

419-668-8101 • 800-589-3862

HEADACHE DISABILITY INDEX

Name	:		Date: F	'IN:
Instru	ctions: Please CIRCLE	the correct response	e:	
1.	I have headaches	A. 1 per month	B. more than 1 but less than 4 per more	nth C. more than 1 per week
2.	My headache is	A. mild	B. moderate	C. severe

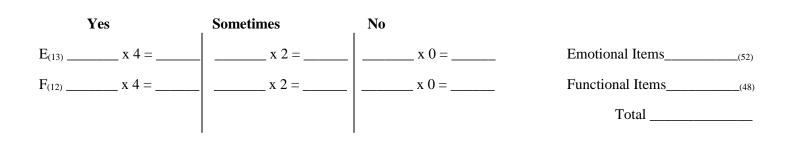
Instructions: (Please read carefully): The purpose of the scale is to identify difficulties that you may be experiencing because of your headache. Please check off "YES", "SOMETIMES", or "NO" to each item. Answer each question as it pertains to your headache only.

E1. Because of my headache I feel handicapped.	Yes	Sometimes	No	
F2. Because of my headache I feel restricted in performing my routine daily activities.	Yes	Sometimes	No	
E3. No one understands the effect my headaches have on my life.	Yes	Sometimes	No	
F4. I restrict my recreational activities (e.g. sports, hobbies) because of my headaches.	Yes	Sometimes	No	
E5. My headaches make me angry.	Yes	Sometimes	No	
E6. Sometimes I feel that I am going to lose control because of my headaches.	Yes	Sometimes	No	
F7. Because of my headaches, I am less likely to socialize.	Yes	Sometimes	No	
E8. My spouse (significant other), or family and friends have no idea what I am going				
through because of my headaches.	Yes	Sometimes	No	
E9. My headaches are so bad that I feel I am going to go insane.	Yes	Sometimes	No	
E10. My outlook on the world is affected by my headaches.	Yes	Sometimes	No	
E11. I am afraid to go outside when I feel that a headache is starting.	Yes	Sometimes	No	
E12. I feel desperate because of my headaches.	Yes	Sometimes	No	
F13. I am concerned that I am paying penalties at work or at home because of my				
headaches.	Yes	Sometimes	No	
E14. My headaches place stress on my relationships with family or friends.	Yes	Sometimes	No	
F15. I avoid being around people when I have a headache.	Yes	Sometimes	No	
F16. I believe my headaches are making it difficult for me to achieve my goals in life.	Yes	Sometimes	No	

Name:	Date:	FIN:		
F17. I am unable to think clearly because of my	Yes	Sometimes	No	
F18. I get tense (e.g. muscle tension) because of my headaches.			Sometimes	No
F19. I do not enjoy social gatherings because of my headaches.			Sometimes	No
E20. I feel irritable because of my headaches.			Sometimes	No
F21. I avoid traveling because of my headaches.			Sometimes	No
E22. My headaches make me feel confused.		Yes	Sometimes	No
E23. My headaches make me feel frustrated.		Yes	Sometimes	No
F24. I find it difficult to read because of my headaches.		Yes	Sometimes	No
F25. I find it difficult to focus my attention away from my headaches and on				
other things.		Yes	Sometimes	No

Jacobson, Gary P., Ramadan NM, et al., The Henry Ford Hospital headache disability inventory (HDI). Neurology 1994;44:837-842

Therapist Use ONLY



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