

**Murfreesboro Family Chiropractic
& Rehabilitation
321 W. McKnight Dr.
Murfreesboro, TN 37129**

Headache Disability Index

Patient Name _____

Date _____

Please read carefully

Answer each question as it pertains to your headache only

I have a headache

- One per month
- More than 1 but less than four per month
- More than one per week

My headache is

- Mild
- Moderate
- Severe

Because of my headaches I feel handicapped

- Yes
- Sometimes
- No

Because of my headaches I feel restricted

- Yes
- Sometimes
- No

No one understands the effect my headaches have on my life

- Yes
- Sometimes
- No

My headaches restrict my recreational activities

- Yes
- Sometimes
- No

Over the past week, how have you felt your work (both inside and outside your home) has affected (or would affect) your back pain, if zero is have made it no worse and 10 is has made it much worse?

(Please answer in a scale of 0-10) _____

My headaches make me angry

- Yes
- Sometimes
- No

Sometimes I feel like I'm going to lose control because of my headaches

- Yes
- Sometimes
- No

My spouse, family, and/or friends have no idea what I'm going through because of my headaches

- Yes
- Sometimes
- No

My headaches are so bad that I feel like I'm going to go insane

- Yes
- Sometimes
- No

My outlook on the world is affected by my headaches

- Yes
- Sometimes
- No

I'm afraid to go outside when I feel that a headache is starting

- Yes
- Sometimes
- No

I feel desperate because of my headaches

- Yes
- Sometimes
- No

I am concerned that I am paying penalties at work/home because of my headaches

- Yes
- Sometimes
- No

My headaches place stress on my relationships with family or friends

- Yes
- Sometimes
- No

I avoid being around people when I have a headache

- Yes
- Sometimes
- No

I believe my headaches are making it difficult for me to achieve my goals in life

- Yes
- Sometimes
- No

I am unable to think clearly because of my headaches

- Yes
- Sometimes
- No

I get tense because of my headaches

- Yes
- Sometimes
- No

I do not enjoy social gatherings because of my headaches

- Yes
- Sometimes
- No

I feel irritable because of my headaches

- Yes
- Sometimes
- No

I avoid traveling because of my headaches

- Yes
- Sometimes
- No

My headaches make me feel confused

- Yes
- Sometimes
- No

My headaches make me feel frustrated

- Yes
- Sometimes
- No

I find it difficult to read because of my headaches

- Yes
- Sometimes
- No

I find it difficult to focus my attention away from my headaches and on other things

- Yes
- Sometimes
- No