

# Migraine Headache & Trauma Survey

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## Start of Block: Demographic information

Q103 This survey seeks to understand the experiences of LGBTQ individuals who suffer from headache. We are especially interested in the connection between headache, how it may prevent you from doing things, and prior traumatic experiences. It should take about 20-30 minutes to complete.

Some questions in this survey may be similar to items you answered previously in the “My Profile,” “My Health,” or “Annual Questionnaire” sections of The PRIDE Study. We apologize for what seems like a duplicated question, but asking it again is important ensure that we have the most accurate and up-to-date information.

The survey asks some questions about previous traumatic experiences including discrimination, unwanted sexual contact, and violence. Some people may find these questions disturbing, upsetting, or uncomfortable to answer. While we encourage you to answer these questions as honestly as possible, you are welcome to skip any questions that are too upsetting to answer. If you need support, you can call the National Suicide Prevention Lifeline at 1-800-273-8255 to talk with someone. Please go to the emergency room or call 911 if you are in crisis and don't know where to get help.



GENID How would you describe your current gender identity? (Check all that apply.)

- ☐ Genderqueer (0)
- ☐ Man (1)
- ☐ Transgender man (female-to-male) (2)
- ☐ Transgender woman (male-to-female) (3)
- ☐ Woman (4)
- ☐ Another gender identity (5)

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*Display This Question:*

*If GENID = Another gender identity*

GENIDAN What is your gender identity?

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BRTHSEX What sex were you assigned at birth on your original birth certificate?

- ☐ Female (1)
- ☐ Male (2)



SEXORT How would you describe your current sexual orientation? (Check all that apply.)

- ☐ Asexual (0)
- ☐ Bisexual (1)
- ☐ Gay (2)
- ☐ Lesbian (3)
- ☐ Pansexual (4)
- ☐ Queer (5)
- ☐ Questioning (6)
- ☐ Same-gender loving (7)
- ☐ Straight/Heterosexual (8)
- ☐ Another sexual orientation (9)

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*Display This Question:*

*If SEXORT = Another sexual orientation*

SEXORTAN What is your sexual orientation?

\_\_\_\_\_



EVERHA Have you EVER had symptoms of a severe headache or migraine?

- ☐ Yes (1)
- ☐ No (0)
- ☐ I don't know (88)

*Skip To: End of Survey If EVERHA = No*

**End of Block: Demographic information**

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**Start of Block: ID-Migraine**

Q18 These questions will help us to understand LGBTQ peoples' experiences with headache. Please answer the following questions to the best of your ability.



IDMNAU DURING THE LAST 3 MONTHS, did you EVER feel nauseated or sick to your stomach WITH your headaches?

- ☐ Yes (1)
- ☐ No (0)
- ☐ I don't know (88)



IDMLITE DURING THE LAST 3 MONTHS, did light EVER bother you WITH your headache (a lot more than when you didn't have headaches)?

- ☐ Yes (1)
- ☐ No (0)
- ☐ I don't know (88)
-



IDMWKR DURING THE LAST 3 MONTHS, did your headaches EVER limit your ability to work, study, or do what you needed to do for at least 1 day?

- ☐ Yes (1)
- ☐ No (0)
- ☐ I don't know (88)



IDMDAYS On how many days IN THE LAST 3 MONTHS did you have a headache? If the headache lasted more than 1 day, count each day.

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*Display This Question:*

*If If IDMDAYS Text Response Is Greater Than 0  
Or IDMDAYS Text Response Is Empty*



IDMSEV On average DURING THE LAST 3 MONTHS, how painful were the headaches?

- ☐ Mild (0)
- ☐ Moderate (1)
- ☐ Severe (2)



MDSWRK On how many days IN THE LAST 3 MONTHS, did you miss work or school because of your headaches?

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MDSRWORK On how many days IN THE LAST 3 MONTHS, was your productivity at work or school reduced by HALF OR MORE because of your headaches? Do not include days you counted in the previous question where you missed work or school.

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MDSHS On how many days IN THE LAST 3 MONTHS, did you not do household work (such as housework, home repairs or maintenance, shopping, caring for children and relatives) because of your headaches?

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MDSRHS On how many days IN THE LAST 3 MONTHS, was your productivity in household work reduced by HALF OR MORE because of your headaches? Do not include days you counted in the previous question where you did not do household work.

