Phase\_3\_NHF

Start of Block: Inclusion and Exclusion Criteria

ie\_1 As part of a nationwide study, Dr. Erin Buchanan, Clinvest Research, and Missouri State University are working to improve the way in which we evaluate migraine treatment and hope you can help shed some insight into the important factors patients use to evaluate their own response to treatment. This will include an estimated 30-60 minute online survey to find out more information about your migraine treatment, and what you feel are the most important components to feeling better. We are asking migraine patients from all around the county to complete the survey.  If you qualify and choose to volunteer, $50 may be provided for your time/effort. Participation in this research study is voluntary. There is no pressure to participate, and you would be allowed to exit the study at any time you wish. To get a better idea of whether you appear to fit the criteria for this study, we would need to ask a few confidential questions about your health history and your current medical condition.  This confidential information is being collected to determine your qualification for this study.  With your permission, we will store this information in our secure database and only our research staff will have access to it. Would you like to review the health history questions now?

* Yes (4)
* No (5)

Display This Question:

If As part of a nationwide study, Dr. Erin Buchanan, Clinvest Research, and Missouri State Universit... = No

exit\_1 Sorry to see you go. Please come back to this site if you change your mind.

Skip To: End of Survey If Sorry to see you go. Please come back to this site if you change your mind.() Is Displayed

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age Please indicate your current age:

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diagnosis Please indicate all headache/migraine diagnoses that you have received from a medical professional:

* Chronic Migraine with or without Aura (1)
* Episodic Migraine with or without Aura (2)
* ⊗None of the above (3)

diagnosis\_duration When were you **originally** diagnosed with migraine?

▼ Less than 2 years ago (1) ... 2 years ago or more (5)

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mg\_6\_months How many migraine attacks have you had **in the last 6 months**?

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cm\_3\_years Have you had a history of Chronic Migraine **within the last 3 years**?

* Yes (1)
* No (2)

id\_migraine **During the last 3 months**, did you have any of the following with your headaches?

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|  | Yes (1) | No (2) |
| You felt **nauseated** or sick to your stomach when you had a headache? (1) |  |  |
| **Light bothered you** (a lot more than when you don’t have headaches)? (2) |  |  |
| Your headaches **limited your ability** to work, study, or do what you needed to do for at least 1 day? (3) |  |  |

substance\_use Have you had a history of drug or alcohol abuse **within the last 2 years**?

* Yes (1)
* No (2)

psych\_cond Have you had a history of uncontrolled psychiatric conditions (e.g., schizophrenia, bipolar disorder, etc.) **within the last 2 years**?

* Yes (1)
* No (2)

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Display This Question:

If If Please indicate your current age: Text Response Is Less Than 18

Or Please indicate all headache/migraine diagnoses that you have received from a medical professional: = None of the above

Or When were you originally diagnosed with migraine? = Less than 2 years ago

Or Have you had a history of drug or alcohol abuse within the last 2 years? = Yes

Or Have you had a history of uncontrolled psychiatric conditions (e.g., schizophrenia, bipolar disor... = Yes

Or If

Please indicate all headache/migraine diagnoses that you have received from a medical professional: = Episodic Migraine with or without Aura

And How many migraine attacks have you had in the last 6 months? Text Response Is Greater Than or Equal to 2

And During the last 3 months, did you have any of the following with your headaches? [ Yes] (Count) < 2

Or If

Please indicate all headache/migraine diagnoses that you have received from a medical professional: = Chronic Migraine with or without Aura

And Have you had a history of Chronic Migraine within the last 3 years?  = No

Or If

Please indicate all headache/migraine diagnoses that you have received from a medical professional: = Episodic Migraine with or without Aura

And How many migraine attacks have you had in the last 6 months? Text Response Is Less Than 2

exit\_2 Thank you for your interest in the *Development of a Headache Meaningful Response Measure  Using a Patient Guided Approach* online questionnaire. At this time we are not accepting any further participation from individuals with your health history and/or your current medical condition.

