

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 _____