

## Migraine Questionnaire used in the Twin89 “Younger Cohort” (6265 twins):

I'd now like to ask you some questions about migraine or recurrent attacks of headaches.

S1 Have you ever had migraine or recurrent attacks of headaches? NO..... (GO TO SECTION T)..... 1  
YES ..... (ASK A)..... 5

A. Associated with your headaches, have you ever had recurrent attacks of any of the following?  
(CODE FOR EACH)

	NO	YES
1. stomach or intestinal pain/dysfunction .....	1	5
2. nausea, vomiting or diarrhoea .....	1	5
3. visual problems such as blurring, showers of light, blind spots, or double vision.....	1	5

B. Would you describe the pain associated with your headaches as mild, moderate or severe?  
MILD ..... 1  
MODERATE ..... 5  
SEVERE ..... 6

C. How much do your headaches impair your daily activities? Would you say...

	<i>CIRCLE ONE</i>	
1. not at all .....	1	
2. interfere with work or social life .....	2	
3. must stay home, from work or school .....	3	
4. must remain in a dark room (i.e, go to bed).....	4	

D. Would you describe the headache pain you usually experience as:  
(CODE FOR EACH)

	NO	YES
1. throbbing, pulsating or pounding - like being stabbed with a sharp knife .....	1	5
2. pressing - like a weight pushing down on your head .....	1	5
3. squeezing - like a tight band around your head .....	1	5

E. Do the headaches usually occur on one side of the head?

	<i>CIRCLE ONE</i>	
1. no .....	1	
2. left.....	2	
3. right.....	3	
4. either .....	4	

F. Associated with your headaches, do you experience enhanced sensitivity to:  
(CODE FOR EACH)

	NO	YES
1. light.....	1	5
2. smell - such as perfume, petrol or smoke .....	1	5
3. noise.....	1	5

G. Do your (migraines/episodes of headache) occur in an attack-like manner or are they continuous?  
ATTACK-LIKE..... 1  
CONTINUOUS..... 5

- H. How old were you the first/last time you had (migraine/episodes of headache)?
- AGE ONS:     \_\_\_/\_\_\_
- AGE REC:     \_\_\_/\_\_\_
- REC:     0 1 2 3 4 5
- 
- I. How many (migraine/episodes of headache) have you had during your lifetime? Would you say: 1-4, 5-10 or 11 or more?
- 1-4 ..... 1
- 5-10 ..... 5
- 11 or more ..... 6
- 
- J. On average, how long (does/did) a typical (migraine/headache) episode last?
- \_\_\_/\_\_\_     \_\_\_/\_\_\_
- HOURS     MINUTES
- 
- K. On average, how often (do/did) you have (migraine/episodes of headache)? A: every day, B: 5-6 days per week, C: 3-4 days per week, D: 2 days per week, E: 1 day per week, F: 2-3 days per month, G: 1 day per month, H: 3-11 days per year, I: less often, J: never.
- \_\_\_\_\_
- (A-J)