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MDSFAM On how many days IN THE LAST 3 MONTHS, did you miss family, social or leisure activities because of your headaches?

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End of Block: ID-Migraine

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Start of Block: Medication and medical history



EVABORT Have you EVER taken a medication to stop or lessen the severity of the headache once it has begun, also known as an abortive therapy or acute therapy?

- ☐ Yes (1)
- ☐ No (0)
- ☐ I don't know (88)

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*Display This Question:*

*If EVABORT = Yes*

*Or EVABORT = I don't know*



ABORT Which medication(s) have you taken to stop or lessen the severity of headache once it has begun? (Check all that apply.)

- ☐ Ibuprofen (Motrin, Advil) (0)
  - ☐ Naprosyn (Naproxen) (1)
  - ☐ Acetaminophen (Tylenol) (2)
  - ☐ Acetaminophen, aspirin & caffeine in a combination pill (Excedrin, Excedrin Migraine) (3)
  - ☐ Acetaminophen, butalbital & caffeine in a combination pill (Fioricet) (4)
  - ☐ Sumatriptan (Imitrex) (5)
  - ☐ Rizatriptan (Maxalt) (6)
  - ☐ Zomitriptan (Zomig) (7)
  - ☐ Naratriptan (Amerge) (8)
  - ☐ Eletriptan (Relpax) (9)
  - ☐ Almotriptan (Axert) (10)
  - ☐ Frovatriptan (Frova) (11)
  - ☐ Ergotamine (Cafergot, Ergomar, Migergot, Migracet, Wigraine) (12)
  - ☐ Dihydroergotamine nasal spray (Migranal) (13)
  - ☐ Other (please specify) (14)
-

☐

☒ I don't remember the name of the medication(s) that I have taken (15)

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EVPREV Have you EVER taken a medication EVERY DAY to prevent the occurrence of headache or to reduce the overall severity/frequency of headache, also known as preventive or prophylactic therapy?

- ☐ Yes (1)
- ☐ No (0)
- ☐ I don't know (88)
- 

*Display This Question:*

*If EVPREV = Yes*

*Or EVPREV = I don't know*



PREV Which medication(s) have you taken EVERY DAY to prevent the occurrence of headache or to reduce the overall severity/frequency of headache? (Check all that apply.)

- ☐ Amitriptyline (Elavil) (1)
- ☐ Nortriptyline (Pamelor) (2)
- ☐ Topiramate (Topamax) (3)
- ☐ Valproate (Depakote) (4)
- ☐ Gabapentin (Neurontin) (5)
- ☐ Propranolol (Inderal) (6)
- ☐ Verapamil (Calan, Veralan) (7)
- ☐ Candesartan (Atacand) (8)
- ☐ Flunarizine (Sibelium) (9)
- ☐ Acetazolamide (Diamox) (10)
- ☐ Cyproheptadine (Periactin) (11)
- ☐ Indomethacin (Indocin) (12)
- ☐ Lithium (Esalith, Lithobid) (13)
- ☐ Methysergide (Sansert) (14)
- ☐ Botulinum toxin (Botox) (15)
- ☐ Magnesium (16)

☐ Butterbur (Petadolex) (17)

☐ Co-enzyme Q10 (18)

☐ Feverfew (19)

☐ Melatonin (20)

☐ Vitamin B2 (Riboflavin) (21)

☐ Other (please specify) (22)

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☐ ☒ I don't remember the name of the medication(s) that I have taken (23)

End of Block: Medication and medical history

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Start of Block: Medical Questions



EVGENAFM Have you EVER used hormone therapy for gender affirmation, also known as gender transition?

☐ Yes (1)

☐ No (0)

☐ I don't know (88)

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Display This Question:

If EVGENAFM = Yes



GENDHOR Were these hormones: (Check all that apply.)

☐

Feminizing hormones (e.g., estrogen, progesterone) (0)

☐

Masculinizing hormones (e.g., testosterone, spironolactone) (1)

☐

Other (please specify) (2)

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EVSTRK Have you EVER been told by a doctor or other health professional that you had a stroke?

☐ Yes (1)

☐ No (0)

☐ I don't know (88)



EVHTN Have you EVER been told by a doctor or other health professional that you had hypertension, also called high blood pressure?

