150 Lower Westfield Road
Holyoke, MA 01040

HOLYOKE PEDIATRIC ASSOCIATES, LLP

84 Willimansett Street
South Hadley, MA 01075

HEADACHE DIARY

Patient Name: _____ Date of Birth: _____

Date Week/Day	Onset Time	Severity at Onset (scale below)	Medication Taken (Dosage & Time)	Time Ended	Degree of Relief (scale below)	Lifestyle/Physical (codes below)	Food/Drink (codes below)

Severity Scale
0 – No Headache
1 – Mild Headache
2 – Moderate Headache
3 – Severe Headache

Menstrual Calendar
1st Day: _____
Last Day: _____
Next Period due on:
_____

Lifestyle/Physical Codes
1 – Emotional Upset
2 – Work/School Problem
3 – Vacation
4 – Weekend
5 – Strenuous Exercise
6 – Worry/Anxiety
7 – Crisis Moment
8 – New job or Move
9 – Menstrual Day
10 – Physical Illness
11 – Overslept/Change in sleep patterns
12 – Weather changes
13 – Other (describe)

Food/Drink Codes
A – Ripened Cheese
B – Chocolate
C – Fermented Foods (yogurt, pickles, sour cream)
D – Freshly baked yeast product
E – Nuts (peanut-butter)
F – MSG (Chinese food)
G – Citrus fruits/beverages
H – Caffeinated beverages
I – Fermented Sausage
J – Wine, beer, alcohol
K – Other (describe)