KIEL HEADACHE DIARY

AFTER PROF. GÖBEL, KIEL PAIN CLINIC

IN ORDER TO FIND THE RIGHT DIAGNOSIS AND THE BEST POSSIBLE TREATMENT, IT IS ESSENTIAL TO HAVE A DETAILED UNDERSTANDING OF HOW YOUR HEADACHES PRESENT. MAKE SURE YOU FILL OUT THIS DIARY EVERY TIME YOU HAVE A HEADACHE ATTACK SO THAT YOU CAN BRING IT TO YOUR DOCTOR'S APPOINTMENTS.

HEADACHE ATTACK

DATE
› DAY

› MONTH

PAIN INTENSITY
(1 MILD, 2 MODERATE, 3 SEVERE, 4 VERY SEVERE)

› ONE-SIDED HEADACHE
› TWO-SIDED HEADACHE
› PULSATING OR THROBBING
› PRESSING, DULL OR PULLING
› SIGNIFICANTLY INTERFERES WITH USUAL ACTIVITIES
› AGGRAVATED BY PHYSICAL ACTIVITY

› NAUSEA
› VOMITING
› SENSITIVITY TO LIGHT
› SENSITIVITY TO NOISE

› DURATION OF ATTACK (HOURS)
› TIME OFF WORK/UNIVERSITY (HOURS)
› REDUCED PERFORMANCE (HOURS)

MEDICATION OR OTHER TREATMENT (USE AN EXTRA SHEET IF NEEDED)

EFFECT OF MEDICATION
› GOOD
› MODERATE
› POOR

WHAT WERE YOU DOING WHEN THE HEADACHE STARTED? DID YOU NOTICE ANY HEADACHE TRIGGERS? (USE AN EXTRA SHEET IF NEEDED)