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
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
Genes for Good – Health History Survey

Gender specific: None
Routing rule: None

---

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

---

**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

---

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

- Yes
- No

---

**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

---
Genes for Good – Health History Survey

☐ "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
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)