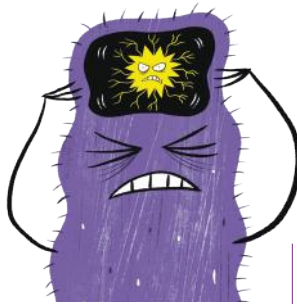


HEADACHE SYMPTOM CHECKLIST



Describing your pain experience can be helpful to your healthcare provider. This can help to determine what kind of headaches you have (tension, migraine, etc), and what treatments will be most helpful for you! We know that not all of your headaches will be the same. Just choose what applies to **MOST** of your headaches.

Also, it is fairly common for kids to have **BOTH** migraine headaches **AND** tension-type headaches! If you have 2 distinct types of headaches, you can fill this out twice, once for each of your types of headaches.

** It's important to know that this worksheet is **NOT** meant to give you a definite diagnosis. It is designed to help you understand your own symptoms better, and be able to communicate that information to a qualified medical provider.*

Where in your head do you feel the pain?

Check all that apply:

☐ Whole head ☐ Front / Forehead ☐ Side(s) of head ☐ Back of head

Is the pain on one side of your head or both sides?

☐ My left ☐ My right ☐ Both sides

What does the pain feel like?

Check all that apply:

☐ Aching ☐ Sharp ☐ Dull ☐ Pulsing or throbbing (like a heartbeat in your head)

☐ Pressure / tightening ☐ Something else: _____

Some people (but definitely not everybody) get a “warning sign” before their head pain actually starts. This is called an aura.

Check any symptoms that you sometimes get either before your head pain starts or when your head pain first begins:

☐ Blurry vision and / or trouble seeing ☐ Numbness or tingling in your face, hands, or feet

☐ “Floaters”, squiggly lines, bright lights, or other new things in your vision ☐ Weakness of an arm or a leg

☐ Dizziness (feeling like the room is spinning or you are spinning) ☐ Trouble talking

☐ Something else: _____



Some people have additional symptoms with their headaches besides head pain.

Check all of the symptoms that you have with at least some of your headaches:

☐ Pain in your neck ☐ Nausea (Feeling like you might vomit)

☐ Vomiting ☐ Belly pain

☐ More tired than normal

☐ Bright lights bothering you more than they usually do

☐ Loud sounds bothering you more than they usually do

☐ Motion / moving around (such as bending over to pick something up, or going up or down stairs) bother you more than it usually does

☐ Trouble concentrating (such as on school work)

☐ More irritable / grumpy than normal

☐ Something else: _____

How long do your headaches normally last for if you don't treat them with medication, rest, or something else?

☐ Less than 2 hours ☐ 2 - 4 hours ☐ More than 4 hours

Do you sometimes miss things you need to do or want to do because of headaches?

This can be school, work, social events like time with friends, after school activities like sports, etc.)

☐ Yes ☐ No



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