

# Headache Disability Index



Patient Name \_\_\_\_\_

Date \_\_\_\_\_

**Please check the correct response about your headaches:**

- 1. I have a headache:  once per month  more than once but less than four times per month  more than once per week
- 2. My headache is:  mild  moderate  severe

**Please read carefully:** The purpose of this scale is to identify difficulties you may be experiencing because of your headaches. Please check Yes, Sometimes or No for each item. Answer each question only as it pertains to your headache.

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

**SCORING INSTRUCTIONS:** Yes = 4 points, Sometimes = 2, No = 0.

Using this system, a total score of 10-28 is considered to indicate mild disability; 30-48 is moderate disability; 50-68 is severe disability; 72 or more is complete disability.