Skip To: End of Survey If Thank you for your interest in the Development of a Headache Meaningful Response Measure  Using a...() Is Displayed

End of Block: Inclusion and Exclusion Criteria

Start of Block: Consent Form

consent **Consent to Participate in an Experimental Study  
 Title:**Development of a Headache Meaningful Response Measure Using a Patient Guided Approach  
   **Investigator**  
 Erin Buchanan, Ph.D.  
 Department of Psychology  
 411 Hill Hall  
 Missouri State University  
 417-883-7889  
   **Clinvest Research**  
 4350 S. National Avenue, Suite C100   
 Springfield, MO 65810  
 417-883-7889   
 www.clinvest.com  
    
      
 **Introduction:**  
 The Department of Psychology at Missouri State University supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You may refuse to sign this form and not participate in this study. You should be aware that even if you agree to participate, you are free to withdraw at any time. If you do withdraw from this study, it will not affect your relationship with this unit, the services it may provide to you, or Missouri State University.  
    
 **Description:**  
 The goal of this study is to develop a patient-centered approach to measuring the impact of and treatment for migraine. You will be asked questions about your migraine attacks, response to treatment, and the impact of your migraine attacks on your social and family life. These questions will be similar to those asked by your doctor or treatment clinic. This survey should take approximately 30-60 minutes. If you feel troubled answering the questions, please feel free to opt out of the study.  
    
 **Risks and Benefits:**  
 Participants may feel uncomfortable while taking this questionnaire, but otherwise risks are expected to be minimal. You may exit out of the experiment at any time and are not required to fill out all the questions.    
    
 This study is designed to improve patient outcomes for sufferers of migraine. Additionally, you will be compensated $50 for completing this study.  
    
 **Confidentiality:**  
 Only Dr. Buchanan, her research team, and the Clinvest team will have access to the data collected for this study. Any information obtained from this research will be kept strictly confidential. Research materials collected from you are used solely for research purposes and will not be identified by name, but only by a study identification number. Knowledge gained from this study may be published in a scientific journal, but your confidentiality will be respected, and no names will be used within any reports. The researchers will not share information about you unless required by law or unless you give written permission. All research records will be kept for a minimal period of five years post termination.  
    
     
 **Right to Withdraw:**  
 You do not have to take part in this study.  If you start the study and decide that you do not want to finish, please simply close the online questionnaire­.  Whether or not you choose to participate or to withdraw will not affect your standing with the Department of Psychology, the University, or the Clinvest team.   
    
 **IRB Approval:**  
 This study has been reviewed by Missouri State University’s Institutional Review Board (IRB).  The IRB has determined that this study fulfills the human research subject protections obligations required by state and federal law and University policies.  If you have any questions, concerns, or reports regarding your rights as a participant of research, please contact the Office Research Compliance at 417-836-4132.  
    
 **Consent to Participate:**  
 If you want to participate in this study, *Development of a Headache Meaningful Response Measure Using a Patient Guided Approach*, you will click “Yes, I agree” to continue. If you do not want to participate, simply exit out of the survey.

* Yes, I agree (1)

consent\_download You can download a copy of the above Informed Consent Form by clicking the following link: [Informed consent.pdf](https://missouristate.co1.qualtrics.com/CP/File.php?F=F_8ANwDcPBSKP2v3L%22%20target=%22_blank)

End of Block: Consent Form

Start of Block: Demographic Block

sex Please indicate your sex:

* Male (1)
* Female (2)
* Prefer not to answer (3)

ethnicity Please indicate your ethnicity:

* Hispanic or Latino (1)
* Not Hispanic or Latino (2)

race Please indicate your race. Select all that apply:

* American Indian or Alaska Native (1)
* Asian (2)
* Black or African American (3)
* Native Hawaiian or Other Pacific Islander (4)
* White (5)
* Other (6) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End of Block: Demographic Block

Start of Block: Headache and Migraine History

other\_diagnoses In addition to chronic and/or episodic migraine,  do you have any other migraine diagnoses?

