

HEADACHE DISABILITY INDEX

Name: _____ Date _____

1. I have headache: 1 per month 2-3/ month More than 1 per week
2. My headache is: Mild Moderate Severe

INSTRUCTIONS: (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.

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

Scores Total: _____; E _____; F _____