HIT-6™ Headache Impact Test

HIT is a tool used to measure the impact headaches have on your ability to function on the job, at school, at home and in social situations. Your score shows you the effect that headaches have on normal daily life and your ability to function. HIT was developed by an international team of headache experts from neurology and primary care medicine in collaboration with the psychometricians who developed the SF-36® health assessment tool. 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.

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

never rarely sometimes very often always

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

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

never rarely sometimes very often always

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

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

never rarely sometimes very often always

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.

If your HIT-6 is 50 or higher:

You should share your results with your doctor. Headaches that stop you from enjoying the important things in life, like family, work, school or social activities could be migraine.

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TOTAL SCORE

Headache Questionnaire

Do you have a headache today? Yes No Intensity: 0-1-2-3-4-5-6-7-8-9-10

Age of onset: _____

Trauma related? Yes No

Menstrual cycle related? Yes No Age of onset of menstrual cycle: _____

Triggers:

Food Yes No Explain: _____

Allergies Yes No Explain: _____

Weather Yes No Explain: _____

Stress Yes No Explain: _____

Description:

Average intensity: 0-1-2-3-4-5-6-7-8-9-10

Frequency? _____

How long do they last? _____

Mild headaches _____

How functional are you during headaches? _____

How much work do you miss related to headaches? _____

Light sensitivity Yes No

Sound sensitivity Yes No

Odor sensitivity Yes No

Nausea and/or vomiting Yes No

Aura Yes No Explain: _____

Treatment:

MRI/CT Yes No Explain: _____

ER visits: _____

What do you do for them now? _____

Medications:

Current: _____

_____

Previous: _____

_____