

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.*

| Questions: | Days: |
|--|--|
| In the last 90 days, how many days have you had a headache? | |
| 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? | |
| In the last 90 days, how many days did you take a medication, either over-the-counter or prescription strength, to treat your headaches? | |
| Total Score: <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*

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)

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