The Back Alley Chiropractic & Massage Headache Disability Index

Patient Full Name _____ Date _____

Instructions: The purpose of this form is to identify difficulties that you may be experiencing because of your ***HEADACHE***. Answer each question as it pertains to your headache only.

Please CIRCLE the correct response				
1	I have headache:	1 per month	more than 1 but less than 4 per month	more than 1 per week
2	My headache is:	mild	moderate	severe

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

For doctor use only: SCORE _____

Scoring: the following responses are given the following values: Yes (4), Sometimes (2), No (0). Interpretation: A 29 point change (95% confidence interval) or greater in the total score from test to retest must occur before change can be attributed to treatment effects.