

Headache Disability Index

FAX (800) 599-8350

Patient Last Name	Patient First Name	Patient ID	Date of Birth (MM/DD/YYYY) ____/____/____
Provider Last Name	Provider First Name	Provider Phone (area code first)	

INSTRUCTIONS:

Please CIRCLE the correct response:

- I have headache: (1) 1 per month (2) more than 1 but less than 4 per month (3) more than one per week
- My headache is: (1) mild (2) moderate (3) 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: _____

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.

Mailing address:
Landmark Healthcare, Inc., 1750 Howe Avenue, Suite 300, Sacramento, CA 95825

KAM120307