



## Examples to help complete Headache diary

Below are some examples to help you complete each section. Please note these are only examples and not a complete list, please encourage your child to describe pain, associated feelings, complaints, etc in his/her own words. There are no right or wrong answers, the physician is just trying to understand how your child is feeling and when.

**Start – finish time** – please indicate the start of complaints and the time headache symptoms completely resolved

**Location** – left side, both sides, front, behind eyes, all around head, etc

**Quality** – throbbing, dull, stabbing, squeezing, etc

**Severity** – scale from 0-5 with 5 being most severe

**Symptoms before headache** – flashing lights, blurred vision, nausea, tingling, numbness, etc

**Suspected triggers** – foods, odor, heat, exercise, travel in car, lack of sleep, etc

**Associated features** – nausea, vomiting, weakness, sensitivity to light, dizziness, etc

**Relieving factors** – medication ( include dose), sleep, inactivity, darkness, cold compress (\*\* include all things you tried during that specific episode)