Patient name:______________________________ Acct. #________________ Date:____________

HEADACHE DISABILITY INDEX

INSTRUCTIONS: Please CIRCLE the correct responses:

1. I have a headache	[1] 1 per month	[2] more than 1 but less than 4 per month	[3] more than one per week
2. My headache is:	[1] mild	[2] moderate	[3] severe

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

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

NECK PAIN DISABILITY INDEX QUESTIONNAIRE

PLEASE READ: This questionnaire is designed to enable us to understand how much your neck pain has affected your ability to manage your everyday activities. Please answer each section by circling the ONE CHOICE that most applies to you. We realize that you may feel that more than one statement may relate to you, but *PLEASE JUST CIRCLE THE ONE. CHOICE WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.*

SECTION 1 - Pain Intensity

A I have no pain at the moment.
B The pain is very mild at the moment.
C The pain is moderate at the moment.
D The pain is fairly severe at the moment.
E The pain is very severe at the moment.
F The pain is the worst imaginable at the moment.

SECTION 2 -Personal Care (Washing, Dressing, etc.)

A I can look after myself normally without causing extra pain.
B I can look after myself normally, but it causes extra pain.
C It is painful to look after myself and I am slow and careful.
D I need some help, but manage most of my personal care.
E I need help every day in most aspects of self care.
F I do not get dressed, I wash with difficulty and stay in bed.

SECTION 3 - Lifting

A I can lift heavy weights without extra pain.
B I can lift heavy weights, but it gives extra pain.
C Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, for example, on a table.
D Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
E I can lift very light weights.
F I cannot lift or carry anything at all.

SECTION 4 - Reading

A I can read as much as I want to with no pain in my neck.
B I can read as much as I want to with slight pain in my neck.
C I can read as much as I want to with moderate pain in my neck.
D I cannot read as much as I want because of moderate pain in my neck.
E I cannot read as much as I want because of severe pain in my neck.
F I cannot read at all.

SECTION 5 - Headaches

A I have no headaches at all.
B I have slight headaches which come infrequently.
C I have moderate headaches which come infrequently.
D I have moderate headaches which come frequently.
E I have severe headaches which come frequently.
F I have headaches almost all the time.

SECTION 6 - Concentration

A I can concentrate fully when I want to with no difficulty.
B I can concentrate fully when I want to with slight difficulty.
C I have a fair degree of difficulty in concentrating when I want to.
D I have a lot of difficulty in concentrating when I want to.
E I have a great deal of difficulty in concentrating when I want to.
F I cannot concentrate at all.

SECTION 7 - Work

A I can do as much work as I want to.
B I can only do my usual work, but no more.
C I can do most of my usual work, but no more.
D I cannot do my usual work.
E I can hardly do any work at all.
F I cannot do any work at all.

SECTION 8 - Driving

A I can drive my car without any neck pain.
B I can drive my car as long as I want with slight pain in my neck.
C I can drive my car as long as I want with moderate pain in my neck.
D I cannot drive my car as long as I want because of moderate pain in my neck.
E I can hardly drive at all because of severe pain in my neck.
F I cannot drive my car at all.

SECTION 9 - Sleeping

A I have no trouble sleeping.
B My sleep is slightly disturbed (less than 1 hour sleepless).
C My sleep is mildly disturbed (1-2 hours sleepless).
D My sleep is moderately disturbed (2-3 hours sleepless).
E My sleep is greatly disturbed (3-5 hours sleepless).
F My sleep is completely disturbed (5-7 hours)

SECTION 10 - Recreation

A I am able to engage in all of my recreational activities with no neck pain at all.
B I am able to engage in all of my recreational activities with some pain in my neck.
C I am able to engage in most, but not all of my recreational activities because of pain in my neck.
D I am able to engage in a few of my recreational activities because of pain in my neck.
E I can hardly do any recreational activities because of pain in my neck.
F I cannot do any recreational activities at all.

COMMENTS: ______________________________

NAME: ____________________ DATE: __________ SCORE: __________

Revised Oswestry Low Back Pain Disability Questionnaire

From N. Hudson, K. Tome-Nicholson, A. Breen; 1989 rev. 09/11/92

Please mark the ONE choice from EACH group that best describes your problem right now.

