

HELMCKEN PAIN CLINIC

HEADACHE DIARY

Name: _____ Month: _____ Year: _____

Glossary

<u>Headache Severity</u>	
Severe	8-10/10
Mod	5-7/10
Mild	1-4/10
Clear	No headache at all
<u>Associated Symptoms</u>	
N / V	Nausea / Vomiting
Sens	Sensitive to light, sound, smells or other stimuli
Phys	Worse with Physical activity
<u>Relief from medications</u>	
None	No effect
Mod	Decrease severity by 1 class
Good	Decrease severity by 2 or more classes