

Patient Name: _____

File #: _____ **Date of Test:** _____

Please CHECK the correct response:

1. I have headaches: 1 per month more than 1 but less than 4 per month more than 1 per week
2. My headache is: mild moderate severe

INSTRUCTIONS: (Please read carefully): The purpose of the scale is to identify difficulties that you may be experiencing because of your headache. Please **CIRCLE "YES," "SOMETIMES," or "NO"** to each item. Answer each question as it pertains to your headache only.

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|---|------------|------------------|-----------|
| E1. Because of my headaches I feel handicapped. | Yes | Sometimes | No |
| F2. Because of my headaches I feel restricted in performing my routine daily activities. | Yes | Sometimes | No |
| E3. No one understands the effect my headaches have on my life. | Yes | Sometimes | No |
| F4. I restrict my recreational activities (eg, sports, hobbies) because of my headaches. | Yes | Sometimes | No |
| E5. My headaches make me angry. | Yes | Sometimes | No |
| E6. Sometimes I feel that I am going to lose control because of my headaches. | Yes | Sometimes | No |
| F7. Because of my headaches I am less likely to socialize. | Yes | Sometimes | No |
| E8. My spouse (significant other), or family and friends have no idea what I am going through because of my headaches. | Yes | Sometimes | No |
| E9. My headaches are so bad that I feel that I am going to go insane. | Yes | Sometimes | No |
| E10. My outlook on the world is affected by my headaches. | Yes | Sometimes | No |
| E11. I am afraid to go outside when I feel that a headache is starting. | Yes | Sometimes | No |
| E12. I feel desperate because of my headaches. | Yes | Sometimes | No |
| F13. I am concerned that I am paying penalties at work or at home because of my headaches. | Yes | Sometimes | No |
| E14. My headaches place stress on my relationships with family or friends. | Yes | Sometimes | No |
| F15. I avoid being around people when I have a headache. | Yes | Sometimes | No |
| F16. I believe my headaches are making it difficult for me to achieve my goals in life. | Yes | Sometimes | No |
| F17. I am unable to think clearly because of my headaches. | Yes | Sometimes | No |
| F18. I get tense (eg, muscle tension) because of my headaches. | Yes | Sometimes | No |
| F19. I do not enjoy social gatherings because of my headaches. | Yes | Sometimes | No |
| E20. I feel irritable because of my headaches. | Yes | Sometimes | No |
| F21. I avoid traveling because of my headaches. | Yes | Sometimes | No |
| E22. My headaches make me feel confused. | Yes | Sometimes | No |
| E23. My headaches make me feel frustrated. | Yes | Sometimes | No |
| F24. I find it difficult to read because of my headaches. | Yes | Sometimes | No |
| F25. I find it difficult to focus my attention away from my headaches and on other things. | Yes | Sometimes | No |