

# Optimal Performance Physical Therapy

## Headache Disability Inventory

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions:** The Purpose of this scale is to identify difficulties that you may be experiencing because of your headaches. Please circle "Yes", "Sometimes", or "No" for each question. Answer each question as it pertains to your headaches only.

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