

## PedMIDAS

### **Headache Disability.**

The following questions try to assess how much the headaches are affecting day-to-day activity. Your answers should be based on the last three months. There are no “right” or “wrong” answers so please put down your best guess.

**1. How many full school days of school were missed in the last 3** \_\_\_\_\_

**months due to headaches?**

**2. How many partial days of school were missed in the last 3 months** \_\_\_\_\_

**due to headaches (do not include full days counted in the** \_\_\_\_\_  
**first question)?**

**3. How many days in the last 3 months did you function at less than** \_\_\_\_\_

**half your ability in school because of a headache (do not**  
**include days counted in the first two questions)?**

**4. How many days were you not able to do things at home (i.e.,** \_\_\_\_\_

**chores, homework, etc.) due to a headache?**

**5. How many days did you not participate in other activities due to** \_\_\_\_\_

**headaches (i.e., play, go out, sports, etc.)?**

**6. How many days did you participate in these activities, but** \_\_\_\_\_

**functioned at less than half your ability (do not include** \_\_\_\_\_  
**days counted in the 5th question)?**

**Total PedMIDAS Score** \_\_\_\_\_

**Headache Frequency** \_\_\_\_\_

**Headache Severity** \_\_\_\_\_