

## “Headache Disability Index” (HDI)

# A Self-Assessment of Function

**This questionnaire will give your provider information about how your headaches affect your everyday life. In the list of 25 questions, please answer either “yes”, “sometimes”, or “no”**

1. Because of my headaches I feel handicapped.	13. I am concerned that I am paying penalties at work or at home because of my headaches.
2. Because of my headaches I feel restricted in performing my routine daily activities.	14. My headaches place stress on my relationships with family or friends.
3. No one understands the effect my headaches have on my life.	15. I avoid being around people when I have a headache.
4. I restrict my recreational activities (e.g. sports, hobbies) because of my headaches.	16. I believe my headaches are making it difficult for me to achieve my goals in life.
5. My headaches make me angry.	17. I am unable to think clearly because of my headaches.
6. Sometimes I feel that I am going to lose control because of my headaches.	18. I get tense (e.g. muscle tension) because of my headaches.
7. Because of my headaches I am less likely to socialize.	19. I do not enjoy social gatherings because of my headaches.
8. My spouse (significant other), or family and friends have no idea what I am going through because of my headaches.	20. I feel irritable because of my headaches.
9. My headaches are so bad that I feel I am going to go insane.	21. I avoid traveling because of my headaches.
10. My outlook on the world is affected by my headaches.	22. My headaches make me feel confused.
11. I am afraid to go outside when I feel that a headache is starting.	23. My headaches make me feel frustrated.
12. I feel desperate because of my headaches.	24. I find it difficult to read because of my headaches.
	25. I find it difficult to focus my attention away from my headaches and on other things.