

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 headache 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: _____