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NAME: _____

DATE: _____

Migraine Questionnaire

INSTRUCTIONS: Please answer the following questions about ALL your 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. On how many days in the last 3 months did you miss work or school because of your headaches?	
2. On 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 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 headache?	
TOTAL	

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 = as bad as it can be) _____

Once you have filled in the questionnaire, add up the total number of days from questions 1-5 (Ignore A and B)

Grading system for the Midas Questionnaire:

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