APPENDIX 1
HEADACHE QUESTIONNAIRE

1. At which age did your headache first begin?
2. What was the initial frequency of your headaches?
3. Is this frequency increasing, decreasing, or staying the same?
4. Do you experience more than one type of headache?
5. Do you have any triggers:
   a. Food  d. In relation to menstrual cycle
   b. Stress  e. Activities
   c. Environmental (i.e. weather, heat, odors) f. Others
6. Have you found an effective treatment?
7. If the answer to #6 was yes, what is that treatment?
8. Have you tried any non medical treatment for your migraine?
   a. Herbal medicine  d. Yoga/meditation
   b. Breathing techniques  e. Stress management techniques
   c. Exercise  f. Other
9. Have you had any diagnostic testing thus far?
   a. X-rays  d. EEG
   b. CT brain  e. Laboratory tests
   c. MRI brain  f. Other
10. Have you gone more than 3 months at a time without any headache?
11. Is there any relationship between work activities and your headaches (e.g. sitting, manual labor, etc)?
12. If the answer to #11 was yes, what is the relationship?
13. Do you have a good sleep cycle?
14. If the answer to #12 is no, do you have trouble:
   a. Falling sleep  c. Awakening too early
   b. Maintaining sleep
15. Have you ever had a problem with habit-forming medications?
16. How long was the longest headache you have experienced?
17. How short was the shortest headache you have experienced?
18. Does any one in your family suffer from migraine?
19. Is your headache related to sleep pattern?
20. If the answer to #19 was yes, what is the relationship?
21. How many headaches do you usually have during a month?
22. Rate the intensity of your migraine headaches:
   0-no headache
   1-only aware of headache when attention is drawn to it
   2-mild headache could be ignored at times
   3-headache is painful but continues doing job
   4-very severe headache difficult to concentrate can do undemanding job
   5-intense / incapacitating headache.