PATIENT NAME: ___________________________________ DATE:___________________________

HEADACHE DISABILITY INDEX

Please rate your pain level at this time:

NO PAIN = 0 1 2 3 4 5 6 7 8 9 10 = VERY SEVERE PAIN

Instructions: please circle the correct response:

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

Please read carefully: The purpose of this scale is to identify difficulties that you maybe experiencing because of your headache. Please mark "yes," " sometimes," or "no," to each item. Answer each question as it pertains to your headache only.

Item			
E1. Because of my headaches I feel handicapped.	☐Yes	☐Sometimes	☐No
F2. Because of headaches I feel restricted in performing my routine daily activities	☐Yes	☐Sometimes	☐No
E3. No one understands the effect my headaches have on my life.	☐Yes	☐Sometimes	☐No
F4. I restrict my recreational activities (e.g., 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 that I am going insane.	☐Yes	☐Sometimes	☐No
E.10 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
F 13. 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 (e.g., 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 on other things.	☐Yes	☐Sometimes	☐No

Jacobson GP, Ramadan NM, et al. *The Henry Ford Hospital headache disability inventory (HDI).* Neurology 1994; 44:837-842