

### The Migraine Disability Assessment Test (For ALL types of headaches)

The MIDAS (Migraine Disability Assessment) questionnaire was put together to help you measure the impact your headaches have on your life. The information on this questionnaire is also helpful for your provider to determine the level of pain and disability caused by your headaches and to find the best treatment for you.

#### INSTRUCTIONS

Please answer the following questions about **ALL TYPES OF HEADACHES** you have had over the last 3 months (90 days). Write your answer in the box next to each question (0-90). Write zero if you did not have the activity in the last 3 months.

#### Part 1.

\_\_\_\_\_ 1. How many days in the last 3 months did you miss work or school because of your headaches? Mark zero if you are not working or not in school.

\_\_\_\_\_ 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 counted in question 1 where you missed work or school.) Mark zero if you are not working or not in school.

\_\_\_\_\_ 3. How many days in the last 3 months did you not do household work (such as housework, home repairs and maintenance, shopping, caring for children and relatives) because of your headaches?

\_\_\_\_\_ 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 counted in question 3 where you did not do household work.)

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

\_\_\_\_\_ **Total (Questions 1-5)**

**Scoring:** After you have filled out this questionnaire, add the total number of days from questions 1-5 (ignore A and B).

MIDAS Grade	Definition	MIDAS Score
I	Little or No Disability	0-5
II	Mild Disability	6-10
III	Moderate Disability	11-20
IV	Severe Disability	21+

#### Part 2. Frequency and Intensity of ALL types of headaches:

\_\_\_\_\_ A. On how many days in the last 3 months (90 days) did you have any kind of headache? (If a headache lasted more than 1 day, count each day.)

\_\_\_\_\_ 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.)