

Healthy Living with Migraines Final Program Survey

This is the post survey for Healthy Living with Migraine educational program. By being a registered program participant and completing the final survey, you will be eligible for a \$25 Entertainment Card. The survey take approximately 10 minutes.

Notice: Participation in this program is voluntary. Your individual health information is strictly confidential and will only be shared with members of the Wellness Center who administer the Program. Aggregate data (without personally identifiable information) may be used for reporting and publications.

Please answer the following questions regarding the Healthy Living with Migraine Program

Last Name*

First Name*

Employee ID*

To receive your \$25 Entertainment Card, please enter the following.

Name:

*

Mailing Address:*

City:*

State:*

Zipcode:*

Email

Have you been diagnosed with migraine headaches by your healthcare provider?*

In the past 4 weeks, how would you rank your typical migraine headache pain on a scale from 1 to 10?

*

In the past 4 weeks, how often have you had a migraine headache?

*

In the past 4 weeks, how many days did you work with a migraine headache?

*

In the past 4 weeks, compared with your normal work performance, please estimate how effective you are at your job when you work with migraine headache symptoms.*

During the past 4 weeks, how many days of work have you missed because of migraine headaches?

*

In the past 4 weeks, have you used over the counter medications you buy without a prescription for migraine headache pain? (Examples: Aspirin, Tylenol (acetaminophen), Advil (ibuprofen), Excedrin (acetaminophen + caffeine) , Aleve (naproxen) OTHERS

*

In the past 4 weeks, have you used prescription medications to PREVENT migraine headache pain? (Examples: Inderal (propranolol), Topamax (topiramate), OTHERS

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In the past 4 weeks, have you used prescription medication to TREAT migraine headache pain? (Examples: Almotriptan ([Axert](#)) ,Eletriptan ([Relpax](#)) ,Frovatriptan ([Frova](#)),Naratriptan ([Amerge](#)) Rizatriptan ([Maxalt](#)) ,Sumatriptan ([Imitrex](#)) ,Zolmitriptan ([Zomig](#)) , OTHERS)*

Choose One

In the past 4 weeks, have you used prescription pain medication(s) for migraine headache pain? (Examples: oxycotine, (codeine products), OTHERS*

Choose One

In the past 4 weeks, without treatment, how long does your typical migraine headache attack typically last?*

Choose One

Other: (tell us your about your typical migraine headache)

* Please reduce your comments to 255 characters

In the past 4 weeks, when you have a typical migraine headache attack, do you also feel sick or nauseous?*

Choose One

In the past 4 weeks, when you have a typical migraine headache attack, does it limit your ability to work or do other things you do for at least one day?*

Choose One

Does your typical migraine headache attack cause pain on just one side of the head?

*

Choose One

Does your typical migraine headache attack cause pulsating or pounding or throbbing pain?*

Choose One

Is your typical migraine headache attack associated with an aura? (Example: problems with vision, such as seeing or

doubling of vision, flashing light or sense of disorientation)*

Choose One

Over the past two weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Little interest or no pleasure in doing things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past two weeks, how much of the time did your physical health or emotional problems make it *difficult* for you to do the following?

	All of the time	Most of the time	Some of the time	A slight bit of the time	None of the time
Get going easily at the beginning of the workday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Start on your job as soon as you arrived at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concentrate on your work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speak with people in person, in meetings or on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Handle the workload	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the past two weeks, how much of the time were you ABLE to handle certain parts of your job without difficulty caused by physical health or emotional problems?

	All of the time	Most of the time	Some of the time	None of the time	A slight bit of the time
Sit, stand or stay in one position for longer than 15 minutes while working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Repeat the same hand motions over and over again while working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How helpful was the Healthy Living with Migraine Program?*

Choose One

Please indicate the webinars you attended including any replays. (multiple)

* Required (Select at least 1 item)

- Migraine Doctor session I
- Migraine Doctor session II
- Migraine Food Triggers
- Migraine Medications

- Migraine and Stress
- I did not attend any webinars

Did you access the Migraine Community site for additional Migraine resources?

*

Choose One

I found the following content of value (multiple)

- Migraine Tips
- Webinar Replay information
- Migraine Video Corner
- Links and Resources
- Documents
- Spotlight
- Discussion Board

How often did you access the Migraine Community site?

- Once
- 2 to 5
- 6 to 10
- More than 10
- Not at all

What changes have you made based on your participation in the Healthy Living with Migraine program?

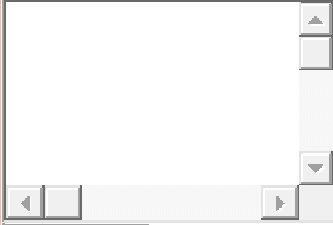
* Required (Select at least 1 item)

- Consulted a doctor about headaches
- Started a new medication to prevent migraines
- Decreased migraine pain medication.
- Increased migraine pain medication.
- Took action to decreased my triggers for migraines
- Engaged in relaxation and stress management techniques.
- Consulted with an EAP (Employee Assistance Professional)

Have not made any changes

Other (open text box below)

Please feel free to share your program comments below.



* Please reduce your comments to 1,024 characters