**HEADACHE DISABILITY INDEX**

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

INSTRUCTIONS: Please **CHECK** the correct response:

1. I have headaches : 1x month More than. But less than 4x month More than 1x week
2. My headache is: Mild Moderate Severe

INSTRUCTIONS: 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. For each statement, a “**YES**” answer is worth 4 points, a “**SOMETIMES**” answer is worth 2 points, and a “**NO**” answer is worth 0 points. Answer each item as it pertains to your headache only.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **(4 pts)** | **(2 pts)** | **(0 pts)** |  |
| **STATEMENT** | **YES** | **SOMETIMES** | **NO** | **Total Pts** |
| 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 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 & friends, have no idea what I am going through because of my headaches. |  |  |  |  |
| E9. My headaches are so bad that I feel 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 a headache is starting. |  |  |  |  |
| E12. I feel desperate because of my headaches. |  |  |  |  |
| F13. I am concerned that I am paying penalties at work or home because of my headaches. |  |  |  |  |
| E14. My headaches place stress on my relationship 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 (e.g. 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 onto other things. |  |  |  |  |

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| For Office Personnel Only  Total Score for “E” Statements \_\_\_\_\_\_\_ (52 Total) Total Score for “F” Statements \_\_\_\_\_\_\_ (48 Total) |