A. Headache Disability Form

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 or school
   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.)

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.)

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

4. Lost productivity 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.)

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?

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 one 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.)
   ______

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

<table>
<thead>
<tr>
<th>GRADE</th>
<th>DEFINITION</th>
<th>SCORE</th>
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</thead>
<tbody>
<tr>
<td>I</td>
<td>Minimal or infrequent disability</td>
<td>0-5</td>
</tr>
<tr>
<td>II</td>
<td>Mild or infrequent disability</td>
<td>6-10</td>
</tr>
<tr>
<td>III</td>
<td>Moderate disability</td>
<td>11-20</td>
</tr>
<tr>
<td>IV</td>
<td>Severe disability</td>
<td>21+</td>
</tr>
</tbody>
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B. Emergency Room Visits

How many visits to the Emergency Room have you had in the last 3 months for headache treatment? (If you did not have any enter zero in the box)
   ______ visits

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