

Headache Disability Index

Patient Name: _____

Date: _____

PLEASE READ: This questionnaire is designed to enable us to understand how much your headaches have affected your ability to manage your everyday activities. Please answer each section by checking the **ONE CHOICE** that most applies to you. We realize that more than one statement may relate to you, but please just check one choice which most closely describes your problem right now.

1. I have headache: (1) 1 per month (2) more than 1 but less than 4 per month (3) more than one per week

2. My headache is: (1) mild (2) moderate (3) severe

3. Answer the following statements with YES, SOMETIMES, or NO.

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

Patient Signature: _____