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Patient Name: _____

For Office Use Only: MRN#: _____

Date: _____

Headache Disability Index

INSTRUCTIONS: Please **CHECK** the correct response:

1. I have headaches: 1x/month More than, but less than 4x/month More than 1x/week
2. My headache is: Mild Moderate Severe

INSTRUCTIONS: The purpose of the scale is to identify difficulties that you may be experiencing because of your headache. Please check off “**YES**”, “**SOMETIMES**”, “**NO**” to each item. For each statement, a “**YES**” answer is worth 4 points, a “**SOMETIMES**” answer is worth 2 points, and a “**NO**” answer is worth 0 points. Answer each item as it pertains to your headache only.

STATEMENT	(4 pts)	(2pts)	(0 pts)	Total Pts
	YES	SOMETIMES	NO	
E1. Because of my headaches I feel handicapped.				
F2. Because of my headaches I feel restricted in performing my routine daily activities.				
E3. No one understands the effect that my headaches have on my life.				
F4. I restrict my recreational activities 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, or family and friends have no idea what I am going through.				
E9. My headaches are so bad that I feel 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 family or friends.				
F15. I avoid being around people when I have headaches.				
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 (e.g. muscle tension) because of my headaches.				
F19. I do not enjoy social gatherings because of my headaches.				
E20. I feel irritated 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 headache and on other things.				

For Office Personnel Only

Total Score for “E” Statements: _____ (52 total)

Total Score for “F” Statements: _____ (48 total)