Instructions: Please answer the following questions about all your headaches 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? (If you do not attend work or school enter zero in the box.)

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

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

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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 counted in question 3, where you did not do household work.)

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

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A. On how many days in the last month did you have a headache? (If headache lasted more than 1 day, count each day.)

B. On a scale of 0-10, on average, how painful were these headaches? (Where 0=no pain at all and 10=pain which is as bad as it can be.)

\_0. \_1. \_2. \_3. \_4. \_5. \_6. \_7. \_8. \_9. \_10.

No pain at all Pain as bad as it can be

Total (Questions 1-5) \_\_\_

Reference: Migal ME, Rapoport AM, Lipton RB, Tepper SJ, Sheftell FD. Assessment of Migraine Disability Using the Migraine Disability Assessment (MIDAS) Questionnaire: A Comparison of Chronic Migraine With Episodic Migraine. Headache, 43(4);336-342. doi: 10.1046/j.1526-4610.2003.03068.x