Your child’s headaches

1. Your child may have blurry vision or may be sensitive to light before and during a headache. These symptoms should go away once the headache is gone.

   A. Does your child keep having these symptoms once the headache goes away?
      Yes       No       I am not sure
   B. Does he have these symptoms between headaches?
      Yes       No       I am not sure

2. Does your child’s headache worsen when coughing or straining, so much so that he avoids doing these things?
   Yes       No       I am not sure

3. Is there something that seemed to trigger (or cause) your child’s first headache?
   Yes       No       I am not sure

   Describe: _____________________________________________________________

4. Is there a pattern to your child’s headaches?
   Yes       No       I am not sure

   Explain: _____________________________________________________________

5. How often do the headaches occur? _________________________________

6. How long do the headaches most often last?
   ____________________________________________________________________

7. Is there any warning that a headache is about to occur (such as changes seeing, feeling or speaking, weakness, or other symptoms)?
   Yes       No       I am not sure

   Describe:
   ____________________________________________________________________

8. If there are warning symptoms (also called an aura), do they progress in some way before the headache occurs (such as become more intense or two or more auras occur in a row)?
   Yes       No       I am not sure

In case of an urgent concern or emergency, call 911 or go to the nearest emergency department right away.
9. If there is an aura, how long does it last? ________________________________

10. How soon after the start of the aura does the headache occur? ________________________________

11. What medicines have you given your child for headaches? ________________________________

   • What doses are given? ________________________________

   • How often? ________________________________

   • How soon after a headache starts do you give medicine to your child? ________________________________

12. Have you tried something other than medicine to relieve the headaches?

   **If yes, describe what has been tried:** ________________________________

13. Describe the headaches:

   • How severe is the pain on a scale of 1 to 10? (1 = not severe at all; 10 = very severe) __________

   • Where does pain occur? ____________________________________________________________

   • **Circle one:** Is the pain constant or pulsating (also called throbbing)?

14. Does bright light or sound make headaches much worse, so much so that your child avoids these things?

   **Yes**    **No**    **I am not sure**

15. Does your child have any other symptoms along with a headache (such as feeling dizzy, sick to his stomach or weak, or having funny feelings in the arms, hands, legs or feet)?

   **If yes, describe:** ____________________________________________________________

16. Does physical activity make the headache worse, so much so that your child stops all activity?

   **Yes**    **No**    **I am not sure**

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