



HEADACHE DISABILITY INDEX

Name: _____ Date: _____ FIN: _____

Instructions: Please CIRCLE the correct response:

- 1. I have headaches A. 1 per month B. more than 1 but less than 4 per month 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 headaches.	Yes	Sometimes	No
F18. I get tense (e.g. muscle tension) because of my headaches.	Yes	Sometimes	No
F19. I do not enjoy social gatherings because of my headaches.	Yes	Sometimes	No
E20. I feel irritable because of my headaches.	Yes	Sometimes	No
F21. I avoid traveling because of my headaches.	Yes	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

Yes	Sometimes	No	
E ₍₁₃₎ _____ x 4 = _____	_____ x 2 = _____	_____ x 0 = _____	Emotional Items _____(52)
F ₍₁₂₎ _____ x 4 = _____	_____ x 2 = _____	_____ x 0 = _____	Functional Items _____(48)
			Total _____