



## Continuous Headache - Parent Questionnaire - Chronic Migraine

Please complete the survey below.

Thank you!

We are asking you to take part in a research study being done by Dr. Amy Gelfand and her study team at the Pediatric Brain Center at the University of California, San Francisco. Being in this study is optional.

Yes

No

[reset](#)

In this study, the researchers are conducting a survey to help us learn more about "treatment outcome measures" used in headache research. "Outcome measures" are used by researchers to determine whether a headache treatment works. We are interested in learning which "outcome measures" are most important to teens like your child who have continuous daily headaches.

If you choose to participate, you will complete a survey. The survey will ask you questions about your child's headaches as well as which aspects of your child's headache are most important to focus on improving with treatment and which "outcome measures" are most useful. Your contribution will help doctors and scientists understand the best way to measure the impact of headache treatment on continuous headaches. This will help to improve the design of future studies for headache treatment. We will do our best to protect the information we collect from you. The survey itself will not include details that directly identify you, such as your name or address; please do not put this information on your survey. The completed surveys will be kept secure and separate from information that identifies you. Only a small number of researchers will have direct access to completed surveys. If this study is published or presented at scientific meetings, names and other information that might identify you will not be used. The survey will take about 10-15 min to complete. You can skip questions that you do not want to answer or stop the survey at any time. You will not be paid for completing the survey.

Questions? Please contact Dr. Gelfand at 415-860-2202. If you have questions or concerns about your rights as a research participant, you can call the UCSF Institutional Review Board at 415-476-1814.

If you want to participate in this study, click "Yes" to begin.

\* must provide value

Please answer the following questions to help us understand more about you, your child and your child's headaches.

How old are you? (years)

<b>How old is your child? (years)</b>	<input type="text"/>
<b>What is your relationship to your child?</b>	<input type="radio"/> Mother <input type="radio"/> Father <a href="#">reset</a>
<b>What sex was your child assigned at birth?</b>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <a href="#">reset</a>
<b>What gender does your child identify as?</b>	<input type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other <a href="#">reset</a>
<b>What race do you identify as? (Check all that apply)</b>	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> More than one race <input type="checkbox"/> Unknown/Decline to state
<b>What race does your child identify as? (Check all that apply)</b>	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> More than one race <input type="checkbox"/> Unknown/Decline to state
<b>What ethnicity do you identify as?</b>	<input type="radio"/> Hispanic or Latino <input type="radio"/> Non-Hispanic or Latino <input type="radio"/> Unknown/Decline to state <a href="#">reset</a>
<b>What ethnicity does your child identify as?</b>	<input type="radio"/> Hispanic or Latino <input type="radio"/> Non-Hispanic or Latino <input type="radio"/> Unknown/Decline to state <a href="#">reset</a>
<b>For how many MONTHS has your child had a headache every day WITHOUT BREAKS? (Please answer in MONTHS)</b>	<input type="text"/>

