

HIT-6™ Headache Impact Test

		Never (6)	Rarely (8)	Sometimes (10)	Very Often (11)	Always (13)
1	When you have headaches, how often is the pain severe?					
2	How often do headaches limit your ability to do usual daily activities including household work, work, school, or social activities?					
3	When you have a headache, how often do you wish you could lie down?					
4	In the past 4 weeks, how often have you felt too tired to do work or daily activities because of your headaches?					
5	In the past 4 weeks, how often have you felt fed up or irritated because of your headaches?					
6	In the past 4 weeks, how often did headaches limit your ability to concentrate on work or daily activities?					