

Questionnaire MIDAS

Please complete questions about all your headaches you have had over the last 3 months. Fill in your answer in the box next to each question. Fill in zero if you did not have 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. 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?
 - 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.)