

**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.

STATEMENT	(4 pts)	(2 pts)	(0 pts)	Total Pts
	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 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.				

For Office Personnel Only

Total Score for “E” Statements \_\_\_\_\_ (52 Total) Total Score for “F” Statements \_\_\_\_\_ (48 Total)