



PAEDIATRIC & NEUROLOGY CLINIC
Caring for Brains, Minds & Bodies
General Paediatrics • Neurology • Child Development

Phone +65 9837 7527 Email info@paediatricneuro.com Website www.paediatricneuro.com

Headache Diary

Attack number	1	2	3	4	5	6
Date						
Time started						
Time resolved						
Severity of headache*						
Type of headache**						
What may have started it off?						
Any warnings before start of headache						
Any loss of appetite?						
Nausea?						
Vomiting?						
Does light make it worse?						
Does noise make it worse?						
Is it worse by walking?						
Does rest make it better?						
Does sleep make it better?						
Is it better after paracetamol?						

***Severity:**

Write 1 if headache is not interfering with normal activities
Write 2 if headache is interfering with some activities
Write 3 if headache is interfering with all activities

****Type of pain:**

Choose one of the following or your own descriptions: Throbbing, hitting, banging, Tightness, pressure, squeezing, Sharp, stabbing, Dull or can't describe