



SOUTH SHORE MEDICAL CARE, PC

Board Certified Primary Care

MIDAS QUESTIONNAIRE

Migraine Disability Assessment

Patient Name: _____ Chart # _____ Date: _____

This questionnaire is used to determine the level of pain and disability caused by your headaches and helps your doctor find the best treatment for you.

*INSTRUCTIONS: Please answer the following questions about all your headaches over the **last 3 months**. Write your answer in the box next to each question. Write zero if you did not do the activity in the **last 3 months***

1. On how many days in the last 3 months did you miss work or school because of your headaches? *(If you did not attend work or school enter zero in the box)* . _____
 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. IF you did not attend school or work enter zero in the box.)* _____
 3. On how many days did you not do housework because of your headaches? _____
 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 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? _____
- Total from Questions 1-5: _____*
- A. On how many days in the last 3 months did you have a headache? *(If a headache lasted more than one day, count each day.)* _____
 - B. On a scale of 1-10, on average, how painful were these headaches? *(Where 0 = no pain at all and 10= pain which is as bad as can be)* _____

After you have filled out this questionnaire, add the total number of days from questions 1 to 5, (Ignore A or B)

Midas Grade	Definition	Midas Score
I	Little to no Disability	0-5
II	Mild Disability	6-10
III	Moderate Disability	11-20
IV	Severe Disability	21+