

Houston Specialty Clinic

Date: _____

Name: _____ DOB: _____

Pediatric (PedMIDAS) Headache Disability Scale

The following questions 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.

1. How many full school days 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 5 th question)?	
Total PedMIDAS Score	

Headache Frequency ____ per ____

Headache Severity ____/10____