

The **MIDAS** questionnaire

Filling out the Midas (Migraine Disability Assessment Scale) Questionnaire can help you and your doctor assess the impact of your migraines on your life and find the right treatment.

The MIDAS program is an educational service provided by AstraZeneca.

Instructions: Please answer the following questions about ALL the 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. Lost days from work

How many days in the last 3 months did you miss work or school because of your headaches? *(If you do not attend work or school enter zero in the box.)*

days

2. Lost productivity days at work or school

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 do not attend work or school enter zero in the box.)*

days

3. Lost household workdays

On how many days in the last 3 months did you not do household work because of your headaches?

days

4. Lost productivity days at home

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.)*

days

5. Lost social days

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

days

(Questions 1-5) Total: _____ 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.)*

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.)*

days

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

Grade	Definition	Score
I	Minimal or infrequent disability	0-5
II	Mild or infrequent disability	6-10
III	Moderate disability	11-20
IV	Severe disability	21+

If your MIDAS score is 6 or more, please discuss this with your doctor.