

HEADACHE and MIGRAINE - Questions list

Question 1: Over the past year, have you suffered from severe headaches?

- Yes
- No

Gender specific: None

Routing rule: (Yes->2 No->11)

Question 2: During or preceding a severe headache, do you experience any of the following?

Please select all that apply

- Nausea
- Vomiting
- Pain on one side of head only
- Pulsating or throbbing headaches
- Pain-free intervals of days or weeks between severe headache attacks
- Sensitivity to light
- Sensitivity to noise
- Blurring of vision
- Seeing shimmering lights, circles, other shapes, or colors before the eyes
- Numbness of lips, tongue, fingers, or legs
- None of the above

Gender specific: None

Routing rule: None

Question 3: About how often do your severe headaches occur?

- Weekly
- Monthly
- Every few months

- Once a year
- Less than once a year

Gender specific: None

Routing rule: None

Question 4: Which statement best describes the pain of your headache?

- Extremely severe
- Severe
- Moderate
- Mild

Gender specific: None

Routing rule: None

Question 5: Which best describes how you are usually affected by severe headache?

- Able to work, function normally
- Working ability or activity impaired to some degree
- Working ability or activity severely impaired
- Bed rest required

Gender specific: None

Routing rule: None

Question 6: Each time you have a severe headache, how long are you unable to work or undertake normal activities?

- I never miss work or activities due to headache
- Less than 1 day
- 1-2 days
- 3-5 days
- 6 or more days

Gender specific: None

Routing rule: None

Question 7: At what age did you BEGIN having severe headaches?

Gender specific: None

Routing rule: None

Question 8: Which best describes the way you usually treat severe headaches?

- Take non-prescription medications (like Tylenol or Motrin)
- Take prescription medications
- Take both prescription and non-prescription medications
- Take no medications

Gender specific: None

Routing rule: None

Question 9: Do you consider your severe headaches to be migraines?

- Yes
- No

Gender specific: None

Routing rule: None

Question 10: Have you ever been diagnosed by a physician as suffering from ...?

Select all that apply

- Tension headaches
- Sinus headaches
- Cluster headaches
- Stress headaches

- "Sick" headaches
- Migraine headaches
- I have never been diagnosed

Gender specific: None

Routing rule: None

Question 11: Have you ever suffered from silent migraines; that means migraines without the symptom of headache pain?

- Yes
- No

Gender specific: None

Routing rule: (Yes->12 No->15)

Question 12: Which symptoms do you experience during a silent migraine?

Please select all that apply

- Diarrhea
- Nausea
- Vomiting
- Fatigue
- Disruptions in hearing
- Auditory hallucinations
- Language impairment
- Distortions in smell or taste
- Blurring of vision
- Seeing shimmering lights, circles, other shapes, or colors before the eyes
- Numbness of lips, tongue, fingers, legs, or other unusual body sensations
- Other

Gender specific: None

Routing rule: (Other@->13 SKIPTO->14)14

Question 13: You said your symptoms were not listed; please tell us the symptoms you experience during a silent migraine.

Please specify:

Gender specific: None

Routing rule: None

Question 14: Have you ever been diagnosed by a physician as suffering from silent migraines?

- Yes
- No

Gender specific: None

Routing rule: None

Question 15: How would you rate this survey?

- No comment.
- I can imagine it is useful for research.
- It was interesting.
- It could use some work.

Gender specific: None

Routing rule: (END)