

Follow up Form:

1. Please bring your headache calendar

2. Fill in the table:

Month	Headache days (Out of 30 days):	Migraine days (out of 30 days):	# of days with rescue/acute medication use

3. Overall, since last visit, headaches are
o much improved o improved o the same o worse o much worse

4. If headaches have improved, what do you think has been the most helpful?

5. If headaches have not improved, why do you think that is?

6. Any change in your general health since your last visit?

7. Any new medications started since your last visit?

8. Current Headache Medications

a. Active Medications

i. Acute

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ii. Preventive (How long have you been on it [date])

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b. Previous Medications

i. Preventive Medications (how long have you been on it [date] and reason for
stoppage)

MIDAS Questionnaire (Migraine Disability Assessment)

This questionnaire is used to determine the level of pain and disability caused by your headaches and helps your doctor find the best treatment for you. **INSTRUCTIONS:** Please answer the following questions about all of your headaches 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? (if you do not attend work or school enter zero).
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. If you do not attend work or school, enter zero).
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?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?
6. _____ **Scoring:** After you have filled out this questionnaire, add the total number of days from questions 1-5

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