HEADACHE DISABILITY INDEX

NAME_____ DATE_____/_____/_____

Please check the correct response:

1. How frequently do you experience headaches?
   - ☐ about once per month
   - ☐ about 2 to 4 times per month
   - ☐ more often than once per week

2. How severe are the headaches you experience?
   - ☐ mild
   - ☐ moderate
   - ☐ severe

The following statements will help in identifying and quantifying difficulties you may be experiencing due to headaches. Please select (circle) a response for each statement only as it applies to the headaches.

1.	Because of my headaches I feel disabled.	YES	SOMETIMES	NO
2.	Because of my headaches I feel restricted in performing my routine daily activities.	YES	SOMETIMES	NO
3.	No one understands the effect my headaches have on my life.	YES	SOMETIMES	NO
4.	I restrict my recreational activities (eg, sports, hobbies) because of my headaches.	YES	SOMETIMES	NO
5.	My headaches make me angry.	YES	SOMETIMES	NO
6.	Sometimes I feel that I am going to lose control because of my headaches.	YES	SOMETIMES	NO
7.	Because of my headaches I am less likely to socialize.	YES	SOMETIMES	NO
8.	My spouse (significant other), or family and friends have no idea what I am going through because of my headaches.	YES	SOMETIMES	NO
9.	My headaches are so bad that I feel that I am going to go insane.	YES	SOMETIMES	NO
10.	My outlook on the world is affected by my headaches.	YES	SOMETIMES	NO
11.	I am afraid to go outside when I feel that a headache is starting.	YES	SOMETIMES	NO
12.	I feel desperate because of my headaches.	YES	SOMETIMES	NO
13.	I am concerned that I am paying penalties at work or at home because of my headaches.	YES	SOMETIMES	NO
14.	My headaches place stress on my relationships with family or friends.	YES	SOMETIMES	NO
15.	I avoid being around people when I have a headache.	YES	SOMETIMES	NO
16.	I believe my headaches are making it difficult for me to achieve my goals in life.	YES	SOMETIMES	NO
17.	I am unable to think clearly because of my headaches.	YES	SOMETIMES	NO
18.	I get tense (e.g., muscle tension) because of my headaches.	YES	SOMETIMES	NO
19.	I do not enjoy social gatherings because of my headaches.	YES	SOMETIMES	NO
20.	I feel irritable because of my headaches.	YES	SOMETIMES	NO
21.	I avoid traveling because of my headaches.	YES	SOMETIMES	NO
22.	My headaches make me feel confused.	YES	SOMETIMES	NO
23.	My headaches make me feel frustrated.	YES	SOMETIMES	NO
24.	I find it difficult to read because of my headaches.	YES	SOMETIMES	NO
25.	I find it difficult to focus my attention away from my headaches and on other things.	YES	SOMETIMES	NO

SCORING: "Yes" = 4 points, "Sometimes" = 2 points, "No" = 0 points

DISABILITY RATING: 10-28% = mild; 30-48% = moderate; 50-68% = severe; > 70% = complete