Children's of Alabama

UAB MEDICINE PEDIATRICS

Your Headache Diary Month__________

UAB MEDICINE PEDIATRICS

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Headache Severity and Timing (1-10, 10 being the worst pain you have experienced)

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Morning																															
Afternoon																															
Evening																															

Headache duration (Mark with X)

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<4 hours																															
4-12 hrs																															
13-24 hrs																															

Headache symptoms (Mark with X any of the following with each headache)

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aura																															
Vomiting																															
Light sensitivity																															
Sound sensitivity																															
Missed school/activities																															

Medication used (Write name used for headache and if repeated)

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Medication 1:																															
Medication 2:																															
Medication 3:																															
Medication 4:																															

***Adapted from the American Headache Society*