☐ Yes (1)

☐ No (0)

☐ I don't know (88)



EVHL Have you EVER been told by a doctor or other health professional that you had high cholesterol?

- ☐ Yes (1)
- ☐ No (0)
- ☐ I don't know (88)
- 



EVDN Have you EVER been told by a doctor or other health professional that you had diabetes or sugar diabetes?

- ☐ Yes (1)
- ☐ No (0)
- ☐ I don't know (88)
- 



EVIFG Have you EVER been told by a doctor or other health professional that you had prediabetes, impaired fasting glucose, impaired glucose tolerance, borderline diabetes, or high blood sugar?

- ☐ Yes (1)
- ☐ No (0)
- ☐ I don't know (88)
- 



EVAF Have you EVER been told by a doctor or other health professional that you had atrial fibrillation?

- ☐ Yes (1)
- ☐ No (0)
- ☐ I don't know (88)

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EVCIG Have you EVER tried cigarette smoking, even one or two puffs?

- ☐ Yes (1)
- ☐ No (0)
- ☐ I don't know (88)

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*Display This Question:*

*If EVCIG = Yes*



CIGFQ Do you now smoke cigarettes every day, some days, or not at all?

- ☐ Every day (2)
- ☐ Some days (1)
- ☐ Not at all (0)



EVDEP Has a mental health professional or physician EVER told you that you have depression?

- ☐ Yes (1)
- ☐ No (0)
- ☐ I don't know (88)



EVANX Has a mental health professional or physician EVER told you that you have an anxiety disorder (any)?

- ☐ Yes (1)
  - ☐ No (0)
  - ☐ I don't know (88)
- 



EVPTSD Has a mental health professional or physician EVER told you that you have Post Traumatic Stress Disorder (PTSD)?

- ☐ Yes (1)
- ☐ No (0)
- ☐ I don't know (88)

End of Block: Medical Questions

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Start of Block: PHQ-9



PHQ9INT Over the LAST 2 WEEKS, how often have you been bothered by little interest or pleasure in doing things?

- ☐ Not at all (0)
  - ☐ Several days (1)
  - ☐ More than half the days (2)
  - ☐ Nearly every day (3)
- 



PHQ9DEP Over the LAST 2 WEEKS, how often have you been bothered by feeling down, depressed or hopeless?

- ☐ Not at all (0)
  - ☐ Several days (1)
  - ☐ More than half the days (2)
  - ☐ Nearly every day (3)
- 



PHQ9SLP Over the LAST 2 WEEKS, how often have you been bothered by having trouble falling or staying asleep, or sleeping too much?

- ☐ Not at all (0)
  - ☐ Several days (1)
  - ☐ More than half the days (2)
  - ☐ Nearly every day (3)
- 



PHQ9NRG Over the LAST 2 WEEKS, how often have you been bothered by feeling tired or have little energy?

- ☐ Not at all (0)
  - ☐ Several days (1)
  - ☐ More than half the days (2)
  - ☐ Nearly every day (3)
- 



PHQ9APP Over the LAST 2 WEEKS, how often have you been bothered by poor appetite or overeating?

- ☐ Not at all (0)
  - ☐ Several days (1)
  - ☐ More than half the days (2)
  - ☐ Nearly every day (3)
- 



PHQ9BAD Over the LAST 2 WEEKS, how often have you been bothered by feeling bad about yourself – or that you are a failure or have let yourself or your family down?

- ☐ Not at all (0)
  - ☐ Several days (1)
  - ☐ More than half the days (2)
  - ☐ Nearly every day (3)
- 



PHQ9CONC Over the LAST 2 WEEKS, how often have you been bothered by trouble concentrating on things, such as reading the newspaper or watching television?

- ☐ Not at all (0)
  - ☐ Several days (1)
  - ☐ More than half the days (2)
  - ☐ Nearly every day (3)
- 



PHQ9SLOW Over the LAST 2 WEEKS, how often have you been bothered by moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?

- ☐ Not at all (0)
- ☐ Several days (1)
- ☐ More than half the days (2)
- ☐ Nearly every day (3)



PHQ9SI Over the LAST 2 WEEKS, how often have you been bothered by thoughts that you would be better off dead or of hurting yourself in some way?

