



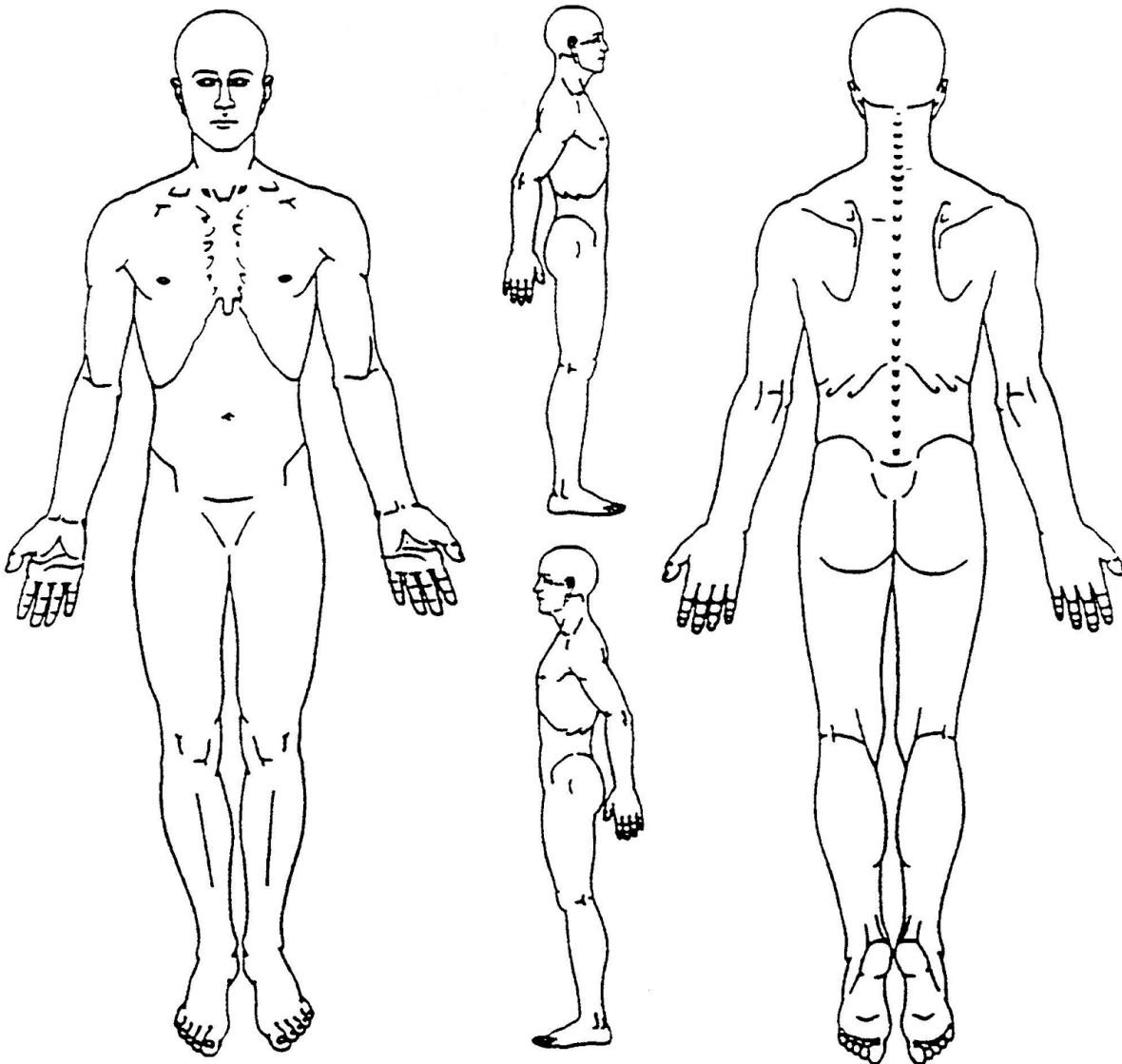
Boulderheadacheandpain.com

Alex G. P. Reish, DO

(Pg: 1 of 4)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please use the symbols below to indicate the type and location of pain on your body:  
Aching xxxxx    Burning 00000    Numbness ^^^^^    Pins/Needles -----    Stabbing /////