<p>A "baseline headache" is the headache your child has all of the time.</p> <p>What is the <b>AVERAGE</b> intensity of your child's baseline headache on a scale of 0 (no pain) to 10 (most pain possible)?</p>	<input type="text"/>
<p>A "baseline headache" is the headache your child has all of the time.</p> <p>What is the <b>HIGHEST</b> intensity of your child's baseline headache on a scale of 0 (no pain) to 10 (most pain possible)?</p>	<input type="text"/>
<p>A "baseline headache" is the headache your child has all of the time.</p> <p>What is the <b>LOWEST</b> intensity of your child's baseline headache on a scale of 0 (no pain) to 10 (most pain possible)?</p>	<input type="text"/>
<p>Many people who have continuous headache experience days or times when they have more severe headache or "spikes".</p> <p>In addition to your child's background headache, does your child experience more severe headaches or "spikes"?</p>	<p><input type="radio"/> NO, My child's headache intensity is always the same</p> <p><input type="radio"/> YES, There are times when my child's headache intensity is higher</p> <p style="text-align: right;"><a href="#">reset</a></p>
<p>Approximately how many times has your child had "spikes" in headache or severe headache <b>OVER THE LAST MONTH?</b></p>	<p><input type="radio"/> Fewer than 1 per month</p> <p><input type="radio"/> 1 per month</p> <p><input type="radio"/> 2-3 per month</p> <p><input type="radio"/> 1 per week</p> <p><input type="radio"/> 2-3 per week</p> <p><input type="radio"/> 4-6 per week</p> <p><input type="radio"/> Daily</p> <p><input type="radio"/> More than 1 per day</p> <p style="text-align: right;"><a href="#">reset</a></p>
<p>On average, do your child's "spikes" in headache or severe headaches last at least one hour?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p style="text-align: right;"><a href="#">reset</a></p>
<p>How many <b>DAYS</b> in the past <b>MONTH</b> has your child had a headache that he/she would rate as <b>SEVERE</b>?</p>	<input type="text"/>
<p>Acute medication use means taking a medication to treat a more intense headache.</p> <p>How many <b>DAYS</b> per <b>WEEK</b>, on average, does your child take <b>ACUTE</b> medication for headache <b>OVER THE PAST MONTH?</b></p> <p>Please include the days your child takes over-the-counter <b>AND/OR</b> prescription medications for headache.</p>	<input type="text"/>

<p><b>A preventive medication is a medication that your child takes every day to decrease frequency of headaches.</b></p> <p><b>How many preventive medications has your child tried for at least 6 weeks?</b></p> <p><b>Please enter a number in the box. Enter 0 if your child has not tried any.</b></p>	<input type="text"/>	
<p><b>A preventive medication is a medication that your child takes every day to decrease frequency of headaches.</b></p> <p><b>How many preventive medications has your child had to stop taking after less than 6 weeks due to side effects?</b></p> <p><b>Please enter a number in the box. Enter 0 if your child has not tried any.</b></p>	<input type="text"/>	
<p><b>Has your child ever had a nerve block for treatment of headaches?</b></p>	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">reset</a>
<p><b>Has your child ever had Botox for treatment of headaches?</b></p>	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">reset</a>
<p><b>Has your child ever been admitted to the hospital for treatment of headaches?</b></p>	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">reset</a>
<p><b>What percent of the headache preventive treatments that your child has tried have been at least somewhat helpful?</b></p> <p><b>Please enter a number between 0 and 100.</b></p>	<input type="text"/>	
<p><b>How many full days of school has your child missed in the past MONTH due to headache?</b></p>	<input type="text"/>	
<p><b>A partial day of school means that your child went to some, but not all of the school day.</b></p> <p><b>How many partial days of school has your child missed in the past MONTH due to headache?</b></p>	<input type="text"/>	
<p><b>How many days in the past MONTH was your child not able to participate in other activities (play, go out, sports, etc.) due to headache?</b></p>	<input type="text"/>	
<p><b>Do you have a history of headaches yourself?</b></p>	<input type="radio"/> Yes <input type="radio"/> No	<a href="#">reset</a>

**PLEASE READ: Information About Treatment Outcomes**

In research studies, a "treatment outcome" is a way of measuring whether or not a treatment works. For example, in a study of whether "treatment" with water helps plants grow, the "treatment outcome" might be the number of inches the plant grew from the beginning of the study to the end of the study OR how many new leaves the plant grew.

The goal of this study is to determine the best headache treatment outcomes for teens like your child who have headache every day.

Please answer the following questions to help us understand which aspects of your child's headaches are most important to YOU to help measure improvement from treatment.

