

## Migraine Disability Assessment Questionnaire

The MIDAS (migraine disability assessment) questionnaire was put together to help you measure the impact your headaches have on your life over the last 3 months and to communicate this more effectively. The best way to this is by counting the numbers of days of your life which are affected by Headaches.

Please complete the below questions about ALL of your headaches you have had over the last three months. Write “zero” if you did not perform the activity in the last three months.

For questions 1 and 2, **work or school** means paid work or education if you are a student at school or college. For Questions 3 and 4, **household work** means activities such as housework, home repairs and maintenance, shopping as well as caring for children and relatives.

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**INSTRUCTIONS** • Please answer the following questions about ALL of your headaches you have had over the last 3 months. Write your answer in the space next to each question. If a single headache affects more than one area of your life (e.g., work and family life) it is counted more than once. Write “zero” if you did not perform the activity in the last 3 months.

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1. On how many days in the last 3 months did you miss work or school because of your headaches? \_\_\_\_\_
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.) \_\_\_\_\_
3. On how many days in the last 3 months did you **not** do household work 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 you counted in question 3 where you did not do household work.) \_\_\_\_\_
5. On how many days in the last 3 months did you miss family, social or leisure activities because of your headaches? \_\_\_\_\_

### What your Provider will need to know about your headaches:

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

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