

Migraine Study - Patient Pre Survey

* Required

1. Name *

First and last name

2. Email *

3. Phone number *

4. Address *

MIDAS

Please answer the following questions about ALL of the headaches you have had over the last 3 months. Select your answer in the box next to each question. Select zero if you did not have the activity in the last 3 months.

5. 1. On how many days in the last 3 months did you miss work or school because of your headaches? *

6. 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.) *

7. 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? *

8. 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.) *

9. 5. On how many days in the last 3 months did you miss family, social or leisure activities because of your headaches? *

HDI

The purpose of the scale is to identify difficulties that you may be experiencing because of your headache. Please select the most correct response.

10. I have headaches: *

Mark only one oval.

- 1 per month
- More than 1 but less than 4 per month
- More than 1 per week

11. My headache is: *

Mark only one oval.

- Mild
- Moderate
- Severe

12. Because of my headaches I feel handicapped *

Mark only one oval.

- Yes
- Sometimes
- No

13. Because of my headaches I feel restricted in performing my routine daily activities.

*

Mark only one oval.

- Yes
- Sometimes
- No

14. No one understands the effect my headaches have on my life. *

Mark only one oval.

- Yes
- Sometimes
- No

15. I restrict my recreational activities (e.g., sports, hobbies) because of my headaches. *

Mark only one oval.

- Yes
 Sometimes
 No

16. My headaches make me angry. *

Mark only one oval.

- Yes
 Sometimes
 No

17. Sometimes I feel that I am going to lose control because of my headaches. *

Mark only one oval.

- Yes
 Sometimes
 No

18. Because of my headaches I am less likely to socialize. *

Mark only one oval.

- Yes
 Sometimes
 No

19. My spouse (significant other), or family and friends have no idea what I am going through because of my headaches. *

Mark only one oval.

- Yes
 Sometimes
 No

20. My headaches are so bad that I feel that I am going to go insane. *

Mark only one oval.

- Yes
 Sometimes
 No

21. My outlook on the world is affected by my headaches. *

Mark only one oval.

- Yes
 Sometimes
 No

22. I am afraid to go outside when I feel that a headache is starting. *

Mark only one oval.

- Yes
 Sometimes
 No

23. I feel desperate because of my headaches. *

Mark only one oval.

- Yes
 Sometimes
 No

24. I am concerned that I am paying penalties at work or at home because of my headaches. *

Mark only one oval.

- Yes
 Sometimes
 No

25. My headaches place stress on my relationships with family or friends. *

Mark only one oval.

- Yes
 Sometimes
 No

26. I avoid being around people when I have a headache. *

Mark only one oval.

- Yes
 Sometimes
 No

27. I believe my headaches are making it difficult for me to achieve my goals in life. *

Mark only one oval.

- Yes
 Sometimes
 No

28. I am unable to think clearly because of my headaches. *

Mark only one oval.

- Yes
 Sometimes
 No

29. I get tense (e.g., muscle tension) because of my headaches. *

Mark only one oval.

- Yes
 Sometimes
 No

30. I do not enjoy social gatherings because of my headaches. *

Mark only one oval.

- Yes
 Sometimes
 No

31. I feel irritable because of my headaches. *

Mark only one oval.

- Yes
- Sometimes
- No

32. I avoid traveling because of my headaches. *

Mark only one oval.

- Yes
- Sometimes
- No

33. My headaches make me feel confused. *

Mark only one oval.

- Yes
- Sometimes
- No

34. My headaches make me feel frustrated. *

Mark only one oval.

- Yes
- Sometimes
- No

35. I find it difficult to read because of my headaches. *

Mark only one oval.

Yes

Sometimes

No

36. I find it difficult to focus my attention away from my headaches and on other things. *

Mark only one oval.

Yes

Sometimes

No

37. Other Comments

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