



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 headache (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 not able to do things at home (i.e., chores, homework, etc.) due to 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)? _____

Information below to be filled out by TCH:

- Total PedMIDAS Score** _____
- Headache Frequency _____
- Headache Severity _____