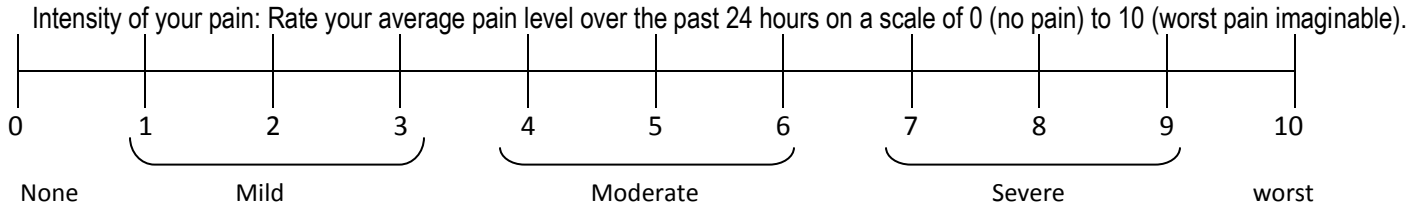


Name: _____

Date: _____



Please read each question and circle the response that best applies to you.

1. How would you rate the usual pain of your headache on a scale from 0 to 10?

No Pain Worst Pain

0 1 2 3 4 5 6 7 8 9 10

2. When you have headaches, how often is the pain severe?

Never 1-9% 10-19% 20-29% 30-39% 40-49% 50-59% 60-69% 70-79% 80-89% 90-100% ALWAYS

0 1 2 3 4 5 6 7 8 9 10

3. On how many days in the month did you actually lie down for an hour or more because of your headaches?

None 1-3 4-6 7-9 10-12 13-15 16-18 19-21 22-24 25-27 28-31 EVERYDAY

0 1 2 3 4 5 6 7 8 9 10

4. When you have a headache, how often do you miss work or school for all or part of the day?

Never 1-9% 10-19% 20-29% 30-39% 40-49% 50-59% 60-69% 70-79% 80-89% 90-100% ALWAYS

0 1 2 3 4 5 6 7 8 9 10

5. When you have a headache while you work (or school), how much is your ability to work

NOT 1-9% 10-19% 20-29% 30-39% 40-49% 50-59% 60-69% 70-79% 80-89% 90-100% UNABLE

0 1 2 3 4 5 6 7 8 9 10 TO WORK

6. How many days in the last month have you been kept from performing housework or chores for at least half of the day because of your headaches?

NONE 1-3 4-6 7-9 10-12 13-15 16-18 19-21 22-24 25-27 28-31 EVERY DAY

0 1 2 3 4 5 6 7 8 9 10

7. When you have a headache, how much is your ability to perform housework or chores reduced?

NOT 1-9% 10-19% 20-29% 30-39% 40-49% 50-59% 60-69% 70-79% 80-89% 90-100% UNABLE

0 1 2 3 4 5 6 7 8 9 10 TO PERFORM

8. How many days in the last month have you been kept from non-work activities (family, social or recreational).

NONE 1-3 4-6 7-9 10-12 13-15 16-18 19-21 22-24 25-27 28-31 EVERY DAY

0 1 2 3 4 5 6 7 8 9 10

9. When you have a headache, how much is your ability to engage in non-work activities (family, social, recreational) reduced?

NOT 1-9% 10-19% 20-29% 30-39% 40-49% 50-59% 60-69% 70-79% 80-89% 90-100% UNABLE

0 1 2 3 4 5 6 7 8 9 10 TO PERFORM