

HEADACHE DISABILITY QUESTIONNAIRE

Name: _____ Date: _____ Score: _____/90

Please read each question and circle the response that best applies to you

1. How would you rate the usual pain of your headaches on a scale from 0 to 10?

(No pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst pain)

2. When you have headaches, how often is the pain severe?

Never	1-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80-89%	90-100%
0	1	2	3	4	5	6	7	8	9	10

3. On how many days in the last month did you actually lie down for an hour or more because of your headaches?

Never	1-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80-89%	90-100%
0	1	2	3	4	5	6	7	8	9	10

4. When you have a headache, how often do you miss work or school for all or part of the day?

Never	1-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80-89%	90-100%
0	1	2	3	4	5	6	7	8	9	10

5. When you have a headache while you work (or school), how much is your ability to work reduced?

Never	1-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80-89%	90-100%
0	1	2	3	4	5	6	7	8	9	10

6. How many days in the last month have you been kept from performing housework or chores for at least half of the day because of you headaches?

Never	1-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80-89%	90-100%
0	1	2	3	4	5	6	7	8	9	10

7. When you have a headache, how much is your ability to perform housework or chores reduced?

Never	1-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80-89%	90-100%
0	1	2	3	4	5	6	7	8	9	10

8. How many days in the last month have you been kept from non-work activities (family, social or recreational) because of your headaches?

Never	1-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80-89%	90-100%
0	1	2	3	4	5	6	7	8	9	10

9. When you have a headache, how much is your ability to engage in non-work activities (family, social or recreational) reduced?

Never	1-9%	10-19%	20-29%	30-39%	40-49%	50-59%	60-69%	70-79%	80-89%	90-100%
0	1	2	3	4	5	6	7	8	9	10