St. Luke's HOSPITAL
Our specialty is you.

BRAIN AND SPINE CENTER
Therapy Services

314-205-6551 Phone
314-576-2371 Fax

Headache Disability Index (HDI)

Name: _____ Date: _____

INTRUCTIONS: Please **circle** the correct response:

1. I have headache(s): (1) 1 per month (2) more than 1 but less than 4 per month (3) more than 1 per week.
2. My headache is: (1) mild (2) moderate (3) severe

Please read carefully: The purpose of this scale is to identify difficulties that you may be experiencing because of your headache. Please check off yes "**Y**," sometimes "**S**", or no "**N**" to each question. Answer each questions as it pertains to your headache only.

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

F _____ E _____ Score: _____

224 S. Woods Mill Rd. Suite 610 South Chesterfield, MO 63017