

## HOLYOKE PEDIATRIC ASSOCIATES, LLP

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### HEADACHE DIARY

Name \_\_\_\_\_

D.O.B. \_\_\_\_\_

Date/Week Day	Onset Time	Severity@ onset * Scale	Medication Taken Dosage and time	Time ended	Degree of relief *Scale	Psychic/ Physical *Code	Food/ Drink *Code

Severity Scale  
0- No headache  
1- Mild headache  
2- Moderate headache  
3- Severe headache

Menstrual Calendar  
1<sup>st</sup> day \_\_\_\_\_  
Last day \_\_\_\_\_  
End of Menses \_\_\_\_\_  
Next Menses \_\_\_\_\_

Psychic & Physical Factors  
1- Emotional upset  
2- Business/School Problem  
3- Vacation  
4- Weekends  
5- Strenuous exercise or labor  
6- Anticipation anxiety  
7- Crisis period  
8- New job or move  
9- Menstrual day  
10- Physical Illness  
11- Oversleeping/change in sleep patterns  
12- Weather-barometric pressure  
13- Other-describe

Food or Drink  
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/beverage  
H- Caffeinated beverage  
I- Fermented sausage  
J- Wine, beer, alcohol  
K- Other (bananas, avocado, liver)