GLENBOURNE
CHIROPRACTIC
INSPIRE WELLNESS.

CHIROPRACTIC HEADACHE FORM
QUESTIONNAIRE

DATE: _____ FILE#_____

HEADACHE DISABILITY INDEX: Y = YES S = SOMEWHAT N = NO

BECAUSE OF MY HEADACHES I FEEL HANDICAPPED. _____

BECAUSE OF MY HEADACHES I FEEL RESTRICTED IN PERFORMING MY ROUTINE DAILY ACTIVITIES. _____

NO ONE UNDERSTANDS THE EFFECT MY HEADACHES HAVE ON MY LIFE. _____

I RESTRICT MY RECREATIONAL ACTIVITIES BECAUSE OF MY HEADACHES. _____

MY HEADACHES MAKE ME ANGRY. _____

SOMETIMES I FEEL THAT I AM GOING TO LOSE CONTROL BECAUSE OF MY HEADACHES. _____

BECAUSE OF MY HEADACHES I AM LESS LIKELY TO SOCIALIZE. _____

MY SPOUSE/SIGNIFICANT OTHER/FAMILY/FRIENDS HAVE NO IDEA WHAT I AM GOING THROUGH

BECAUSE OF MY HEADACHES. _____

MY HEADACHES ARE SO BAD THAT I FEEL THAT I AM GOING TO GO INSANE. _____

MY OUTLOOK ON THE WORLD IS AFFECTED BY MY HEADACHES. _____

I AM AFRAID TO GO OUTSIDE WHEN I FEEL THAT A HEADACHE IS STARTING. _____

I FEEL DESPERATE BECAUSE OF MY HEADACHES. _____

I AM CONCERNED THAT I AM PAYING PENALTIES AT WORK OR AT HOME BECAUSE OF MY HEADACHES. _____

MY HEADACHES PLACE STRESS ON MY RELATIONSHIPS WITH FAMILY OR FRIENDS. _____

I AVOID BEING AROUND PEOPLE WHEN I HAVE A HEADACHE. _____

I BELIEVE MY HEADACHES ARE MAKING IT DIFFICULT FOR ME TO ACHIEVE MY GOALS IN LIFE. _____

I AM UNABLE TO THINK CLEARLY BECAUSE OF MY HEADACHES. _____

I GET TENSE BECAUSE OF MY HEADACHES. _____

I DO NOT ENJOY SOCIAL GATHERINGS BECAUSE OF MY HEADACHES. _____

I FEEL IRRITABLE BECAUSE OF MY HEADACHES. _____

I AVOID TRAVELING BECAUSE OF MY HEADACHES. _____

MY HEADACHES MAKE ME FEEL CONFUSED. _____

MY HEADACHES MAKE ME FEEL FRUSTRATED. _____

I FIND IT DIFFICULT TO READ BECAUSE OF MY HEADACHES. _____

I FIND IT DIFFICULT TO FOCUS MY ATTENTION AWAY FROM MY HEADACHES AND ON OTHER THINGS. _____

I HAVE HEADACHES: □ 1 PER MONTH □ MORE THAN 1 BUT LESS THAN 4 □ MORE THAN 1 PER WEEK

MY HEADACHES ARE: □ MILD □ MODERATE □ SEVERE