

Osterhaus Technique

In the **last 12 months**, about often have you had migraine attacks?(Please select only one).

- | | |
|---|---|
| <input type="checkbox"/> less than once a month | <input type="checkbox"/> once a week |
| <input type="checkbox"/> once a month | <input type="checkbox"/> 2-3 times a week |
| <input type="checkbox"/> 2 times a month | <input type="checkbox"/> 4-6 times per week |
| <input type="checkbox"/> 3 times a month | <input type="checkbox"/> every day |

About how many days in the **past 4 weeks** did you work while you had migraine symptoms? _____ days

Compared with your normal work performance, please estimate how effective you are at your job when you have migraine symptoms at work. (100% = fully effective) _____% effective

During a typical migraine, about how long is your work affected by migraine symptoms? _____ hours

During the **past 30 days**, how many days of work or school have you missed because of migraine headaches?
(Please state to the nearest half day. If none, please write "0")

- days of work missed
 days of school missed
 not employed

During the **past 12 months**, how many times did you visit an emergency room or emergency clinic to receive treatment for a migraine? (Please select only one).

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> 0 (no times) | <input type="checkbox"/> 5 times |
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 6 times |
| <input type="checkbox"/> 2 times | <input type="checkbox"/> More than 6 times |
| <input type="checkbox"/> 3 times | (please estimate how many times) _____ |
| <input type="checkbox"/> 4 times | |

During the **past 12 months**, how many times did you visit a clinic, HMO or doctor's office for treatment or evaluation of migraines? (Please select only one).

- | | |
|--|--|
| <input type="checkbox"/> 0 (no visits) | <input type="checkbox"/> 9-10 visits |
| <input type="checkbox"/> 1-2 visits | <input type="checkbox"/> 11-12 visits |
| <input type="checkbox"/> 3-4 visits | <input type="checkbox"/> More than 12 visits |
| <input type="checkbox"/> 5-6 visits | (please estimate how many times) _____ |
| <input type="checkbox"/> 7-8 visits | |

During the **past 12 months**, how many times were you admitted to a hospital or clinic (overnight) for a migraine?
(Please select only one).

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> 0 (no times) | <input type="checkbox"/> 4 times |
| <input type="checkbox"/> 1 time | <input type="checkbox"/> 5 times |
| <input type="checkbox"/> 2 times | <input type="checkbox"/> 6 times |
| <input type="checkbox"/> 3 times | <input type="checkbox"/> More than 6 times |

What is your date of birth? _____
month / day / year

What is your sex? Male Female

What is your current employment status? (Please select only one).

- | | |
|---|---|
| <input type="checkbox"/> Employed full time | <input type="checkbox"/> Looking for work |
| <input type="checkbox"/> Employed part time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Student |
| <input type="checkbox"/> Homemaker | |
| <input type="checkbox"/> Unable to work because of migraines | |
| <input type="checkbox"/> Unable to work for health reasons other than migraines | |
| <input type="checkbox"/> Other (please specify) _____ | |

If you are employed, which one of the following best describes your occupation? (Please select only one).

- Managerial, professional
 Technical, sales and administrative support
 Service occupations
 Precision production, craft and repair
 Operators, fabricators, labourers
 Farming, forestry and fishing
 Student
 Other (please specify) _____

Figure B.5 Sample Items from the Osterhaus Technique (OT)