

# Headache Disability Index

Patient Last Name	Patient First Name	Patient M.I.	Birth Date
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**INSTRUCTIONS:**

Please CHECK the correct response:

- I have headache:      1 per month      more than 1 but less than 4 per month      more than one per week
- My headache is:      mild      moderate      severe

**Please read carefully:**

The purpose of the scale is to identify difficulties that you may be experiencing because of your headache. Please check off "YES", "SOMETIMES", or "NO" to each item. Answer each question as it pertains to your headache only.

**YES    SOMETIMES    NO**

- |     |     |     |  |
|-----|-----|-----|--|
| ___ | ___ | ___ | F1. Because of my headaches I feel handicapped.  |
| ___ | ___ | ___ | F2. Because of my headaches I feel restricted in performing my routine daily activities.                               |
| ___ | ___ | ___ | E3. No one understands the effect my headaches have on my life.  |
| ___ | ___ | ___ | F4. I restrict my recreational activities (e.g., sports, hobbies) because of my headaches.                             |
| ___ | ___ | ___ | E5. My headaches make me angry.  |
| ___ | ___ | ___ | E6. Sometimes I feel that I am going to lose control because of my headaches.  |
| ___ | ___ | ___ | F7. Because of my headaches I am less likely to socialize.   |
| ___ | ___ | ___ | E8. My spouse (significant other), or family and friends have no idea what I am going through because of my headaches. |
| ___ | ___ | ___ | E9. My headaches are so bad that I feel that I am going to go insane.  |
| ___ | ___ | ___ | E10. My outlook on the world is affected by my headaches.  |
| ___ | ___ | ___ | E11. I am afraid to go outside when I feel that a headache is starting.  |
| ___ | ___ | ___ | E12. I feel desperate because of my headaches.   |
| ___ | ___ | ___ | F13. I am concerned that I am paying penalties at work or at home because of my headaches.                             |
| ___ | ___ | ___ | E14. My headaches place stress on my relationships with family or friends.   |
| ___ | ___ | ___ | F15. I avoid being around people when I have a headache.   |
| ___ | ___ | ___ | F16. I believe my headaches are making it difficult for me to achieve my goals in life.                                |
| ___ | ___ | ___ | F17. I am unable to think clearly because of my headaches.   |
| ___ | ___ | ___ | F18. I get tense (e.g., muscle tension) because of my headaches.   |
| ___ | ___ | ___ | F19. I do not enjoy social gatherings because of my headaches.   |
| ___ | ___ | ___ | E20. I feel irritable because of my headaches.   |
| ___ | ___ | ___ | F21. I avoid traveling because of my headaches.  |
| ___ | ___ | ___ | E22. My headaches make me feel confused.   |
| ___ | ___ | ___ | E23. My headaches make me feel frustrated.   |
| ___ | ___ | ___ | F24. I find it difficult to read because of my headaches.  |
| ___ | ___ | ___ | F25. I find it difficult to focus my attention away from my headaches and on other things.                             |

**OTHER COMMENTS:**

***By checking this box and typing my name below, I am electronically signing my application.***

I understand that the information I have provided above is current and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

With permission from:  
Jacobson GP, Ramadan NM, et al. *The Henry Ford Hospital headache disability inventory (HDI)*. Neurology 1994;44:837-842.