Please circle any of the following words that describe your pain:

DEEP    SUPERFICIAL    ACHING    SHARP    DULL    BURNING    STABBING    THROBBING  
CONSTANT    INTERMITTENT    ELECTRICAL    RADIATING    NUMBNESS    WEAKNESS

Clinic Address: 5377 Manhattan Circle, Suite 200, Boulder, CO 80303

Email: [patientinfo@boulderheadacheandpain.com](mailto:patientinfo@boulderheadacheandpain.com)

Phone: (303) 225-6625    Secure Fax: (303) 225-6626



Boulderheadacheandpain.com

Alex G. P. Reish, DO

(Pg: 2 of 4)

**HEAD and NECK PAIN**

**Please circle any of the following that you experience with your head/neck pain:**

LIGHT and/or SOUND SENSITIVITY NAUSEA VISUAL CHANGE AURA

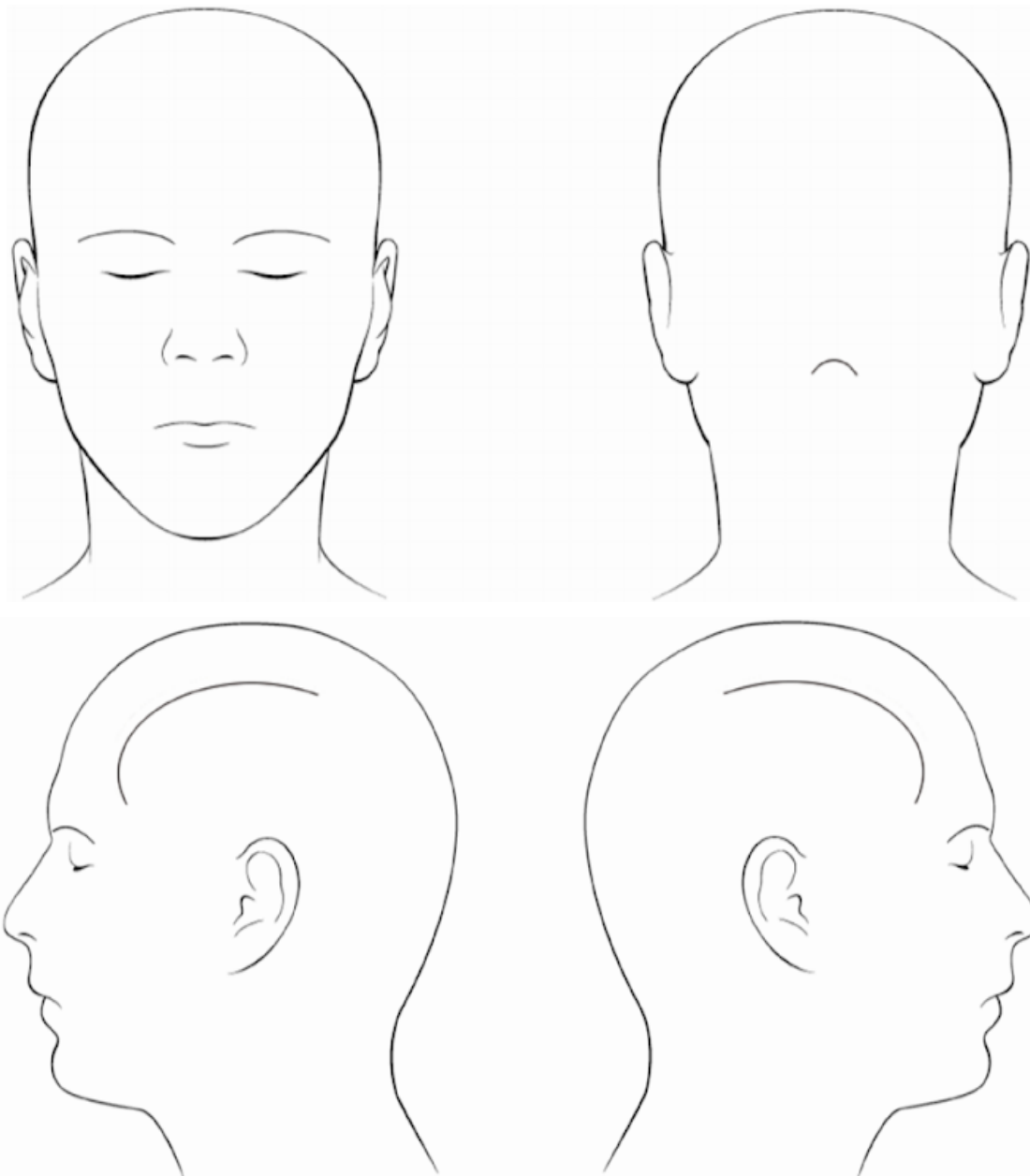
Do these things worsen with flares? Y / N Please list specific triggers: \_\_\_\_\_

