



Name:

DOB:

Proctor:

**Migraine Disability Assessment (MIDAS) Questionnaire**

**On how many days in the last 3 months did you miss work or school because of your headaches?**

Input Range: 0-90

**How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches?**

Input Range: 0-90

**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?**

Input Range: 0-90

**How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches?**

Input Range: 0-90

**On how many days in the last 3 months did you miss family, social or leisure activities because of your headaches?**

Input Range: 0-90

CLASS	CLASS 0	CLASS 1	CLASS 2	CLASS 3	CLASS 4
MIDAS	0	1-5	6-10	11-20	21+
DISABILITY	None	Minimal	Mild Disability	Moderate	Severe
WPI Rating (%)	0%	2%	3%	4%	5%

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Stewart WF, et al. [Validity of the Migraine Disability Assessment \(MIDAS\) score in comparison to a diary-based measure in a population sample of migraine sufferers.](#) Pain 2000, 88 (1): 41-52

Stewart WF, et al. [Development and testing of the Migraine Disability Assessment \(MIDAS\) Questionnaire to assess headache-related disability.](#) Neurology 2001, 56: S20-S28.