HEADACHE DISABILITY INDEX

BALANCED CARE CHIROPRACTIC

Patient Name: _____ **Date:** _____

Please CIRCLE the correct response in this Section:

1. I have a headache: (1) 1 per month (2) More than 1 but less than 4 per month (3) More than 1 per week
2. My headache(s) is/are : (1) Mild (2) Moderate (3) Severe

Please read carefully: This questionnaire is meant to identify difficulties that you may be experiencing because of your headache(s).

Please mark "YES", "SOMETIMES", or "NO" to each item below as it pertains ONLY to your headaches(s).

YES	SOMETIMES	NO	QUESTIONS
			E1. I feel handicapped because of my headaches.
			F2. 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 (i.e. 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, family/ 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 my 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 (i.e muscle tension) because of my headaches.
			F19. I do not enjoy social gathering 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 onto other things.

Scoring instructions: Each "YES" is 4 points. "SOMETIMES" is 2 points, and "NO" is 0 points.
Using this system, a score of 10-28% is Mild, 30-48% is Moderate, 50-68% is severe, and 72% or greater is complete disability.

2500 W Higgins Rd Ste 965 Hoffman Estates, IL 60169 847.466.5157 847.466.5764 fax