- ☐ Not at all (0)
- ☐ Several days (1)
- ☐ More than half the days (2)
- ☐ Nearly every day (3)

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*Display This Question:*

*If PHQ9SI = Several days*

*Or PHQ9SI = More than half the days*

*Or PHQ9SI = Nearly every day*

Q104 We at The PRIDE Study value the health and well-being of sexual and gender minority people like you. For some people discussing their mental health can raise strong emotions or even thoughts of hurting yourself, and it may be helpful to talk about those feelings. We sincerely urge you to get help. Please consider reaching out for services in your area, and also consider calling the National Suicide Prevention Lifeline at 1-800-273-8255 to talk with someone. Go to the emergency room or call 911 if you are in crisis and don't know where to get help. The PRIDE Study team cares about you and the health of our communities!

**End of Block: PHQ-9**

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Start of Block: Access to Care



PREVCARE What kind of place do you USUALLY go to when you need routine or preventive care, such as a physical examination or check-up?

- ☐ I don't get routine or preventive care anywhere (0)
  - ☐ Clinic or health center (1)
  - ☐ Doctor's office or HMO (2)
  - ☐ Hospital emergency room (3)
  - ☐ Hospital outpatient department (4)
  - ☐ Some other place (5)
  - ☐ I don't go to one place most often (6)
  - ☐ I don't know (88)
- 



EVNEURO Have you EVER wanted to or asked to see a neurologist (a doctor who specializes in the brain and nerves) in regard to your headaches?

- ☐ Yes (1)
  - ☐ No (0)
  - ☐ I don't know (88)
- 

*Display This Question:*

*If EVNEURO = Yes*



EVTRNEU Have you EVER had trouble finding a neurologist to see you for your headaches?

- ☐ Yes (1)
- ☐ No (0)
- ☐ I don't know (88)

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*Display This Question:*

*If EVTRNEU = Yes*



REASTRNEU In your opinion, what is the PRIMARY reason you had trouble finding a neurologist to see you for your headaches?

- ☐ There is no neurologist in my city/town (0)
- ☐ The neurologist is not accepting new patients (1)
- ☐ The neurologist refused to see me (2)
- ☐ My primary provider did not place a referral (3)
- ☐ My insurance would not approve the visit (4)
- ☐ I do not have health insurance (5)
- ☐ Other (please specify) (6) \_\_\_\_\_

**End of Block: Access to Care**

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**Start of Block: Social Health Survey**

Q68 The next questions are about experiences with violence, harassment, and discrimination that you may have had throughout your life. These questions will help us know more about LGBTQ people's experiences and challenges. You may be asked if some experiences were due to your age, disability status, gender expression (how you outwardly express your gender), gender identity (the gender you identify as), race/ethnicity, sexual orientation (the gender of people you are attracted to), or something else. This may be hard to know for sure, but please make your best judgment.

Some people may find these questions disturbing, upsetting, or uncomfortable to answer. While we encourage you to answer these questions as honestly as possible, you are welcome to skip any questions that are too upsetting to answer. If you need support, you can call 1-800-273-8255 to talk with someone. Please go to the emergency room or call 911 if you are in crisis and don't know where to get help.

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EVHARPUB Have you EVER experienced harassment or name calling from strangers in public?

☐ Yes (1)

☐ No (0)

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*Display This Question:*

*If EVHARPUB = Yes*



REASHARPUB Was any of this harassment/name calling from strangers in public due to your...  
(Check all that apply.)

- ☐ Age (0)
- ☐ Disability (1)
- ☐ Gender expression (2)
- ☐ Gender identity (3)
- ☐ Race/Ethnicity (4)
- ☐ Sexual orientation (5)
- ☐ Something else (6)



EVPHYS Have you EVER been physically attacked or deliberately injured?

- ☐ Yes (1)
- ☐ No (0)

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*Display This Question:*

*If EVPHYS = Yes*



REASPHYS Was this physical violence due to your... (Check all that apply.)

☐

Age (0)

☐

Disability (1)

☐

Gender expression (2)

☐

Gender identity (3)

☐

Race/Ethnicity (4)

☐

Sexual orientation (5)

☐

Something else (6)



EVVIOL Have you EVER experienced physical violence from a romantic partner?

☐ Yes (1)

☐ No (0)

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*Display This Question:*

*If EVVIOL = Yes*



REASVIOL Was any of this physical violence from a romantic partner due to your... (Check all that apply.)

