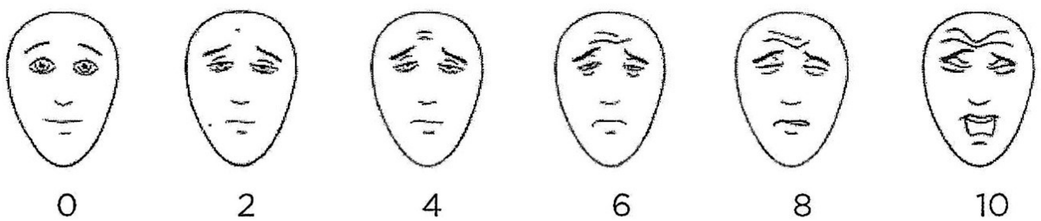
Headache Log

Name:_____ Month _____

Record headaches with 1 separate log for each month. Please bring completed sheets to your child's neurology appointments.

In the "Pain Intensity" column, write the number that goes along with the face that shows how much you hurt.



Faces pain scale - revised (FPS-R)

These faces show how much something can hurt.

The left-most face shows no pain. The faces show more and more pain up to the right-most face – it shows very much pain.

In the "Triggers" column, write the number of the headache trigger from this list:

1 – Stress, anger or sadness
2 – Missed eating a meal
3 – Change in sleep (too little, too much)
4 – Loud noises
5 – Period or birth control
6 – Medicines (list which one)
7 – Foods (list which one)
8 – Lights or sun
9 – Sickness
10 – Other

Preventive Medications: _____

Rescue Medications: _____

Date and time	Day of the week							Pain intensity (0 to 10)	Triggers	Medicine & response	Other symptoms and information, like missed school or activities
	M	Tu	W	Th	F	S	Su				
Feb. 2 8 a.m.		x						6	7 – Ate pineapple	1 Ibuprofen. Helped with pain.	Light sensitive. Happened after breakfast. Stayed home from school.

Headache Log (for _____)

Date and time	Day of the week							Pain intensity (0 to 10)	Triggers	Medicine & response	Other symptoms and information, like missed school or activities
	M	Tu	W	Th	F	S	Su				

Headache Log (for _____)

Date and time	Day of the week							Pain intensity (0 to 10)	Triggers	Medicine & response	Other symptoms and information, like missed school or activities
	M	Tu	W	Th	F	S	Su				