



The Migraine Disability Assessment Test (MIDAS)

The MIDAS (Migraine Disability Assessment) questionnaire was put together to help you measure the impact your headaches have on your life. The information on this questionnaire is also helpful for your primary care provider to determine the level of pain and disability caused by your headaches and to find the best treatment for you.

INSTRUCTIONS

Please answer the following questions about ALL of the headaches you have had over the last 3 months. Select your answer in the box next to each question. Select 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?	<input type="text"/> <input type="text"/> day(s)
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"/> day(s)
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?	<input type="text"/> <input type="text"/> day(s)
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"/> day(s)
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"/> day(s)
Total (Questions 1-5)	<input type="text"/> <input type="text"/> day(s)
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"/> day(s)
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"/> <input type="text"/> day(s)

● **Scoring:** After you have filled out this questionnaire, add the total number of days from questions 1-5 (ignore A and B)

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

Please give the completed form to your clinician.

This survey was developed by Richard B. Lipton, MD, Professor of Neurology, Albert Einstein College of Medicine, New York, NY, and Walter F. Stewart



Headache Impact Test (HIT-6)

HIT is a tool used to measure the impact headaches have on your ability to function on the job, at school, at home and in social situations. Your score shows you the effect that headaches have on normal daily life and your ability to function. HIT was developed by an international team of headache experts from neurology and primary care medicine in collaboration with the psychometricians who developed the SF-36® health assessment tool. This questionnaire was designed to help you describe and communicate the way you feel and what you cannot do because of headaches. To complete, please circle one answer for each question.

1 When you have headaches, how often is the pain severe?

never	rarely	sometimes	sometimes	always
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2 How often do headaches limit your ability to do usual daily activities including household work, work, school, or social activities?

never	rarely	sometimes	sometimes	always
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3 When you have a headache, how often do you wish you could lie down?

never	rarely	sometimes	sometimes	always
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4 In the past 4 weeks, how often have you felt too tired to do work or daily activities because of your headaches?

never	rarely	sometimes	sometimes	always
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5 In the past 4 weeks, how often have you felt fed up or irritated because of your headaches?

never	rarely	sometimes	sometimes	always
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6 In the past 4 weeks, how often did headaches limit your ability to concentrate on work or daily activities?

never	rarely	sometimes	sometimes	always
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COLUMN 1
6 points each

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COLUMN 2
6 points each

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COLUMN 3
10 points each

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COLUMN 4
11 points each

【 】

COLUMN 5
13 points each

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To score, add points for answers in each column.

If your HIT-6 is 50 or higher:

You should share your results with your doctor. Headaches that stop you from enjoying the important things in life, like family, work, school or social activities could be migraine.

TOTAL SCORE