* No (1)
* Yes (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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diagnosis\_age Please indicate your age at first or original time of diagnosis of migraine:

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ha\_days\_month In the last **month**, I have had \_\_\_\_\_ days of headache.

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mg\_days\_month \_\_\_\_\_ number of these headache days were migraine.

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red\_fun\_days\_month In the last **month**, I have had \_\_\_\_\_ days with reduced productivity or functioning.

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End of Block: Headache and Migraine History

Start of Block: Concomitant Medications

triptan Please select all the **Triptan** headache medications you are currently taking:

* Amerge (Naratriptan) (1)
* Axert (Almotriptan) (2)
* Frova (Frovatriptan) (3)
* Imitrex (Sumatriptan) (4)
* Maxalt (Rizatriptan) (5)
* Onzetra (Sumatriptan Nasal Powder) (6)
* Relpax (Electriptan) (7)
* Sumavel (Sumatriptan Needleless Injection) (8)
* Treximet (Sumatriptan/Naproxen) (9)
* Zembrace (Sumatriptan injection) (10)
* Zomig (Zolmitriptan) (11)
* ⊗None (12)

ergot Please select all the **Ergot** headache medications you are currently taking:

* Cafergot (Ergotamine Tartrate/Caffeine) (78)
* DHE 45 (Dihydroergotamine) (79)
* Ergomar (Ergotamine Tartrate Sublingual Tablets, USP) (84)
* Migranol (80)
* Migerot (Ergotamine Tartrate/Caffeine Suppository) (81)
* Migril (Ergotamine, Cylizine, and Caffeine) (82)
* ⊗None (83)

comb\_analgesic Please select all the **Combination Analgesic** (Combined With Opioids Or Barbiturates With/Without Caffeine) headache medications you are currently taking:

* Butabitol (1)
* Fioricet (2)
* Fiorinal (3)
* ⊗None (4)

nsaid Please select all the **NSAID** headache medications you are currently taking:

* Advil (Ibuprofen) (1)
* Aleve (Naproxen) (2)
* Cambia (Diclofenac Potassium) (3)
* Indocin (Indomethacin) (4)
* Tivorbex (Indomethacin) (5)
* Zorvolex (Diclofenac) (6)
* ⊗None (7)

ha\_meds\_other Please select all **Other** headache medications you are currently taking:

* Excedrin Migraine (1)
* Midrin (Isometheptene Mucate, Dichloralphenazone & Acetaminophen) (2)
* Prednisone (3)
* Tylenol (Acetaminophen) (4)
* ⊗None (5)

devices Please select all headache **Devices**you are currently using:

* Cefley (1)
* gammaCore Sapphire (2)
* Spring TMS (3)
* ⊗None (4)

Anticonvulsant Please select all **Anticonvulsant** medications you are currently taking:

* Depakote (divalproex sodium) (1)
* Neurontin (gabapentin) (2)
* Topamax (topiramate) (3)
* Trokendi XR (topiramate) (6)
* Zonegram (zonisamide) (4)
* ⊗None (5)

beta\_blocker Please select all **Beta Blocker** medications you are currently taking:

* Biocadren, Betimol (timolol) (1)
* Inderal (propranolol) (2)
* Lopressor, Toprol XL (metoprolol) (3)
* Nadolol (4)
* Tenormin (atenolol) (5)
* ⊗None (6)

ccb Please select all **Calcium Channel Blocker** medications you are currently taking:

* Cardizem (diltiazem) (1)
* Isoptin, Calan (verapamil) (2)
* Nimotop (nimodipine) (3)
* ⊗None (4)

ssri Please select all **Selective Serotonin Reuptake Inhibitor (SSRI)** medications you are currently taking:

* Paxil (paroxetine) (1)
* Prozac (fluoxetine) (2)
* Zoloft (sertraline) (3)
* ⊗None (4)

tca Please select all Tricyclic antidepressant (TCA) medications you are currently taking:

* Elavil (amitriptyline) (1)
* Imipramine (2)
* Nortriptyline Hydrochloride, (3)
* Pamelor (Nortriptyline) (4)
* Silenor (doxepin) (5)
* Vivactil (protriptyline) (6)
* ⊗None (7)

supplement Please select all **Supplement**medications you are currently taking:

* B2 (riboflavin) (16)
* Feverfew (17)
* Butterbur (18)
* Magnesium (19)
* CoQ10 (coenzyme Q10) (20)
* ⊗None (21)

cgrp\_antibody Please select all CGRP Antibody  medications you are currently taking:

* Aimovig (erenumab) (1)
* Ajovy (fremanezumab) (2)
* Emgality (galcanezumab) (4)
* ⊗None (3)

meds\_other Please select all **Other**medications you are currently taking:

* Atacand (candesartan) (1)
* Botox (onbotulinumtoxinA) (2)
* Namenda (memantine) (3)
* Prinivil, Zestril (lisinopril) (4)
* ⊗None (5)

End of Block: Concomitant Medications

Start of Block: Instruction Block 1

instructions\_1 Instructions:  
The purpose of this survey is to identify questions that would help assess your migraine treatment and improvement with your provider or for research purposes.

End of Block: Instruction Block 1

Start of Block: Question Block 1

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qb1 For each item mark your agreement with the statement from *strongly disagree* to *strongly agree* based on the **last month** of your migraine treatment and symptoms.

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|  | Strongly disagree (1) | Somewhat disagree (2) | Neither agree nor disagree (3) | Somewhat agree (4) | Strongly agree (5) |
| I have confidence that when I take medication to treat a migraine it will work. (6) |  |  |  |  |  |
| I am able to complete my daily chores. (4) |  |  |  |  |  |
| Migraine disease interferes with my life enjoyment. (5) |  |  |  |  |  |
| I often have to take sick days at work due to having a migraine. (7) |  |  |  |  |  |

End of Block: Question Block 1

Start of Block: Question Block 2

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qb2 For each item mark your agreement with the statement from *strongly disagree* to *strongly agree* based on the **last month** of your migraine treatment and symptoms.

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|  | Strongly disagree (1) | Somewhat disagree (2) | Neither agree nor disagree (3) | Somewhat agree (4) | Strongly agree (5) |
| My number of severe head pain days has decreased. (1) |  |  |  |  |  |
| Migraine does not allow me to enjoy activities as much as I would like. (2) |  |  |  |  |  |
| My head pain levels have decreased. (5) |  |  |  |  |  |
| I am having head pain less often. (6) |  |  |  |  |  |
| I have confidence that my migraine medications will work. (7) |  |  |  |  |  |

End of Block: Question Block 2

Start of Block: Question Block 3

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qb3 For each item mark your agreement with the statement from *strongly disagree* to *strongly agree* based on the **last month** of your migraine treatment and symptoms.

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|  | Strongly disagree (1) | Somewhat disagree (2) | Neither agree nor disagree (3) | Somewhat agree (4) | Strongly agree (5) |
| My migraines prevent me from scheduling activities. (1) |  |  |  |  |  |
| I use my sick days for my head pain days. (2) |  |  |  |  |  |
| I have been able to schedule events with family and friends, which means I am improving. (3) |  |  |  |  |  |
| I often find it difficult to concentrate on tasks. (4) |  |  |  |  |  |
| I am improving because my associated symptoms have decreased. (5) |  |  |  |  |  |

End of Block: Question Block 3

Start of Block: Question Block 4

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qb4 For each item mark your agreement with the statement from *strongly disagree* to *strongly agree* based on the **last month** of your migraine treatment and symptoms.

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|  | Strongly disagree (1) | Somewhat disagree (2) | Neither agree nor disagree (3) | Somewhat agree (4) | Strongly agree (5) |
| Not being able to concentrate when I have a migraine is a burden to me. (2) |  |  |  |  |  |
| The number of days where I have a very severe migraine has decreased. (3) |  |  |  |  |  |
| Overall, my head pain has decreased. (6) |  |  |  |  |  |
| During a migraine attack I find it difficult to concentrate on things that are important to me. (7) |  |  |  |  |  |
| The number of days where I have a headache have decreased. (8) |  |  |  |  |  |

End of Block: Question Block 4

Start of Block: Question Block 5

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qb5 For each item mark your agreement with the statement from *strongly disagree* to *strongly agree* based on the **last month** of your migraine treatment and symptoms.

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|  | Strongly disagree (1) | Somewhat disagree (2) | Neither agree nor disagree (3) | Somewhat agree (4) | Strongly agree (5) |
| I am able to focus on things other than my head pain. (2) |  |  |  |  |  |
| My other migraine symptoms such as light/sound sensitivity, or nausea have improved. (3) |  |  |  |  |  |
| My migraine associated symptoms are negatively impacting my life. (4) |  |  |  |  |  |
| The number of my head pain days have decreased. (5) |  |  |  |  |  |
| I am improving because I have a reduced pain level. (6) |  |  |  |  |  |

End of Block: Question Block 5

Start of Block: Question Block 6

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qb6 For each item mark your agreement with the statement from *strongly disagree* to *strongly agree* based on the **last month** of your migraine treatment and symptoms.

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|  | Strongly disagree (1) | Somewhat disagree (2) | Neither agree nor disagree (3) | Somewhat agree (4) | Strongly agree (5) |
| My migraine associated symptoms prevent me from doing my normal activities. (2) |  |  |  |  |  |
| The length of time I have head pain has improved. (3) |  |  |  |  |  |
| My migraines negatively affect my relationships. (4) |  |  |  |  |  |
| I am improving because I am able to function normally throughout the day. (5) |  |  |  |  |  |
| My migraines make me miss too much work. (6) |  |  |  |  |  |

End of Block: Question Block 6

Start of Block: Question Block 7

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qb7 For each item mark your agreement with the statement from *strongly disagree* to *strongly agree* based on the **last month** of your migraine treatment and symptoms.

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|  | Strongly disagree (1) | Somewhat disagree (2) | Neither agree nor disagree (3) | Somewhat agree (4) | Strongly agree (5) |
| My migraine medications are working well for me. (6) |  |  |  |  |  |
| I am improving because I can complete daily tasks. (3) |  |  |  |  |  |
| I have been able to complete more daily tasks because I have less head pain. (5) |  |  |  |  |  |
| I feel more satisfied because my migraine disease is being managed. (7) |  |  |  |  |  |
| I am not improving because I find it difficult to communicate with others due to my migraine symptoms. (8) |  |  |  |  |  |

End of Block: Question Block 7

Start of Block: Question Block 8

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qb8 For each item mark your agreement with the statement from *strongly disagree* to *strongly agree* based on the **last month** of your migraine treatment and symptoms.

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|  | Strongly disagree (1) | Somewhat disagree (2) | Neither agree nor disagree (3) | Somewhat agree (4) | Strongly agree (5) |
| My activity level has increased because my migraine attacks have improved. (2) |  |  |  |  |  |
| I feel like I have to miss activities due to my head pain. (3) |  |  |  |  |  |
| I know that my migraine medication will relieve my migraine symptoms. (5) |  |  |  |  |  |
| I have accomplished tasks at work and home which indicates that I am improving. (6) |  |  |  |  |  |
| I feel isolated from family. (7) |  |  |  |  |  |

End of Block: Question Block 8

Start of Block: Question Block 9

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qb9 For each item mark your agreement with the statement from *strongly disagree* to *strongly agree* based on the **last month** of your migraine treatment and symptoms.

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|  | Strongly disagree (1) | Somewhat disagree (2) | Neither agree nor disagree (3) | Somewhat agree (4) | Strongly agree (5) |
| I am not improving because the brain fog that occurs with migraine makes it difficult for me to continue about my day. (6) |  |  |  |  |  |
| I am improving because I am able to concentrate during the day. (7) |  |  |  |  |  |
| My migraine associated symptoms make it difficult for me to be productive. (1) |  |  |  |  |  |
| I worry about being able to attend important events in my daily life. (5) |  |  |  |  |  |
| My migraine attacks decrease my feelings of self-worth. (8) |  |  |  |  |  |

End of Block: Question Block 9

Start of Block: Question Block 10

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qb10 For each item mark your agreement with the statement from *strongly disagree* to *strongly agree* based on the **last month** of your migraine treatment and symptoms.

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|  | Strongly disagree (1) | Somewhat disagree (2) | Neither agree nor disagree (3) | Somewhat agree (4) | Strongly agree (5) |
| I am improving because I am able to enjoy activities. (2) |  |  |  |  |  |
| I know that my migraine medication will relieve my migraine pain. (3) |  |  |  |  |  |
| My migraine attacks make me feel like I am not a competent employee. (5) |  |  |  |  |  |
| I am having more head pain free days. (7) |  |  |  |  |  |
| I am improving because I have less pain. (6) |  |  |  |  |  |

End of Block: Question Block 10

Start of Block: Question Block 11

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qb11 For each item mark your agreement with the statement from *strongly disagree* to *strongly agree* based on the **last month** of your migraine treatment and symptoms.

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|  | Strongly disagree (1) | Somewhat disagree (2) | Neither agree nor disagree (3) | Somewhat agree (4) | Strongly agree (5) |
| I can do more because my head pain is less. (4) |  |  |  |  |  |
| There are adequate options available to me for effective migraine medications. (5) |  |  |  |  |  |
| I now have fewer migraine attacks. (8) |  |  |  |  |  |
| I feel better because my migraine associated symptoms are improving. (7) |  |  |  |  |  |
| My migraines limit my social activities. (6) |  |  |  |  |  |

End of Block: Question Block 11

Start of Block: Instruction Block 2

instructions\_2 Instructions:  
  
The purpose of this section of the survey is to identify questions that would assess associated migraine concerns that often arise that impact treatment but are not directly related to day to day functioning.

End of Block: Instruction Block 2

Start of Block: Question Block 12

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qb12 For each item mark your agreement with the statement from *strongly disagree* to *strongly agree*.

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|  | Strongly disagree (1) | Somewhat disagree (2) | Neither agree nor disagree (3) | Somewhat agree (4) | Strongly agree (5) |
| I can communicate with my migraine provider effectively. (1) |  |  |  |  |  |
| The cost of my migraine medication(s) makes it difficult for me to treat when I need to. (2) |  |  |  |  |  |
| My medical provider understands my migraine symptoms. (6) |  |  |  |  |  |
| My medical provider is knowledgeable of migraine. (7) |  |  |  |  |  |
| Insurance limits my ability to choose an effective migraine medication. (8) |  |  |  |  |  |

End of Block: Question Block 12

Start of Block: Question Block 13

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qb13 For each item mark your agreement with the statement from *strongly disagree* to *strongly agree*.

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|  |  | | | | |
|  | Strongly disagree (1) | Somewhat disagree (2) | Neither agree nor disagree (3) | Somewhat agree (4) | Strongly agree (5) |
| The cost of the medication to treat my symptoms is a burden. (1) |  |  |  |  |  |
| It is easy for me to speak to my provider about my migraine. (3) |  |  |  |  |  |
| It is easy for me to seek help from my provider (Doctor, NP, PA). (5) |  |  |  |  |  |
| Access to a migraine provider(s) is not an issue. (6) |  |  |  |  |  |
| Adequate treatment of my migraine is a financial burden to me. (7) |  |  |  |  |  |

End of Block: Question Block 13

Start of Block: Question Block 14

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qb14 For each item mark your agreement with the statement from *strongly disagree* to *strongly agree*.

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|  | Strongly disagree (1) | Somewhat disagree (2) | Neither agree nor disagree (3) | Somewhat agree (4) | Strongly agree (5) |
| It is difficult to talk with my provider about my migraine symptoms. (6) |  |  |  |  |  |
| The cost of the medication is expensive. (1) |  |  |  |  |  |
| I often delay treating a migraine with medication due to its cost. (2) |  |  |  |  |  |
| My friends understand my migraine symptoms and limitations. (5) |  |  |  |  |  |

End of Block: Question Block 14

Start of Block: Question Block 15

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qb15 For each item mark your agreement with the statement from *strongly disagree* to *strongly agree*.

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|  |  | | | | |
|  | Strongly disagree (1) | Somewhat disagree (2) | Neither agree nor disagree (3) | Somewhat agree (4) | Strongly agree (5) |
| My family understands my migraine symptoms and limitations. (7) |  |  |  |  |  |
| My doctor helps me understand the full range of migraine symptoms. (1) |  |  |  |  |  |
| I am able to explain my migraine symptoms to my family and friends. (2) |  |  |  |  |  |
| I have adequate access to a migraine specialist. (6) |  |  |  |  |  |

End of Block: Question Block 15

Start of Block: Rank Order Question Block

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rank As part of a larger study, we asked persons with migraine to explain their migraine, treatment, and barriers to effective treatment. From these answers, we found the categories below.  
  
  
In this section, please rank the categories in order from most important to you to least important to you when thinking about evaluating your treatment response.

\_\_\_\_\_\_ Associated Symptoms (1)

\_\_\_\_\_\_ Concentration/Brain Fog (2)

\_\_\_\_\_\_ Doctor/Provider (3)

\_\_\_\_\_\_ Education of Self/Family/Doctor (4)

\_\_\_\_\_\_ Financial/Cost (5)

\_\_\_\_\_\_ Frequency of Attack/Pain (6)

\_\_\_\_\_\_ Insurance (7)

\_\_\_\_\_\_ Medication (8)

\_\_\_\_\_\_ Normal Functioning/Daily Activities (9)

\_\_\_\_\_\_ Pain (10)

\_\_\_\_\_\_ Productivity at Work/Home (11)

\_\_\_\_\_\_ Self-Worth/Emotion (12)

\_\_\_\_\_\_ Social Connection/Family/Friends (13)

End of Block: Rank Order Question Block

Start of Block: Feedback Block

feedback We greatly value your feedback on this questionnaire. Would you please take a few moments to list any important migraine factors we may have missed in the questionnaire, or any other feedback that you feel might be important in assessing migraine?

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End of Block: Feedback Block

Start of Block: HIT-6

Q60 **Headache Impact Test**  
   
 HIT INSTRUCTIONS

Q62 1. HIT6\_1

* A) Never (1)
* B) Rarely (2)
* C) Sometimes (3)
* D) Very Often (4)
* E) Always (5)

Q64 2. HIT6\_2

* A) Never (1)
* B) Rarely (2)
* C) Sometimes (3)
* D) Very Often (4)
* E) Always (5)

Q66 3. HIT6\_3

* A) Never (1)
* B) Rarely (2)
* C) Sometimes (3)
* D) Very Often (4)
* E) Always (5)

Q68 4. I HIT6\_4

* A) Never (1)
* B) Rarely (2)
* C) Sometimes (3)
* D) Very Often (4)
* E) Always (5)

Q70 5. HIT6\_5

* A) Never (1)
* B) Rarely (2)
* C) Sometimes (3)
* D) Very Often (4)
* E) Always (5)

Q72 6. HIT6\_6

* A) Never (1)
* B) Rarely (2)
* C) Sometimes (3)
* D) Very Often (4)
* E) Always (5)

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Q74 **Bonus Questions**  
   
BONUS ONE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Q76 BONUS TWO

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Q78 **About HIT**  
   
HIT FURTHER INFORMATION

End of Block: HIT-6

Start of Block: PPMQ-R

Q82 Q1: PPMQ INSTRUCTIONS  
    
*Please circle only* ***one*** *response on each line.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very Satisfied  1 (1) | Satisfied  2 (2) | Somewhat Satisfied  3 (3) | Neither Satisfied Nor Dissatisfied  4 (4) | Somewhat Dissatisfied  5 (5) | Dissatisfied  6 (6) | Very Dissatisfied  7 (7) |
| a. PPMQ (1) |  |  |  |  |  |  |  |
| b. PPMQ (2) |  |  |  |  |  |  |  |
| c. PPMQ (3) |  |  |  |  |  |  |  |
| d. PPMQ (4) |  |  |  |  |  |  |  |
| e. PPMQ (5) |  |  |  |  |  |  |  |
| f. PPMQ (6) |  |  |  |  |  |  |  |
| g. PPMQ (7) |  |  |  |  |  |  |  |
| h. PPMQ (8) |  |  |  |  |  |  |  |
| i. PPMQ (9) |  |  |  |  |  |  |  |
| j. PPMQ (10) |  |  |  |  |  |  |  |
| k. PPMQ (11) |  |  |  |  |  |  |  |
| l. PPMQ (12) |  |  |  |  |  |  |  |
| m. PPMQ (13) |  |  |  |  |  |  |  |
| n. PPMQ (14) |  |  |  |  |  |  |  |
| o. PPMQ (15) |  |  |  |  |  |  |  |
| p. PPMQ (16) |  |  |  |  |  |  |  |
| q. PPMQ (17) |  |  |  |  |  |  |  |
| r. PPMQ (18) |  |  |  |  |  |  |  |
| s. PPMQ (19) |  |  |  |  |  |  |  |

Q84 Q2: PPMQ INSTRUCTIONS

*Please circle only* ***one*** *response on each line.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Not At All  1 (1) | Slightly  2 (2) | Moderately  3 (3) | Quite A Bit  4 (4) | Extremely  5 (5) |
| a. PPMQ (1) |  |  |  |  |  |
| b. PPMQ (2) |  |  |  |  |  |
| c. PPMQ (3) |  |  |  |  |  |
| d. PPMQ (4) |  |  |  |  |  |
| e. PPMQ (5) |  |  |  |  |  |
| f. PPMQ (6) |  |  |  |  |  |
| g. PPMQ (7) |  |  |  |  |  |
| h. PPMQ (8) |  |  |  |  |  |
| i. PPMQ (9) |  |  |  |  |  |
| j. PPMQ (10) |  |  |  |  |  |

Q86 Q3: PPMQ INSTRUCTIONS

*Please circle only* ***one*** *response on each line.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Very Satisfied  1 (1) | Satisfied  2 (2) | Somewhat Satisfied  3 (3) | Neither Satisfied Nor Dissatisfied  4 (4) | Somewhat Dissatisfied  5 (5) | Dissatisfied  6 (6) | Very Dissatisfied  7 (7) |
| a. PPMQ (8) |  |  |  |  |  |  |  |
| b. PPMQ (9) |  |  |  |  |  |  |  |
| c. PPMQ (10) |  |  |  |  |  |  |  |

End of Block: PPMQ-R

Start of Block: eGift Card Block

egift\_choice Thank you for your participation in the study.  
  
  
To compensate you for your participation in the study, we would like to email you a $50.00 eGift card redeemable at your favorite store.   
  
  
  
Please select your preference for your eGift Card from the options below:

▼ Amazon (138) ... Target (143)

name Please enter your first and last name.

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email Please enter the email address you would like your $50.00 ${egift\_choice/ChoiceGroup/SelectedChoices} eGift Card to be sent.

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| Page Break |  |

gift\_text Thank you for your participation! Your $50.00 eGift card to ${egift\_choice/ChoiceGroup/SelectedChoices} will be emailed to your email address: ${email/ChoiceTextEntryValue}. Please allow up to 7 business days for proccessing.

End of Block: eGift Card Block