

MIDAS QUESTIONNAIRE
(Migraine Disability Assessment Scale)

Date / /200
D M Y

INSTRUCTIONS: Please answer the following questions about **ALL your headaches** you have had over the last 3 months. Write your answer in the box next to each question. Write zero if you did not do the activity in the last 3 months. Please provide numbers; example: everyday headache = 90 days

1. On how many days in the last 3 months did you miss work or school because of your headaches? days

2. How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches? *(Do not include days you counted in question 1 where you missed work or school.)* days

3. On how many days in the last 3 months did you not do household work because of your headaches? days

4. How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches? *(Do not include days you counted in question 3 where you did not do household work.)* days

5. On how many days in the last 3 months did you miss family, social or leisure activities? because of your headaches? days

TOTAL (Add Questions 1-5) days

A. On how many days in the last 3 months did you have a headache? *(If a headache lasted more than 1 day, count each day.)* days

B. On a scale of 0-10, on average how painful were these headaches? *(Where 0 = no pain at all and 10 = pain as bad as it can be)* days

Use the TOTAL from Questions 1-5 to determine score below (ignore A and B).

Grading system for the MIDAS Questionnaire:

<u>Score</u>	<u>Definition</u>	<u>Grade</u>
0-5	Little or no disability	I
6-10	Mild disability	II
11-20	Moderate disability	III
21+	Severe disability	IV