HEADACHE SERVICE - PAIN MANAGEMENT & NEUROMODULATION CENTRE

Guy's and St Thomas' NHS
NHS Foundation Trust

NAME.....Stephen Jones (example)..... **MONTH**.....July..... **YEAR**..... 201

Date	Headache severity: 1-10	Headache severity: Headache free?	Associated symptoms: Nausea	Associated symptoms: Vomiting	Associated symptoms: Light sensitive	Associated symptoms: Sound sensitive	Associated symptoms: Worse with activity	Duration: Sleep (hrs)	Duration: Headache (hrs)	Acute medication taken for headache symptoms?	Did the medication help? Not at all	Slightly	A lot
1		✓						6	0				
2	4		✓				✓	3	12			✓	
3	7						✓	5	A			✓	
4								7	0				
5	2							7	10				
6	2							6	11				
7	1							2	16				
8	6							7	3				
9	8			✓				6	2	Sumatriptan			✓
10	5		✓					5	6	Ibuprofen + Sumatriptan		✓	
11		✓						8	0				
12		✓						7	0				
13	8			✓	✓		✓	10	4	Ibuprofen + Sumatriptan		✓	
14	6			✓			✓	5	6				
15	3							7	12				
16	1							7	A				
17								6	0				
18								5	9	Paracetamol	✓		
19								6	0				
20								5	4				
								7	2	Ibuprofen + Sumatriptan			✓
								6	3	Ibuprofen		✓	
								7	5				
								8	A				
								6	A				
								7	0				
27								6	0				
28								6	9				
29								7	9	P			
30								8	0				
31	6						✓	6	9				

Please complete the diary even for mild headches, only tick "headache free" if you have **no headache** at all

Write "A" if headache lasts all day (from waking to sleeping)

Only include acute or abortive medications, not those that you take on a daily basis

HEADACHE SEVERITY

0 = No pain at all
1 = Barely noticeable, very mild
2 = Minor discomfort
3 = Noticeable but can be ignored or tolerated
4 = Mildly distressing, difficult to ignore
5 = Strong, can be distracting
6 = Very strong, starts to dominate your attention
7 = Severe, dominates the senses, may cloud thinking
8 = Intense, cannot think clearly
9 = Very intense, intolerable
10 = Excruciating, worst pain ever, can't function

Your headache diary helps us
- diagnose your condition
- recommend suitable treatments
- assess your progress

Please try to be accurate and realistic when completing your diary

PLEASE BRING THIS DIARY TO EVERY APPOINTMENT

HIT-6.....60

Number of GP visits for headache this month..... 0

Number of hospital visits for headache this month..... 0

Number of days missed work/unable to function due to headache..... 2

Contact details:
headachenurse@gstt.nhs.uk or phone: 0207 188 4714

eg.

NAME…….. MONTH…….YEAR……

Guy's and St Thomas' NHS
NHS Foundation Trust

Date	Headache severity		Associated symptoms					Duration		Acute medication taken? (only write medication taken specifically for headache symptoms)	Did the medication help?		
	1-10	Headache free?	Nausea	Vomiting	Light sensitive	Sound sensitive	Worse with activity	Sleep (hrs)	Headache (hrs)		Not at all	Slightly	A lot
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HIT-6…….

Number of GP visits for headache this month……

Number of hospital visits for headache this month……

Number of days missed work/unable to function due to headache……..

NAME…….. MONTH…….YEAR……

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Number of GP visits for headache this month……

Number of hospital visits for headache this month……

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NAME…….. MONTH……YEAR……

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