

TEXAS NEUROLOGY

MIDAS QUESTIONNAIRE

NAME: _____ DATE: _____

Please answer the following questions about ALL of 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 have 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?

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 the previous question 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 the previous question 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?