

# HEADACHE DISABILITY INDEX

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)