

The Migraine Disability Assessment Test

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. Please take the completed form to your healthcare professional.

- _____ 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 question 1 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 question 3 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?
- _____ Total (Questions 1-5)

What your Physician will need to know about your headache:

- _____ 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.)
- _____ 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.)

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

MIDAS Grade	Definition	MIDAS Score
I	Little or No Disability	0-5
II	Mild 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.

Headache Impact Test (HIT-6)

Headache Impact Test (HIT-6) 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 very often always
2. How often do headaches limit your ability to do usual daily activities including household work, work, school or social activities?
never rarely sometimes very often always
3. When you have a headache, how often do you wish you could lie down?
never rarely sometimes very often always
4. In the past four weeks, how often have you felt too tired to do work or daily activities because of your headaches?
never rarely sometimes very often always
5. In the past four weeks, how often have you felt fed up or irritated because of your headaches?
never rarely sometimes very often always
6. In the past four weeks, how often did headaches limit your ability to concentrate on work or daily activities?
never rarely sometimes very often always

NEVER
6 points each

+

RARELY
8 points each

+

SOMETIMES
10 points each

+

VERY OFTEN
11 points each

+

ALWAYS
13 points each

To score, add points for answers in each severity rating.

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.

Higher scores indicate a greater impact on your life

Score range 36-78

TOTAL
SCORE

Reference:

Yang M, Rendas-Baum R, Varon SF, Kosinski M. Validation of the Headache Impact Test (HIT-6™) across episodic and chronic migraine. *Cephalalgia*. 2011;31(3):357-367. doi:10.1177/0333102410379890.