

DRAFT QUESTIONS TO BE USED WITH THE RSR PROJECT (8/5/03)

Eligibility Questions:

1 - Have you ever been diagnosed by a physician as having migraine? Yes, No

2 - How long ago were you diagnosed by a physician as having migraine?

- Never been diagnosed with migraine by a physician
- Less than 1 year
- 1-5 years
- 6-10 years
- > 10 years

3 - Has your physician ever prescribed any of the following medications for your migraine and how long have you been using them?

- Amerge (naratriptan) Yes (oral, injection, or intranasal) , ___months ___years, check here if currently using it
How many times did you use the medication in the last month ____
No
Do not know

- Axert (almotriptan) Yes (oral, injection, or intranasal), ___months ___years, check here if currently using it
How many times did you use the medication in the last month ____
No
Do not know

- Frova (frovatriptan) Yes (oral, injection, or intranasal), ___months ___years, check here if currently using it
How many times did you use the medication in the last month ____
No
Do not know

- Imitrex (sumatriptan) Yes (oral, injection, or intranasal), ___months ___years, check here if currently using it
How many times did you use the medication in the last month ____
No
Do not know

- Maxalt (rizatriptan) Yes (oral, injection, or intranasal), ___months ___years, check here if currently using it
No
Do not know

- Zomig (zolmitriptan) Yes (oral, injection, or intranasal), ___months ___years, check here if currently using it
How many times did you use the medication in the last month ____
No
Do not know

- Relpax (eletriptan) Yes (oral, injection, or intranasal), ___months ___years, check here if currently using it
How many times did you use the medication in the last month ____

No
Do not know

- Migranal (dihydroergotamine) Yes (oral, injection, or intranasal), ___months ___years, check here if currently using it
How many times did you use the medication in the last month ____

No
Do not know

- Others: Please specify: _____

4- What is the specialty (or specialties) of the physician(s) that prescribed the previous medications:

Demographic questions

Age (only patients older than 18 years will be accepted in the study)

Gender

Race

What is your height?

Feet: _____

inches: _____

HGTIN
Num
2 / *

What is your weight?

Pounds: _____

WGTLB
Num
3 / *

What is your education level?

- Grade 9 or less
- Some High School
- High School Graduate / GED
- Some College or Technical School
- College Graduate
- Some Professional or Graduate School
- Masters level professional or Graduate School completed
- PhD level professional or Graduate School completed

Health insurance

Insured,
Not insured

Please specify _____

1a. If yes, please list your allergies: (text)

ALRGTXT

Char

30

ALRGRX

Num:

1 / *

2. Are you allergic to any medication?

Ⓐ 1=Yes Ⓐ 2=No

2a. If yes, which medication(s): (text)

ALGRXTXT

Char

30