**Headache "FREQUENCY" means how often your child gets headaches.**

**Which of these would be the BETTER way to measure how headache treatment affects your child's headache FREQUENCY?**

**Please rank your TOP choice.** [reset](#)

Decrease in frequency of background headache (in other words, decrease in total number of days of headache per month)

Decrease in frequency of severe headaches or headache spikes

**Headache "SEVERITY" means how bad or how intense your child's headaches get.**

**Which of these would be the BETTER way to measure how headache treatment affects your child's headache SEVERITY?**

**Please rank your TOP choice.** [reset](#)

Decrease in severity of background headache

Decrease in severity of headache during severe headache days or "spikes"

These are some of the ways that researchers measure your child's level of "functioning", or ability to participate in day-to-day activities.

Which of these would be the BEST way to measure how headache treatment affects your child's FUNCTIONING?

Please rank your TOP THREE choices.

(One selection allowed per column)	1st choice	2nd choice	3rd choice	
Decrease in number of missed school days due to headache	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
Decrease in how much headaches get in the way of your child's relationships with friends or family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
Decrease in how much headaches get in the way of falling asleep and/or staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
Decrease in how much headaches get in the way of physical activities (activities that require moving around)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
Decrease in how much headaches get in the way of mental activities (activities that require thinking, concentrating)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
Decrease in how much headaches effect your child's emotions (mood, stress)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>

**For some people, the symptoms that go along with headache are just as bothersome or even more bothersome than the headache pain itself.**

**Which of these would be the BEST way to measure how headache treatment affects the other symptoms your child experiences during headaches?**

**Please rank your TOP THREE choices.**

(One selection allowed per column)	1st choice	2nd choice	3rd choice	
<b>Decrease in nausea and/or vomiting</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Decrease in light sensitivity</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Decrease in noise sensitivity</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Decrease in dizziness/vertigo (the room or self spinning/moving) and/or light-headedness (feeling faint)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Decrease in difficulty with concentration and/or "brain fog"</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Decrease in difficulty with sleep</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Decrease in change in vision such as blurry vision</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>

**Acute medication use means how often your child has to take a medication to treat a more intense headache.**

**Which of these is the BETTER way to measure whether headache treatment improves the way your child uses acute medications?**

- Decrease in how often your child needs to take acute medication
- Improvement in how well your child's acute medications work when he/she needs to use them

[reset](#)

**When headaches are more troublesome, people sometimes need extra help from their doctors or the medical team.**

**Which of these is the BETTER way to measure how a treatment affects how often your child needs help from the medical team?**

- Decrease in how often your child needs to go to the emergency room for help because your headache is so severe
- Decrease in how often you or your child need to call the clinic, nurses or advice line for help because your child's headache is so severe

[reset](#)

**Overall, which category of headache impact is the BEST way to measure how treatment affects your headache?**

**Please rank your TOP THREE choices.**

(One selection allowed per column)	1st choice	2nd choice	3rd choice	
<b>Number of headache days (frequency)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>How bad headaches get (severity)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>The impact of headache on your child's life and ability to do things he/she enjoys (functional impact)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Other symptoms that happen with headaches, like light or noise sensitivity, nausea, difficulty with concentration (associated symptoms)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>

Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<a href="#">reset</a>
<p>If there is an "Other" most important category of headache impact, what is it?</p> <input style="width: 150px; height: 20px;" type="text"/>						
<p><b>Overall, which of these aspects of your headache would be the BEST way to measure how treatment affects your child's headache?</b></p> <p><b>Please rank your TOP FIVE choices.</b></p> <p>(One selection allowed per column)</p>						
	<b>1st choice</b>	<b>2nd choice</b>	<b>3rd choice</b>	<b>4th choice</b>	<b>5th choice</b>	
Decrease in frequency of baseline headache	<input type="radio"/>	<a href="#">reset</a>				
Decrease in frequency of severe headaches or headache "spikes"	<input type="radio"/>	<a href="#">reset</a>				
Decrease in severity of baseline headache	<input type="radio"/>	<a href="#">reset</a>				
Decrease in severity of severe headache (or headache "spike")	<input type="radio"/>	<a href="#">reset</a>				
Decrease in how much school your child misses (due to headache)	<input type="radio"/>	<a href="#">reset</a>				
Decrease in how much headaches get in the way of your child's relationships with friends or family	<input type="radio"/>	<a href="#">reset</a>				
Decrease in how much headaches get in the way of physical activities (activities that require moving around)	<input type="radio"/>	<a href="#">reset</a>				
Decrease in how much headaches get in the way of mental activities (activities that require thinking, concentrating)	<input type="radio"/>	<a href="#">reset</a>				
Decrease in how much headaches effect your child's emotions (mood, stress)	<input type="radio"/>	<a href="#">reset</a>				
Decrease in nausea and/or vomiting	<input type="radio"/>	<a href="#">reset</a>				
Decrease in light sensitivity	<input type="radio"/>	<a href="#">reset</a>				
Decrease in noise sensitivity	<input type="radio"/>	<a href="#">reset</a>				
Decrease in dizziness/vertigo (room or self spinning/moving) and/or light-headedness (feeling faint)	<input type="radio"/>	<a href="#">reset</a>				
Decrease in difficulty with concentration and/or "brain fog"	<input type="radio"/>	<a href="#">reset</a>				
Decrease in difficulty with sleep	<input type="radio"/>	<a href="#">reset</a>				
Decrease in change in vision such as blurry vision	<input type="radio"/>	<a href="#">reset</a>				





## Continuous Headache - Teen Questionnaire - Chronic Migraine

Please complete the survey below.

Thank you!

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Yes

No

[reset](#)

In this study, the researchers are conducting a survey to help us learn more about "treatment outcome measures" used in headache research. "Outcome measures" are used by researchers to determine whether a headache treatment works. We are interested in learning which "outcome measures" are most important to teens like you who have continuous daily headaches.

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We will do our best to protect the information we collect from you. The survey itself will not include details that directly identify you, such as your name or address; please do not put this information on your survey. The completed surveys will be kept secure and separate from information that identifies you. Only a small number of researchers will have direct access to completed surveys. If this study is published or presented at scientific meetings, names and other information that might identify you will not be used. The survey will take about 10-15 min to complete. You can skip questions that you do not want to answer or stop the survey at any time. You will not be paid for completing the survey.

Questions? Please contact Dr. Gelfand at 415-860-2202. If you have questions or concerns about your rights as a research participant, you can call the UCSF Institutional Review Board at 415-476-1814.

If you want to participate in this study, click "Yes" to begin.

\* must provide value

Please answer the following questions to help us understand more about you and your headaches.

How old are you? (years)

<p><b>What sex were you assigned at birth?</b></p>	<p> <input type="radio"/> Female  <input type="radio"/> Male  <input type="radio"/> Other </p> <p style="text-align: right;"><a href="#">reset</a></p>
<p><b>What gender do you identify as?</b></p>	<p> <input type="radio"/> Female  <input type="radio"/> Male  <input type="radio"/> Other </p> <p style="text-align: right;"><a href="#">reset</a></p>
<p><b>What race do you identify as? (Check all that apply)</b></p>	<p> <input type="checkbox"/> American Indian/Alaska Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Native Hawaiian or Other Pacific Islander  <input type="checkbox"/> Black or African American  <input type="checkbox"/> White  <input type="checkbox"/> More than one race  <input type="checkbox"/> Unknown/Decline to state </p>
<p><b>What ethnicity do you identify as?</b></p>	<p> <input type="radio"/> Hispanic or Latino  <input type="radio"/> Non-Hispanic or Latino  <input type="radio"/> Unknown/Decline to state </p> <p style="text-align: right;"><a href="#">reset</a></p>
<p><b>For how many MONTHS have you had a headache every day WITHOUT BREAKS? (Please answer in MONTHS)</b></p>	<input type="text"/>
<p><b>A "baseline headache" is the headache you have all of the time.</b></p> <p><b>What is the AVERAGE intensity of your baseline headache on a scale of 0 (no pain) to 10 (most pain possible)?</b></p>	<input type="text"/>
<p><b>A "baseline headache" is the headache you have all of the time.</b></p> <p><b>What is the HIGHEST intensity of your baseline headache on a scale of 0 (no pain) to 10 (most pain possible)?</b></p>	<input type="text"/>
<p><b>A "baseline headache" is the headache you have all of the time.</b></p> <p><b>What is the LOWEST intensity of your baseline headache on a scale of 0 (no pain) to 10 (most pain possible)?</b></p>	<input type="text"/>
<p><b>Many people who have continuous headache experience days or times when they have more severe headache or "spikes".</b></p> <p><b>In addition to your background headache, do you experience more severe times or "spikes"?</b></p>	<p> <input type="radio"/> NO, My headache intensity is always the same  <input type="radio"/> YES, There are times when my headache intensity is higher </p> <p style="text-align: right;"><a href="#">reset</a></p>

