

NAME: _____

DATE: _____

HEADACHE DISABILITY INDEX (HDI)

Select the appropriate statements.

1. Because of my headaches I feel handicapped:
 - No
 - Sometimes
 - Yes

2. Because of my headaches I feel restricted in performing my routine daily activities:
 - No
 - Sometimes
 - Yes

3. No one understands the effect my headaches have on my life:
 - No
 - Sometimes
 - Yes

4. I restrict my recreational activities (eg, sports, hobbies) because of my headaches:
 - No
 - Sometimes
 - Yes

5. My headaches make me angry:
 - No
 - Sometimes
 - Yes

6. Sometimes I feel that I am going to lose control because of my headaches:
 - No
 - Sometimes
 - Yes

7. Because of my headaches I am less likely to socialize:
 - No
 - Sometimes
 - Yes

8. My spouse (significant other), or family and friends have no idea what I am going through because of my headaches:
 - No
 - Sometimes
 - Yes

9. My headaches are so bad that I feel that I am going to go insane:
 - No
 - Sometimes
 - Yes

10. My outlook on the world is affected by my headaches:
 - No
 - Sometimes
 - Yes

11. I am afraid to go outside when I feel that a headache is starting:

- No
- Sometimes
- Yes

12. I feel desperate because of my headaches:

- No
- Sometimes
- Yes

13. I am concerned that I am paying penalties at work or at home because of my headaches:

- No
- Sometimes
- Yes

14. My headaches place stress on my relationships with family or friends:

- No
- Sometimes
- Yes

15. I avoid being around people when I have headaches:

- No
- Sometimes
- Yes

16. I believe my headaches are making it difficult for me to achieve my goals in life:

- No
- Sometimes
- Yes

17. I am unable to think clearly because of my headaches:

- No
- Sometimes
- Yes

18. I get tense (eg, muscle tension) because of my headaches:

- No
- Sometimes
- Yes

19. I do not enjoy social gatherings because of my headaches:

- No
- Sometimes
- Yes

20. I feel irritable because my headaches:

- No
- Sometimes
- Yes

21. I avoid travelling because of my headaches:

- No
- Sometimes
- Yes

22. My headaches make me feel confused:

- No
- Sometimes
- Yes

23. My headaches make me feel frustrated:

- No
- Sometimes
- Yes

24. I find it difficult to read because of my headaches:

- No
- Sometimes
- Yes

25. I find it difficult to focus my attention away from my headaches and on other things:

- No
- Sometimes
- Yes