☐

Age (0)

☐

Disability (1)

☐

Gender expression (2)

☐

Gender identity (3)

☐

Race/Ethnicity (4)

☐

Sexual orientation (5)

☐

Something else (6)



EVABS Have you EVER experienced unwanted sexual contact?

☐ Yes (1)

☐ No (0)

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*Display This Question:*

*If EVABS = Yes*



REASABS Was any of this unwanted sexual contact due to your... (Check all that apply.)

- ☐ Age (0)
- ☐ Disability (1)
- ☐ Gender expression (2)
- ☐ Gender identity (3)
- ☐ Race/Ethnicity (4)
- ☐ Sexual orientation (5)
- ☐ Something else (6)



EVJOB Have you EVER been treated unfairly at work or when applying/interviewing for a job?

- ☐ Yes (1)
- ☐ No (0)

---

*Display This Question:*

*If EVJOB = Yes*



REASJOB Was any of this unfair treatment in employment due to your... (Check all that apply.)

☐

Age (0)

☐

Disability (1)

☐

Gender expression (2)

☐

Gender identity (3)

☐

Race/Ethnicity (4)

☐

Sexual orientation (5)

☐

Something else (6)

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Page Break



EVAPT Have you EVER been treated unfairly while trying to rent an apartment or buy a home, or been unfairly evicted from your residence?

☐ Yes (1)

☐ No (0)

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*Display This Question:*

*If EVAPT = Yes*



REASAPT Was any of this unfair treatment in housing/eviction due to your... (Check all that apply.)

☐

Age (0)

☐

Disability (1)

☐

Gender expression (2)

☐

Gender identity (3)

☐

Race/Ethnicity (4)

☐

Sexual orientation (5)

☐

Something else (6)



EVSERV Have you EVER received poorer service than other people in restaurants, stores or other businesses or agencies?

☐ Yes (1)

☐ No (0)

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*Display This Question:*

*If EVSERV = Yes*



REASSERV Was any of the poorer service due to your... (Check all that apply.)

☐ Age (0)

☐ Disability (1)

☐ Gender expression (2)

☐ Gender identity (3)

☐ Race/Ethnicity (4)

☐ Sexual orientation (5)

☐ Something else (6)



EVSTUD Have you EVER been treated unfairly while you were a student at school or in another educational setting?

☐ Yes (1)

☐ No (0)

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*Display This Question:*

*If EVSTUD = Yes*



REASSTUD Was any of this unfair treatment in education settings due to your... (Check all that apply.)

☐

Age (0)

☐

Disability (1)

☐

Gender expression (2)

☐

Gender identity (3)

☐

Race/Ethnicity (4)

☐

Sexual orientation (5)

☐

Something else (6)



EVMEDCR Have you EVER been denied or given lower quality medical care?

☐ Yes (1)

☐ No (0)

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*Display This Question:*

*If EVMEDCR = Yes*



REASMEDCR Was any of this discrimination in a medical setting due to your... (Check all that apply.)

☐

Age (0)

☐

Disability (1)

☐

Gender expression (2)

☐

Gender identity (3)

☐

Race/Ethnicity (4)

☐

Sexual orientation (5)

☐

Something else (6)



EVMTLCR Have you EVER been denied or given lower quality mental health care?

☐ Yes (1)

☐ No (0)

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*Display This Question:*

*If EVMTLCR = Yes*



REASMTLCR Was any of this discrimination in a mental health setting due to your... (Check all that apply.)

☐

Age (0)

☐

Disability (1)

☐

Gender expression (2)

☐

Gender identity (3)

☐

Race/Ethnicity (4)

☐

Sexual orientation (5)

☐

Something else (6)



EVPOL Have you EVER experienced unfair treatment or harassment from the police or another law enforcement officer?

☐ Yes (1)

☐ No (0)

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*Display This Question:*

*If EVPOL = Yes*



REASPOL Was any of this unfair treatment or harassment from a law enforcement officer due to your... (Check all that apply.)

☐

Age (0)

☐

Disability (1)

☐

Gender expression (2)

☐

Gender identity (3)

☐

Race/Ethnicity (4)

☐

Sexual orientation (5)

☐

Something else (6)

End of Block: Social Health Survey

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