

# ATLANTA NEUROLOGY, P.C.

## Modified Migraine Disability Assessment Test (MODIFIED MIDAS)

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**This form is to assess how your headaches impact your life, please answer to the best of your abilities and recollection. 90 Days = 3 months.**

In the last 90 days, how many days have you had a headache? \_\_\_\_\_

How long do your headaches usually last for? \_\_\_  Minutes \_\_\_  Hours \_\_\_  Days \_\_\_  Constant

What is your average level of headache pain? \_\_\_\_\_ /10 (0 is no pain, 10 is worst pain)

In the last 90 days, how many days did you take a medication, either over the counter or prescription strength, to treat your headaches? \_\_\_\_\_

Questions:	Days:
In the last 90 days, how many days did you miss work or school due to a headache?	
In the last 90 days, how many days did you have to miss or cancel social, family, or leisure activities due to a headache?	
In the last 90 days, how many days did you function at less than 50% because of your headaches?	
<b>Total Score:</b> <i>Add the above numbers together for a total score →</i>	
Are you afraid to schedule events or activities because of your headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes
Do you feel like you are unreliable due to your headaches? (i.e. miss work, habitually late for events, cancel plans at last minute, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes

In **your** opinion, at what level do your headaches affect your quality of life and ability to function a normal capacity?

- No disability or impairment
- Mild impairment
- Moderate impairment
- Severe impairment

Modified MIDAS Grade:	Definition:	Score:
I	No disability or impairment	0-5
II	Mild impairment	6-10
III	Moderate disability	11-20
IV	Severe disability	21+

*\*Lowest score is 0, maximum score is 450*

Are you satisfied with your current headache treatment plan?  Yes  No