

**HEADACHE DISABILITY INDEX**

Patient Name \_\_\_\_\_

Date \_\_\_\_\_

**INSTRUCTIONS:** Please CIRCLE the correct response:

- 1. I have headache: (1) 1 per month      (2) more than 1 but less than 4 per month      (3) more than one per week
- 2. My headache is: (1) mild                      (2) moderate                                      (3) severe

**Please read carefully:** The purpose of the scale is to identify difficulties that you may be experiencing because of your headache. Please check off "YES", "SOMETIMES", or "NO" to each item. Answer each question as it pertains to your headache only.

YES	SOMETIMES	NO	
_____	_____	_____	E1. Because of my headaches I feel handicapped.
_____	_____	_____	F2. Because of my headaches I feel restricted in performing my routine daily activities.
_____	_____	_____	E3. No one understands the effect my headaches have on my life.
_____	_____	_____	F4. I restrict my recreational activities (eg, sports, hobbies) because of my headaches.
_____	_____	_____	E5. My headaches make me angry.
_____	_____	_____	E6. Sometimes I feel that I am going to lose control because of my headaches.
_____	_____	_____	F7. Because of my headaches I am less likely to socialize.
_____	_____	_____	E8. My spouse (significant other), or family and friends have no idea what I am going through because of my headaches.
_____	_____	_____	E9. My headaches are so bad that I feel that I am going to go insane.
_____	_____	_____	E10. My outlook on the world is affected by my headaches.
_____	_____	_____	E11. I am afraid to go outside when I feel that a headaches is starting.
_____	_____	_____	E12. I feel desperate because of my headaches.
_____	_____	_____	F13. I am concerned that I am paying penalties at work or at home because of my headaches.
_____	_____	_____	E14. My headaches place stress on my relationships with family or friends.
_____	_____	_____	F15. I avoid being around people when I have a headache.
_____	_____	_____	F16. I believe my headaches are making it difficult for me to achieve my goals in life.
_____	_____	_____	F17. I am unable to think clearly because of my headaches.
_____	_____	_____	F18. I get tense (eg, muscle tension) because of my headaches.
_____	_____	_____	F19. I do not enjoy social gatherings because of my headaches.
_____	_____	_____	E20. I feel irritable because of my headaches.
_____	_____	_____	F21. I avoid traveling because of my headaches.
_____	_____	_____	E22. My headaches make me feel confused.
_____	_____	_____	E23. My headaches make me feel frustrated.
_____	_____	_____	F24. I find it difficult to read because of my headaches.
_____	_____	_____	F25. I find it difficult to focus my attention away from my headaches and on other things.

**OTHER COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
Examiner