

Headache Disability Index

Patient Name: _____

Date: ____ / ____ / ____

Score: =
E F T

Please check the appropriate boxes:

The frequency of my headaches is:

- 1 per month or less
- 1 - 4 per month
- More than 4 per month (1x weekly)

My headache intensity is:

- Mild
- Moderate
- Severe
- It varies

<u>Question</u>	<u>Yes</u>	<u>Usually</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>No</u>
1. Because of my headaches I feel handicapped.	<input type="checkbox"/>				
2. No one truly understands the effect my headaches have on my life.	<input type="checkbox"/>				
3. My headaches make me angry.	<input type="checkbox"/>				
4. Sometimes I feel like I'm going to lose it.	<input type="checkbox"/>				
5. My spouse, family, or friends have no idea what I am going through with my headaches.	<input type="checkbox"/>				
6. My headaches are so bad I feel like I'm going insane.	<input type="checkbox"/>				
7. My outlook on life is affected by my headaches.	<input type="checkbox"/>				
8. My headaches make me feel desperate.	<input type="checkbox"/>				
9. I'm afraid to go outside if I feel a headache starting.	<input type="checkbox"/>				
10. My headaches negatively impact my relationships.	<input type="checkbox"/>				
11. Because of my headaches, I become irritable.	<input type="checkbox"/>				
12. My headaches make me feel confused.	<input type="checkbox"/>				
13. My headaches make me feel frustrated.	<input type="checkbox"/>				
14. My headaches restrict my routine daily activities.	<input type="checkbox"/>				
15. I restrict recreational activity due to my headaches.	<input type="checkbox"/>				
16. I am less likely to socialize due to my headaches.	<input type="checkbox"/>				
17. I am concerned that I am losing out at work or at home because of my headaches.	<input type="checkbox"/>				
18. I avoid being around people because my headaches.	<input type="checkbox"/>				
19. I believe my headaches are making it difficult or impossible to achieve my goals in life.	<input type="checkbox"/>				
20. I am unable to think clearly due to my headaches.	<input type="checkbox"/>				
21. I get tense (muscle tension) due to my headaches.	<input type="checkbox"/>				
22. I can't enjoy social gatherings due to my headaches.	<input type="checkbox"/>				
23. My headaches cause me to avoid traveling.	<input type="checkbox"/>				
24. I find it difficult to read due to my headaches.	<input type="checkbox"/>				
25. I find it difficult to focus my attention on other things when I have a headache.	<input type="checkbox"/>				