

HEADACHE RELATED QUALITY OF LIFE

While answering the following questions, please think about **all HEADACHE attacks** you may have had in the past **4 weeks**.

Please answer the following questions with one of these responses:

- A) None of the time
- B) A little bit of the time
- C) Some of the time
- D) A good bit of the time
- E) Most of the time
- F) All of the time

1. In the **past 4 weeks**, how often have headaches **interfered** with how well you dealt with family, friends, and others who are close to you? (select only **one** response) _____
2. In the **past 4 weeks**, how often have headaches **interfered** with your leisure time activities, such as reading or exercising? (select only **one** response) _____
3. In the **past 4 weeks**, how often have you had **difficulty** in performing work or daily activities because of headache symptoms? (select only **one** response) _____
4. In the **past 4 weeks**, how often did headaches **keep you** from getting as much done at work or at home? (select only **one** response) _____
5. In the **past 4 weeks**, how often did headaches **limit** your ability to concentrate on work or daily activities? (select only **one** response) _____
6. In the **past 4 weeks**, how often have headaches **left you too tired** to do work or daily activities? (select only **one** response) _____
7. In the **past 4 weeks**, how often have headaches **limited** the number of days you have felt energetic? (select only **one** response) _____
8. In the **past 4 weeks**, how often have you had to **cancel** work or daily activities because you had a headache? (select only **one** response) _____
9. In the **past 4 weeks**, how often did you **need help** in handling routine tasks such as everyday household chores, doing necessary business, shopping, or caring for others, when you had a headache? (select only **one** response) _____
10. In the **past 4 weeks**, how often did you have to **stop** work or daily activities to deal with headache symptoms? (select only **one** response) _____
11. In the **past 4 weeks**, how often were you **not able to go** to social activities such as parties, dinner with friends, because you had a headache? (select only **one** response) _____
12. In the **past 4 weeks**, how often have you **felt** fed up or frustrated because of your headaches? (select only **one** response) _____

13. In the **past 4 weeks**, how often have you **felt** like you were a burden on others because of your headaches? (select only **one** response) _____

14. In the **past 4 weeks**, how often have you been **afraid** of letting others down because of your headaches? (select only **one** response) _____

HIT-6

While answering the following questions, please think about **all HEADACHE attacks** you may have had in the past

30 days.

1. When you have headaches, how often is the pain severe?	Never 6	Rarely 8	Sometimes 10	Very Often 11	Always 13
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2. How often do headaches limit your ability to do usual activities including household work, work, school, or social activities?	Never 6	Rarely 8	Sometimes 10	Very Often 11	Always 13
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3. When you have a headache, how often do you <i>wish</i> to lie down?	Never 6	Rarely 8	Sometimes 10	Very Often 11	Always 13
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4. In the past 4 weeks, how often have you felt too tired to do work or daily activities because of your headaches?	Never 6	Rarely 8	Sometimes 10	Very Often 11	Always 13
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5. In the past 4 weeks, how often have you felt "fed-up" because of headaches?	Never 6	Rarely 8	Sometimes 10	Very Often 11	Always 13
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6. In the past 4 weeks, how often did headaches limit your ability to concentrate on work or daily activities?	Never 6	Rarely 8	Sometimes 10	Very Often 11	Always 13
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Partial TOTAL (<i>add down columns</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Grand TOTAL (<i>add all 5 boxes</i>) [36-78]	<input type="text"/>
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MIDAS

While answering the following questions, please think about **all HEADACHE attacks** you may have had in the past

90 days.

1. On how many days in the last 3 months (90 days) was your <i>productivity at work or school</i> reduced by greater than ½ because of your headaches?	<input type="text"/>	[Max 90]
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2. On how many days in the last 3 months (90 days) was your <i>productivity around the house</i> reduced by greater than ½ because of your headaches?	<input type="text"/>	[Max 90]
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3. On how many days in the last 3 months (90 days) did you <i>miss a family</i> , Phoenix Headache Institute	<input type="text"/>
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social, or leisure activity because of your headaches?

[Max 90]

TOTAL (*add above 3 columns*)

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[Max 270]

4. How many days in the last 3 months (90 days) did you have
any type of headache (even if mild)?

[Max 90]

5. On a scale from 1-10, on average, how painful were these headaches?

[Max 10]

