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HEADACHE LOG

Instructions: Begin a notebook and record your answers to the following questions each time you have a headache.

1. Day and time you first notice the headache.
2. What you were doing when you got the headache?
3. Where on your head does it hurt?
4. Description of the headache pain. (sharp, dull, throbbing, etc.)
5. How long did the headache last?
6. What makes your headache better? (rest, eating, etc.)
7. Did you take any medicine for your headache? (aspirin, Tylenol, etc.)
8. What makes your headache worse?
9. When you have a headache, do you have any other problems? (nausea, vomiting, weakness, dizziness, etc.)
10. Does your vision get blurry, or do you see spots?
11. Do you have ringing in the ears when you have a headache?
12. Do you hear, smell, or taste anything different before you get a headache?
13. Does the room spin around, or do you feel as though you are spinning when you get a headache?