

Headache Questionnaire

Name _____ Date _____

Please circle one answer for each question.

1. I have headaches: **A** 1 per month **B** more than 1 but less than 4 per month **C** more than 1 a week
2. My headache is: **A** Mild **B** Moderate **C** Severe

For questions 3-27 circle one of the following: **N-No, S-Sometimes or Y-Yes**

3. Because of my headaches I feel handicapped. N S Y
4. Because of my headaches I feel restricted in performing routine daily activities. N S Y
5. No one understands the effect my headaches have on my life. N S Y
6. Because of my headaches I restrict my recreational activities. N S Y
7. My headaches make me angry. N S Y
8. Sometimes I feel like I'm going lose control because of my headaches. N S Y
9. Because of my headaches I am less likely to socialize. N S Y
10. My family & friends don't know what I am going through with my headaches. N S Y
11. My headaches are so bad that I feel that I am going to go insane. N S Y
12. My outlook on the world is affected by my headaches. N S Y
13. I am afraid to go outside when I feel a headache coming on. N S Y
14. I feel desperate because of my headaches. N S Y
15. I feel that I'm paying penalties at work & home b/c of my headaches. N S Y
16. My headaches place stress on my relationships with family & friends. N S Y
17. I avoid being around people when I have a headache. N S Y
18. My headaches are making it difficult for me to achieve my goals in life. N S Y
19. I am unable to think clearly because of my headaches. N S Y
20. I get tense (muscle tension) because of my headaches. N S Y
21. I do not enjoy social gatherings because of my headaches. N S Y
22. I feel irritable because of my headaches. N S Y
23. I avoid traveling because of my headaches. N S Y
24. My headaches make me feel confused. N S Y
25. My headaches make me feel frustrated. N S Y
26. I find it difficult to read because of my headaches. N S Y
27. I find it difficult to focus on anything other than my headaches. N S Y