PAIN INTENSITY
- ❑A. The pain comes and goes and is very mild.
- ❑B. The pain is mild and does not vary much.
- ❑C. The pain comes and goes and is moderate.
- ❑D. The pain is moderate and does not vary much.
- ❑E. The pain comes and goes and is severe.
- ❑F. The pain is severe and does not vary much.

PERSONAL CARE
- ❑A. I would not have to change my way of washing or dressing in order to avoid pain.
- ❑B. I do not normally change my way of washing or dressing even though it causes some pain.
- ❑C. Washing and dressing increases the pain, but I manage not to change my way of doing it.
- ❑D. Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- ❑E. Because of the pain, I am unable to do some washing and dressing without help.
- ❑F. Because of the pain, I am unable to do any washing or dressing without help.

LIFTING
- ❑A. I can lift heavy weights without extra pain.
- ❑B. I can lift heavy weights, but it causes extra pain.
- ❑C. Pain prevents me from lifting heavy weights off the floor.
- ❑D. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.
- ❑E. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- ❑F. I can only lift very light weights, at the most.

WALKING
- ❑A. Pain does not prevent me from walking any distance.
- ❑B. Pain prevents me from walking more than one mile.
- ❑C. Pain prevents me from walking more than ½ mile.
- ❑D. Pain prevents me from walking more than 1/4 mile.
- ❑E. I can only walk while using a cane or on crutches.
- ❑F. I am in bed most of the time and have to crawl to the toilet.

SITTING
- ❑A. I can sit in any chair as long as I like without pain.
- ❑B. I can only sit in my favorite chair as long as I like.
- ❑C. Pain prevents me from sitting more than one hour.
- ❑D. Pain prevents me from sitting more than ½ hour.
- ❑E. Pain prevents me from sitting more than ten minutes.
- ❑F. Pain prevents me from sitting at all.

STANDING
- ❑A. I can stand as long as I want without pain.
- ❑B. I have some pain while standing, but it does not increase with time.
- ❑C. I cannot stand for longer than one hour without increasing pain.
- ❑D. I cannot stand for longer than ½ hour without increasing pain.
- ❑E. I cannot stand for longer than ten minutes without increasing pain.
- ❑F. I avoid standing, because it increases the pain straight away.

SLEEPING
- ❑A. I get no pain in bed.
- ❑B. I get pain in bed, but it does not prevent me from sleeping well.
- ❑C. Because of pain, my normal night's sleep is reduced by less than one-quarter.
- ❑D. Because of pain, my normal night's sleep is reduced by less than one-half.
- ❑E. Because of pain, my normal night's sleep is reduced by less than three-quarters.
- ❑F. Pain prevents me from sleeping at all.

SOCIAL LIFE
- ❑A. My social life is normal and gives me no pain.
- ❑B. My social life is normal, but increases the degree of my pain.
- ❑C. Pain has no significant effect on my social life apart from limiting my more energetic interests, e.g., dancing, etc.
- ❑D. Pain has restricted my social life and I do not go out very often.
- ❑E. Pain has restricted my social life to my home.
- ❑F. I have hardly any social life because of the pain.

TRAVELING
- ❑A. I get no pain while traveling.
- ❑B. I get some pain while traveling, but none of my usual forms of travel make it any worse.
- ❑C. I get extra pain while traveling, but it does not compel me to seek alternative forms of travel.
- ❑D. I get extra pain while traveling which compels me to seek alternative forms of travel.
- ❑E. Pain restricts all forms of travel.
- ❑F. Pain prevents all forms of travel except that done lying down.

CHANGING DEGREE OF PAIN
- ❑A. My pain is rapidly getting better.
- ❑B. My pain fluctuates, but overall is definitely getting better.
- ❑C. My pain seems to be getting better, but improvement is slow at present.
- ❑D. My pain is neither getting better nor worse.
- ❑E. My pain is gradually worsening.
- ❑F. My pain is rapidly worsening.

Patient Signature ____ **Date** ____________

Disability Index Score: % ________________