

MATTHEW S. COHEN, MD FAAP
PATIENT INSTRUCTION SHEET

HEADACHE DIARY

TIME AND DATE HEADACHE BEGAN				
TIME AND DATE HEADACHE ENDED				
MEDICATION AND AMOUNT TAKEN				
WHAT MADE HEADACHE WORSE				
WHAT MADE HEADACHE BETTER (FOOD, SLEEP, DARK ROOM ETC.)				
TYPE AND LOCATION OF PAIN (THROBBING, LEFT OR RIGHT SIDE ETC.)				
AMOUNT OF PAIN (MILD, MODERATE, SEVERE)				
LEVEL OF ACTIVITY				
RECENT SLEEPING PATTERN (LESS OR MORE THAN USUAL)				
FOODS EATEN BEFORE HEADACHE STARTED				
ENVIRONMENTAL CHANGES (WEATHER, SMOKING,				
LAST MENSTRUAL PERIOD				
OTHER SYMPTOMS (VOMITING, EYE PAIN, SORE THROAT)				

