

# MIGRAINE DISABILITY ASSESSMENT

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ARK INTEGRATIVE  
MEDICINE

PATIENT NAME  TREATMENT #  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. Indicate your answer in the box next to each question. If you did not have the activity in the last 3 months write zero (0).

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 (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 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 Physician will need to know about your headache:

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.)

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

**TOTAL (Questions 1-5)**

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