<p><b>Approximately how many times have you had "spikes" in headache or severe headache OVER THE LAST MONTH?</b></p>	<p> <input type="radio"/> Fewer than 1 per month  <input type="radio"/> 1 per month  <input type="radio"/> 2-3 per month  <input type="radio"/> 1 per week  <input type="radio"/> 2-3 per week  <input type="radio"/> 4-6 per week  <input type="radio"/> Daily  <input type="radio"/> More than 1 per day </p> <p style="text-align: right;"><a href="#">reset</a></p>
<p><b>On average, do your "spikes" in headache or severe headaches last at least one hour?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No </p> <p style="text-align: right;"><a href="#">reset</a></p>
<p><b>How many DAYS in the past MONTH have you had a headache that you would rate as SEVERE?</b></p>	<input type="text"/>
<p><b>Acute medication use means taking a medication to treat a more intense headache.</b></p> <p><b>How many DAYS per WEEK, on average, do you take ACUTE medication for your headache OVER THE PAST MONTH?</b></p> <p><b>Please include the days you take over-the-counter AND/OR prescription medications for headache.</b></p>	<input type="text"/>
<p><b>A preventive medication is a medication that you take every day to decrease frequency of headaches.</b></p> <p><b>How many preventive medications have you tried for at least 6 weeks?</b></p> <p><b>Please enter a number in the box. Enter 0 if you have not tried any.</b></p>	<input type="text"/>
<p><b>A preventive medication is a medication that you take every day to decrease frequency of headaches.</b></p> <p><b>How many preventive medications have you had to stop taking after less than 6 weeks due to side effects?</b></p> <p><b>Please enter a number in the box. Enter 0 if you have not tried any.</b></p>	<input type="text"/>
<p><b>Have you ever had a nerve block for treatment of headaches?</b></p>	<p> <input type="radio"/> Yes   <input type="radio"/> No </p> <p style="text-align: right;"><a href="#">reset</a></p>
<p><b>Have you ever had Botox for treatment of headaches?</b></p>	<p> <input type="radio"/> Yes   <input type="radio"/> No </p> <p style="text-align: right;"><a href="#">reset</a></p>
<p><b>Have you ever been admitted to the hospital for treatment of headaches?</b></p>	<p> <input type="radio"/> Yes   <input type="radio"/> No </p> <p style="text-align: right;"><a href="#">reset</a></p>

**What percent of the headache preventive treatments that you have tried have been at least somewhat helpful?**

Please enter a number between 0 and 100.

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**How many full days of school have you missed in the past MONTH due to headache?**

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**A partial day of school means that you went to some, but not all of the school day.**

**How many partial days of school have you missed in the past MONTH due to headache?**

---

**How many days in the past MONTH were you not able to participate in other activities (play, go out, sports, etc.) due to headache?**

---

**PLEASE READ: Information About Treatment Outcomes**

In research studies, a "treatment outcome" is a way of measuring whether or not a treatment works. For example, in a study of whether "treatment" with water helps plants grow, the "treatment outcome" might be the number of inches the plant grew from the beginning of the study to the end of the study OR how many new leaves the plant grew.

