HIT-6™
(VERSION 1.1)

HEADACHE IMPACT TEST™

This questionnaire was designed to help you describe and communicate the way you feel and what you cannot do because of headaches.

To complete, please circle one answer for each question.

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

Never	Rarely	Sometimes	Very Often	Always

2 How often do headaches limit your ability to do usual daily activities including household work, work, school, or social activities?

Never	Rarely	Sometimes	Very Often	Always

3 When you have a headache, how often do you wish you could lie down?

Never	Rarely	Sometimes	Very Often	Always

4 In the past 4 weeks, how often have you felt too tired to do work or daily activities because of your headaches?

Never	Rarely	Sometimes	Very Often	Always

5 In the past 4 weeks, how often have you felt fed up or irritated because of your headaches?

Never	Rarely	Sometimes	Very Often	Always

6 In the past 4 weeks, how often did headaches limit your ability to concentrate on work or daily activities?

Never	Rarely	Sometimes	Very Often	Always

COLUMN 1 (6 points each)	+	COLUMN 2 (8 points each)	+	COLUMN 3 (10 points each)	+	COLUMN 4 (11 points each)	+	COLUMN 5 (13 points each)

To score, add points for answers in each column.

Please share your HIT-6 results with your doctor.

Total Score _____

Higher scores indicate greater impact on your life.

Score range is 36-78.