Child Neurology & Consultants of Austin

Name: ______________________________ Date: ____________________

Category:
M = Migraine
H = Other headache
P = Period (if applicable)

HA score = headache score (**0** = no pain; **10** = the worst pain you have experienced)
Mark an "**X**" for all days you take medication.

Month: ______________________

Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Category																															
HA score																															
Medication																															

Month: ______________________

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Adapted from the American Headache Society.

Prepared by Dr. Riddhiben Patel, MD