



HEADACHE DISABILITY INVENTORY

Name: _____

Date: _____

INSTRUCTIONS: Please CIRCLE the correct response:

1. I have headache: (1) 1 per month (2) more than 1 but less than 4 per month (3) more than one per week
2. 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 circle Y - YES, S - SOMETIMES, or N - NO to each item. Answer each question as it pertains to your headache only.

- Y S N E1. Because of my headaches I feel handicapped.
- Y S N F2. Because of my headaches I feel restricted in performing my routine daily activities.
- Y S N E3. No one understands the effect my headaches have on my life.
- Y S N F4. I restrict my recreational activities (eg, sports, hobbies) because of my headaches.
- Y S N E5. My headaches make me angry.
- Y S N E6. Sometimes I feel that I am going to lose control because of my headaches.
- Y S N F7. Because of my headaches I am less likely to socialize.
- Y S N E8. My spouse (significant other), or family and friends have no idea what I am going through because of my headaches.
- Y S N E9. My headaches are so bad that I feel that I am going to go insane.
- Y S N E10. My outlook on the world is affected by my headaches.
- Y S N E11. I am afraid to go outside when I feel that a headaches is starting.
- Y S N E12. I feel desperate because of my headaches.
- Y S N F13. I am concerned that I am paying penalties at work or at home because of my headaches.
- Y S N E14. My headaches place stress on my relationships with family or friends.
- Y S N F15. I avoid being around people when I have a headache.
- Y S N F16. I believe my headaches are making it difficult for me to achieve my goals in life.
- Y S N F17. I am unable to think clearly because of my headaches.
- Y S N F18. I get tense (eg, muscle tension) because of my headaches.
- Y S N F19. I do not enjoy social gatherings because of my headaches.
- Y S N E20. I feel irritable because of my headaches.
- Y S N F21. I avoid traveling because of my headaches.
- Y S N E22. My headaches make me feel confused.
- Y S N E23. My headaches make me feel frustrated.
- Y S N F24. I find it difficult to read because of my headaches.
- Y S N F25. I find it difficult to focus my attention away from my headaches and on other things.

Office Use:

Scoring - Yes 4; Sometimes 2; No 0

Total of E: _____ Total of F: _____ Grand Total: _____

The Patient Health Questionnaire (PHQ-9)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals _____ + _____ + _____

Add Totals Together _____

10. If you checked off any problems, how difficult have those problems made it for you to
 Do your work, take care of things at home, or get along with other people?

Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult