



## Site Evaluation Survey

Project Indication: Chronic Migraines

Study Site/Institution Name: _____	
Principal Investigator Name: _____	
Site Contact Person: _____	
Medical Office / Practice Address: _____	Study Site Address: _____
_____	<input type="checkbox"/> (check if same as Medical Office / Practice Address)
_____	_____
_____	_____

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

1. Principal Investigator area of Medical Experience (please check all that apply).

- |  |   |
|--|---|
| <input type="checkbox"/> Neurology       | <input type="checkbox"/> Internal Medicine                |
| <input type="checkbox"/> Pain Management | <input type="checkbox"/> Family Practice/General Practice |
| <input type="checkbox"/> OB/GYN          | <input type="checkbox"/> Other (specify): _____           |

2. How would you best describe your facility (please check all that apply)?

- |  |  |
|--|--|
| <input type="checkbox"/> Private Practice    | <input type="checkbox"/> Dedicated Research Facility         |
| <input type="checkbox"/> Community Hospital  | <input type="checkbox"/> Specialty Hospital (specify): _____ |
| <input type="checkbox"/> University Hospital | <input type="checkbox"/> Other (specify): _____              |

3. Approximately how many patients with chronic migraine headaches are seen in your office in 1 month?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> None           | <input type="checkbox"/> 16-20 patients | <input type="checkbox"/> 51-60 patients        |
| <input type="checkbox"/> 1-2 patients   | <input type="checkbox"/> 21-25 patients | <input type="checkbox"/> 61-70 patients        |
| <input type="checkbox"/> 3-5 patients   | <input type="checkbox"/> 26-30 patients | <input type="checkbox"/> 71-80 patients        |
| <input type="checkbox"/> 6-10 patients  | <input type="checkbox"/> 31-40 patients | <input type="checkbox"/> 81-99 patients        |
| <input type="checkbox"/> 11-15 patients | <input type="checkbox"/> 41-50 patients | <input type="checkbox"/> 100+ (specify): _____ |

4. What is the total size of your chronic migraine headache population?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> None           | <input type="checkbox"/> 16-20 patients | <input type="checkbox"/> 51-60 patients        |
| <input type="checkbox"/> 1-2 patients   | <input type="checkbox"/> 21-25 patients | <input type="checkbox"/> 61-70 patients        |
| <input type="checkbox"/> 3-5 patients   | <input type="checkbox"/> 26-30 patients | <input type="checkbox"/> 71-80 patients        |
| <input type="checkbox"/> 6-10 patients  | <input type="checkbox"/> 31-40 patients | <input type="checkbox"/> 81-99 patients        |
| <input type="checkbox"/> 11-15 patients | <input type="checkbox"/> 41-50 patients | <input type="checkbox"/> 100+ (specify): _____ |

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5. Do you currently prescribe injectable medications for the prevention of chronic migraine headaches?  
☐ Yes ☐ No
6. In a 12 month period, what percentage of your total population do you estimate are treatment naïve and starting therapy for chronic migraine headache prevention for the first time?  
☐ None ☐ 16-25% ☐ 76-99%  
☐ 1-5% ☐ 26-40% ☐ 100%  
☐ 6-9% ☐ 41-55%  
☐ 10-15% ☐ 56-75%
7. In a 12 month period, what percentage of your total population do you estimate typically require a change in therapy for chronic migraine headache prevention?  
☐ None ☐ 16-25% ☐ 76-99%  
☐ 1-5% ☐ 26-40% ☐ 100%  
☐ 6-9% ☐ 41-55%  
☐ 10-15% ☐ 56-75%
8. What is the **total** number of subjects that you estimate you could enroll in this study in one year?  
☐ None ☐ 10-15 patients ☐ 31-40 patients  
☐ 1-3 patients ☐ 16-20 patients ☐ 41-50 patients  
☐ 4-6 patients ☐ 21-30 patients ☐ 50+ (specify): \_\_\_\_\_  
☐ 7-9 patients
9. Approximately how often are your chronic migraine headache patients seen in your office for follow-up visits when initiating a new therapy until the patient is stabilized?  
☐ Weekly ☐ Bi-Monthly  
☐ Bi-Weekly ☐ Every 3 Months  
☐ Monthly ☐ Other (specify): \_\_\_\_\_
10. Approximately how often are your chronic migraine headache patients seen in your office for follow-up visits once a patient has stabilized on their new therapy?  
☐ Weekly ☐ Bi-Monthly  
☐ Bi-Weekly ☐ Every 3 Months  
☐ Monthly ☐ Other (specify): \_\_\_\_\_
11. Based on the information provided, do you see any potential barriers that may affect patient recruitment for this program?  
☐ Yes ☐ No ☐ If yes, please specify: \_\_\_\_\_
12. Please indicate which of the following assessments you use in your practice for evaluating patients with chronic migraine headaches (please check all that apply):  
☐ MIDAS ☐ HCRU and Employment Status ☐ PAQ-8

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- |                                 |   |   |
|---------------------------------|---|---|
| <input type="checkbox"/> MSQ    | <input type="checkbox"/> Non-migraine chronic pain assessment | <input type="checkbox"/> GAD-7                  |
| <input type="checkbox"/> PSMQ-M | <input type="checkbox"/> WPAI                                 | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> PGI-S  | <input type="checkbox"/> SQAAG                                |   |
| <input type="checkbox"/> PGI-I  | <input type="checkbox"/> Sleep/Fatigue                        |   |

13. Have you participated in a research program that used electronic data capture system (EDC)?  
(i.e., data collection using the internet)  
☐ Yes ☐ No
14. Have you participated in a research program that utilizes electronic patient reported outcomes (ePROS)?  
☐ Yes ☐ No
15. Have you participated in a research program that utilizes electronic informed consent (eICF)?  
☐ Yes ☐ No
16. Do you have the capabilities to perform ECG at your facility?  
☐ Yes ☐ No
17. Please classify your patient population (please check all that apply):  
☐ Urban ☐ Suburban  
☐ Rural ☐ Other (specify): \_\_\_\_\_
18. Do you use Electronic or Paper Medical Records at your facility?  
☐ Electronic ☐ Paper ☐ Both  
a.) If EMR/EHR, please indicate which vendor(s) you use?  
☐ Allscripts ☐ Dr. First ☐ Unknown  
☐ GE Healthcare ☐ Humedica ☐ Other (specify): \_\_\_\_\_  
☐ Epic ☐ NextGen Healthcare
19. Do you assign specific staff to support the administrative conduct of studies (e.g., study coordinator, research fellow)? ☐ Yes ☐ No
20. Are you able to use a Central Institutional Review Board (IRB)/Ethics Committee (EC) designated by the sponsor? ☐ Yes ☐ No

Thank you for completing this Site Evaluation Survey.

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