

HIT-6

Name: _____ DOB: _____

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

LAST 30 days.

	Never	Rarely	Sometimes	Very Often	Always
1. When you have headaches, how often is the pain severe?	6	8	10	11	13
2. How often do headaches limit your ability to do usual activities including household work, work, school, or social activities?	6	8	10	11	13
3. When you have a headache, how often do you <i>wish</i> to lie down?	6	8	10	11	13
4. In the past 4 weeks, how often have you felt too tired to do work or daily activities because of your headaches?	6	8	10	11	13
5. In the past 4 weeks, how often have you felt "fed-up" because of headaches?	6	8	10	11	13
6. In the past 4 weeks, how often did headaches limit your ability to concentrate on work or daily activities?	6	8	10	11	13
	↓	↓	↓	↓	↓
Partial TOTAL (<i>add down columns</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grand TOTAL (<i>add all 5 boxes</i>) [36-78]	<input style="width: 100px; height: 20px;" type="text"/>				

MIDAS

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

LAST 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 style="width: 60px;" type="text"/> [Max 90]
	+
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 style="width: 60px;" type="text"/> [Max 90]
	+
3. On how many days in the last 3 months (90 days) did you <i>miss a family, social, or leisure activity</i> because of your headaches?	<input style="width: 60px;" type="text"/> [Max 90]
	=
TOTAL (<i>add above 3 columns</i>)	<input style="width: 80px; border: 2px solid black;" type="text"/> [Max 270]
4. How many days in the last 3 months (90 days) did you have <i>any type of headache (even if mild)</i> ?	<input style="width: 60px;" type="text"/> [Max 90]
5. On a scale from 1-10, on average, how painful were these headaches?	<input style="width: 60px;" type="text"/> [Max 10]

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

LAST 4 weeks.

	None of the time	A little bit of the time	Some of the time	A good bit of the time	Most of the time	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?	1	2	3	4	5	6
2. In the past 4 weeks , how often have headaches interfered with your leisure time activities, such as reading or exercising?	1	2	3	4	5	6
3. In the past 4 weeks , how often have you had difficulty in performing work or daily activities because of headache symptoms?	1	2	3	4	5	6
4. In the past 4 weeks , how often did headaches keep you from getting as much done at work or at home?	1	2	3	4	5	6
5. In the past 4 weeks , how often did headaches limit your ability to concentrate on work or daily activities?	1	2	3	4	5	6
6. In the past 4 weeks , how often have headaches left you too tired to do work or daily activities?	1	2	3	4	5	6
7. In the past 4 weeks , how often have headaches limited the number of days you have felt energetic?	1	2	3	4	5	6
8. In the past 4 weeks , how often have you had to cancel work or daily activities because you had a headache?	1	2	3	4	5	6
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?	1	2	3	4	5	6
10. In the past 4 weeks , how often did you have to stop work or daily activities to deal with headache symptoms?	1	2	3	4	5	6
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?	1	2	3	4	5	6
12. In the past 4 weeks , how often have you felt fed up or frustrated because of your headaches?	1	2	3	4	5	6
13. In the past 4 weeks , how often have you felt like you were a burden on others because of your headaches?	1	2	3	4	5	6
14. In the past 4 weeks , how often have you been afraid of letting others down because of your headaches?	1	2	3	4	5	6

Partial TOTAL (add down columns)

	1	2	3	4	5	6
	↓	↓	↓	↓	↓	↓
	<input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>	+ <input type="text"/>

Grand TOTAL (add all 6 boxes)