The goal of this study is to determine the best headache treatment outcomes for teens like you who have headache every day.

Please answer the following questions to help us understand which aspects of your headaches are most important to YOU to help measure improvement from treatment.

**Headache "FREQUENCY" means how often you get headaches.**

**Which of these would be the BETTER way to measure how headache treatment affects your headache FREQUENCY?**

Please rank your TOP choice. [reset](#)

- Decrease in frequency of background headache (in other words, decrease in total number of days of headache per month)
- Decrease in frequency of severe headaches or headache spikes

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**Headache "SEVERITY" means how bad or how intense your headaches get.**

**Which of these would be the BETTER way to measure how headache treatment affects your headache SEVERITY?**

Please rank your TOP choice. [reset](#)

- Decrease in severity of background headache
- Decrease in severity of headache during severe headache days or "spikes"

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**These are some of the ways that researchers measure your level of "functioning", or ability to participate in your day-to-day activities.**

**Which of these would be the BEST way to measure how headache treatment affects FUNCTIONING?**

Please rank your TOP THREE choices.

(One selection allowed per column)

	1st choice	2nd choice	3rd choice
<b>Decrease in number of missed school days due to headache</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[reset](#)

Decrease in how much headaches get in the way of your relationships with friends or family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>																																								
Decrease in how much headaches get in the way of falling asleep and/or staying asleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>																																								
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<p><b>For some people, the symptoms that go along with headache are just as bothersome or even more bothersome than the headache pain itself.</b></p> <p><b>Which of these would be the BEST way to measure how headache treatment affects the other symptoms you experience during headaches?</b></p> <p><b>Please rank your TOP THREE choices.</b></p> <p>(One selection allowed per column)</p> <table border="1"> <thead> <tr> <th></th> <th>1st choice</th> <th>2nd choice</th> <th>3rd choice</th> <th></th> </tr> </thead> <tbody> <tr> <td>Decrease in nausea and/or vomiting</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><a href="#">reset</a></td> </tr> <tr> <td>Decrease in light sensitivity</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><a href="#">reset</a></td> </tr> <tr> <td>Decrease in noise sensitivity</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><a href="#">reset</a></td> </tr> <tr> <td>Decrease in dizziness/vertigo (the room or yourself spinning/moving) and/or light-headedness (feeling faint)</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><a href="#">reset</a></td> </tr> <tr> <td>Decrease in difficulty with concentration and/or "brain fog"</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><a href="#">reset</a></td> </tr> <tr> <td>Decrease in difficulty with sleep</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><a href="#">reset</a></td> </tr> <tr> <td>Decrease in change in vision such as blurry vision</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><a href="#">reset</a></td> </tr> </tbody> </table>						1st choice	2nd choice	3rd choice		Decrease in nausea and/or vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	Decrease in light sensitivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	Decrease in noise sensitivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	Decrease in dizziness/vertigo (the room or yourself spinning/moving) and/or light-headedness (feeling faint)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	Decrease in difficulty with concentration and/or "brain fog"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	Decrease in difficulty with sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>	Decrease in change in vision such as blurry vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
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<p><b>Acute medication use means how often you have to take a medication to treat a more intense headache.</b></p> <p><b>Which of these is the BETTER way to measure whether headache treatment improves the way you use acute medications?</b></p>	<p><input type="radio"/> Decrease in how often your need to take your acute medication</p> <p><input type="radio"/> Improvement in how well your acute medications work when you need to use them</p> <p><a href="#">reset</a></p>																																											
<p><b>When headaches are more troublesome, people sometimes need extra help from their doctors or the medical team.</b></p> <p><b>Which of these is the BETTER way to measure how a treatment affects how often you need help from your medical team?</b></p>	<p><input type="radio"/> Decrease in how often you need to go to the emergency room for help because your headache is so severe</p> <p><input type="radio"/> Decrease in how often you need to call the clinic, nurses or advice line for help because your headache is so severe</p> <p><a href="#">reset</a></p>																																											

