

Headache Disability Inventory

Name: _____

Date: _____

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 the scale is to identify difficulties that you may be experiencing because of your headache. Please circle Y - YES, S - SOMETIMES, or N - NO to each item. Answer each question as it pertains to your headache only.

- Y S N E1. Because of my headaches I feel handicapped.
- Y S N F2. Because of my headaches I feel restricted in performing my routine daily activities.
- Y S N E3. No one understands the effect my headaches have on my life.
- Y S N F4. I restrict my recreational activities (eg, sports, hobbies) because of my headaches.
- Y S N E5. My headaches make me angry.
- Y S N E6. Sometimes I feel that I am going to lose control because of my headaches.
- Y S N F7. Because of my headaches I am less likely to socialize.
- Y S N E8. My spouse (significant other), or family and friends have no idea what I am going through because of my headaches.
- Y S N E9. My headaches are so bad that I feel that I am going to go insane.
- Y S N E10. My outlook on the world is affected by my headaches.
- Y S N E11. I am afraid to go outside when I feel that a headaches is starting.
- Y S N E12. I feel desperate because of my headaches.
- Y S N F13. I am concerned that I am paying penalties at work or at home because of my headaches.
- Y S N E14. My headaches place stress on my relationships with family or friends.
- Y S N F15. I avoid being around people when I have a headache.
- Y S N F16. I believe my headaches are making it difficult for me to achieve my goals in life.
- Y S N F17. I am unable to think clearly because of my headaches.
- Y S N F18. I get tense (eg, muscle tension) because of my headaches.
- Y S N F19. I do not enjoy social gatherings because of my headaches.
- Y S N E20. I feel irritable because of my headaches.
- Y S N F21. I avoid traveling because of my headaches.
- Y S N E22. My headaches make me feel confused.
- Y S N E23. My headaches make me feel frustrated.
- Y S N F24. I find it difficult to read because of my headaches.
- Y S N F25. I find it difficult to focus my attention away from my headaches and on other things.

Office Use:

Scoring - Yes 4; Sometimes 2; No 0

Total of E: _____ Total of F: _____ Grand Total: _____