Family history of headaches? Y / N Brain MRI? Y / N

Where does it: 1) START \_\_\_\_\_ 2) PROGRESS \_\_\_\_\_

**Please use the symbols below to indicate the type and location of pain on your head/neck:**

**Aching: X    Sharp Pain:  $\wedge$     Burning: 0    Electrical: •**



**Clinic Address: 5377 Manhattan Circle, Suite 200, Boulder, CO 80303**

**Email: [patientinfo@boulderheadacheandpain.com](mailto:patientinfo@boulderheadacheandpain.com)**

**Phone: (303) 225-6625    Secure Fax: (303) 225-6626**



Boulderheadacheandpain.com

Alex G. P. Reish, DO

(Pg: 3 of 4)

### Migraine Disability Assessment Questionnaire

- 1) How many days in the last 3 months did you miss work or school because of your headaches? \_\_\_\_\_
- 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.) \_\_\_\_\_
- 3) How many days in the last 3 months did you not do household work because of your headaches? \_\_\_\_\_
- 4) How many days in the last three 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) How many days in the last 3 months did you miss family, social, or leisure activities because of your headaches? \_\_\_\_\_

Your MIDAS level of disability: Write the total number of days you reported in questions 1-5.

This is your MIDAS level of disability. \_\_\_\_\_

0 to 5 - MIDAS Grade I, Little or no disability

6 to 10 - MIDAS Grade II, Mild disability

11 to 20 - MIDAS Grade III, Moderate disability

21+ - MIDAS Grade IV, Severe disability

### Additional Questions:

- How many days in the last 3 months did you have a headache? (If a headache lasted more than 1 day, count each day.) \_\_\_\_\_
- On a scale of 0 to 10, on average, how painful were these headaches?  
(0 = no pain at all & 10 = pain is as bad as it can be.) \_\_\_\_\_

Clinic Address: 5377 Manhattan Circle, Suite 200, Boulder, CO 80303

Email: [patientinfo@boulderheadacheandpain.com](mailto:patientinfo@boulderheadacheandpain.com)

Phone: (303) 225-6625    Secure Fax: (303) 225-6626



Boulderheadacheandpain.com

Alex G. P. Reish, DO

(Pg: 4 of 4)

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PATIENT SIGNATURE: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

**Clinic Address: 5377 Manhattan Circle, Suite 200, Boulder, CO 80303**

**Email: [patientinfo@boulderheadacheandpain.com](mailto:patientinfo@boulderheadacheandpain.com)**

**Phone: (303) 225-6625    Secure Fax: (303) 225-6626**