**Overall, which category of headache impact is the BEST way to measure how treatment affects your headache?**

**Please rank your TOP THREE choices.**

(One selection allowed per column)	1st choice	2nd choice	3rd choice	
Number of headache days (frequency)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
How bad headaches get (severity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
The impact of headache on your life and ability to do things you enjoy (functional impact)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
Other symptoms that happen with headaches, like light or noise sensitivity, nausea, difficulty with concentration (associated symptoms)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
If there is an "Other" most important category of headache improvement, what is it?	<input type="text"/>			

**Overall, which of these aspects of your headache would be the BEST way to measure how treatment affects your headache?**

**Please rank your TOP FIVE choices.**

(One selection allowed per column)	1st choice	2nd choice	3rd choice	4th choice	5th choice	
Decrease in frequency of baseline headache	<input type="radio"/>	<a href="#">reset</a>				
Decrease in frequency of severe headaches or headache "spikes"	<input type="radio"/>	<a href="#">reset</a>				
Decrease in severity of baseline headache	<input type="radio"/>	<a href="#">reset</a>				
Decrease in severity of severe headache (or headache "spike")	<input type="radio"/>	<a href="#">reset</a>				
Decrease in how much school you miss (due to headache)	<input type="radio"/>	<a href="#">reset</a>				
Decrease in how much headaches get in the way of your relationships with friends or family	<input type="radio"/>	<a href="#">reset</a>				
Decrease in how much headaches get in the way of physical activities (activities that require moving around)	<input type="radio"/>	<a href="#">reset</a>				
Decrease in how much headaches get in the way of mental activities (activities that require thinking, concentrating)	<input type="radio"/>	<a href="#">reset</a>				
Decrease in how much headaches effect your emotions (mood, stress)	<input type="radio"/>	<a href="#">reset</a>				
Decrease in nausea and/or vomiting	<input type="radio"/>	<a href="#">reset</a>				

<b>Decrease in light sensitivity</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Decrease in noise sensitivity</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Decrease in dizziness/vertigo (the room or yourself spinning/moving) and/or light-headedness (feeling faint)</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Decrease in difficulty with concentration and/or "brain fog"</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Decrease in difficulty with sleep</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Decrease in change in vision such as blurry vision</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Decrease in how often you need to take your acute medication</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Improvement in how well your acute medications work when you need to use them</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Decrease in how often you need to go to the emergency room for help because your headache is so severe</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Decrease in how often you need to call your doctor or nursing advise line for help</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<a href="#">reset</a>
<b>Is it more helpful to think about the number of severe headache days over a one week, two week, one month, two month, or three month period?</b>	<input type="radio"/> One week <input type="radio"/> Two weeks <input type="radio"/> One month <input type="radio"/> Two months <input type="radio"/> Three months <input type="radio"/> Six months					<a href="#">reset</a>
<b>What is the MINIMUM decrease in your background headache intensity that would make a difference to you? (Number of points on a 0-10 scale; for example, decreasing from a 10 to a 7 would be a 3 point decrease)</b>	<input type="text" value=""/>					
<b>What is the MINIMUM decrease in your spike or severe headache intensity that would make a difference to you? (Number of points on a 0-10 scale; for example, decreasing from a 10 to a 7 would be a 3 point decrease)</b>	<input type="text" value=""/>					
<b>If a preventive treatment makes your headaches better, what level of side effects would you be willing to tolerate?</b>	<input type="text" value=""/>					

**We know that many preventive treatments take time to work. How long would you be willing to participate in a research study for a new preventive treatment for before seeing improvement?**

**In other words, if a preventive treatment did not cause side effects, how long would you be willing to wait to see if it works?**

**Please answer in MONTHS.**

**Submit**