sleep than usual?
  - Did you take medication for something other than your headache?
  - What else did you feel during your headache?
  - Did your sight change?
  - Did you see bright lights or blind spots?
  - Did you feel nauseated?
  - Did you vomit?
  - Did you feel dizzy or confused?
3. How much does your head hurt during your headache? Use the pictures to help you.
4. Where does your head hurt during your headache? Use the pictures to help you.
5. Did you have any changes in your vision (flashing stars, sparkles, zig-zag lines, bright lights, blind spots) before and during the headache? Were there any other changes before and during the headache?
6. What did you do to make yourself feel better?
  - Did you take medication?
  - Did you lie down?
  - Did you turn the lights down?
  - Did you drink water?
  - Did you make other changes to make your headache hurt less (warm or cold cloth, warm shower)?
7. After you did something to feel better, did your headache hurt less? Use the pictures to help you.
8. What date/day and time did the headache end?

Tips for parents and caregivers:

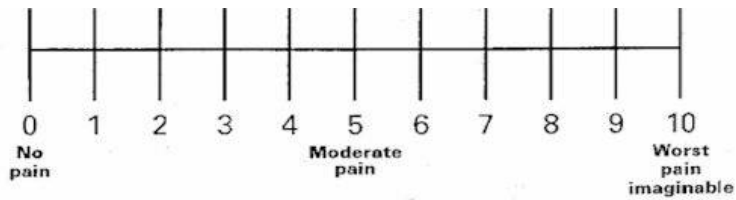
- Pay attention to changes in the child's behavior just before, during, and after the headache. Track these changes in the diary.
- Use the pictures to help the child explain how much their head hurts. Show the child the pictures when the headache starts, during the headache, and again after steps have been taken to ease the pain.
- Remember to bring the headache diary to all healthcare appointments.



Children's Hospital Boston

| 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?<br>0-10<br>(See pain scale below) | Where did your head hurt?<br>(See picture below) | What did you feel just before and during the headache? | What did you do to make yourself feel better? | Did you feel better?<br>0-10<br>(See picture below) | Headache End Date and Time |
|                              |   |  |  |  |   |   |                            |
|                              |   |  |  |  |   |   |                            |
|                              |   |  |  |  |   |   |                            |
|                              |   |  |  |  |   |   |                            |
|                              |   |  |  |  |   |   |                            |
|                              |   |  |  |  |   |   |                            |
|                              |   |  |  |  |   |   |                            |
|                              |   |  |  |  |   |   |                            |
|                              |   |  |  |  |   |   |                            |

Pain Scale: How much does it hurt?



WONG-BAKER FACES RATING SCALE

Adapted MGH 1996 KP

"very happy because he doesn't hurt at all"

"hurts just a little bit"

"hurts a little more"

"hurts even more"

"hurts a whole lot"

"hurts as much as you can imagine, although you don't have to be crying to feel this bad"



0  
No Hurt

2  
Hurts Little Bit

4  
Hurts Little More

6  
Hurts Even More

8  
Hurts Whole Lot

10  
Hurts Worst

Where does it hurt?

FRONT

BACK



Date of your last menstrual period: \_\_\_\_\_

