

Do You Suffer From

headaches?



MIDAS QUESTIONNAIRE

INSTRUCTIONS: Please answer the following questions about ALL your headaches you have had 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?	<input type="text"/> <input type="text"/>	days
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)	<input type="text"/> <input type="text"/>	days
3	On how many days in the last 3 months did you not do household work because of your headaches?	<input type="text"/> <input type="text"/>	days
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)	<input type="text"/> <input type="text"/>	days
5	On how many days in the last 3 months did you miss family, social or leisure activities because of your headaches?	<input type="text"/> <input type="text"/>	days
TOTAL		<input type="text"/> <input type="text"/>	days
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)	<input type="text"/> <input type="text"/>	days
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)	<input type="text"/>	

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Once you have filled in the questionnaire, add up the total number of days from questions 1–5 (ignore A and B).

Grading system for the MIDAS Questionnaire:

Grade	Definition	Score
I	Little or no disability	0–5
II	Mild disability	6–10
III	Moderate disability	11–20
IV	Severe disability	21+



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