

THE MIGRAINE DISABILITY ASSESSMENT TEST

Patient Name: _____ Date of Birth: _____ Date: _____

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 primary care 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** of the headaches you have had over the last 3 months. Select your answer in the box next to each question. Select zero if you did not have the activity in the last 3 months. Please take the completed form to your health care professional.

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

MIDAS Scoring. Total the number of days in questions 1-5:

0-5 Little or No Disability 11-20 Moderate Disability
6-10 Mild Disability 21+ Severe Disability

If your MIDAS score is 6 or more, please discuss this with your doctor.

WHAT YOUR PHYSICIAN WILL NEED TO KNOW ABOUT YOUR HEADACHE:

A On how many days in the last 3 months did you have a headache? _____ days
(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? _____ days
(Where 0 = no pain at all, and 10 = pain as bad as it can be)