WOMEN'S COLLEGE HOSPITAL
Health care for women | REVOLUTIONIZED

Date: ____/____/____
YYYY/MM/DD

Name: _____

DOB: ____/____/____
YYYY/MM/DD

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.) ☐ days

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.) ☐ days

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

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.) ☐ days

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? ☐ days

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).

GRADE	DEFINITION	SCORE
I	Minimal or infrequent disability	0-5
II	Mild or infrequent disability	6-10
III	Moderate disability	11-20
IV	Severe disability	21+

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

The MIDAS survey was developed by Richard B. Lipton, MD, Professor of Neurology, Albert Einstein College of Medicine, New York, NY, and Walter F. Stewart, MPH, PhD, Associate Professor of Epidemiology, John Hopkins University, Baltimore, MD.