

HEADACHE DISABILITY INDEX QUESTIONNAIRE

LAST NAME: _____ FIRST NAME: _____ MI: _____ Date: _____

Please CHECK the correct response:

I have headaches: 1 per month more than 1 but less than 4 per month more than 4 per week

My headache is: Mild Moderate Severe

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