What is your country of residence?

Please select your country of residence
Do you know of anyone else in your family who has also suffered from Cluster Headaches attacks?

Yes

No

Maybe (please select if you suspect a family member went undiagnosed)
| Symptom                                                                 | YES | NO |
|-------------------------------------------------------------------------|-----|----|
| Is your pain extremely severe and only on one side, above the eye, or around the temple? | O   | O  |
| Swelling and redness of the eye lining and flow of tears on the same side as the pain | O   | O  |
| Swelling, redness, and congestion of the nose on the same side as the pain | O   | O  |
| Puffiness and swelling of the eyelid on the same side as the pain        | O   | O  |
| Sweating on the forehead and face on the same side as the pain           | O   | O  |
| Very small pupil and/or drooping eye lid on the same side as the pain    | O   | O  |
| A sense of fullness in the ear on the same side as the pain              | O   | O  |
| A sense of restlessness or agitation                                      | O   | O  |
| Severe or very severe pain occurring on both sides of the head during a single Cluster attack | O   | O  |
| Nausea and Vomiting                                                      | O   | O  |
| Over sensitivity to light or sound                                        | O   | O  |
| Does physical activity like walking and climbing stairs aggravate or worsen the pain? | O   | O  |
| No other condition can explain these attacks                              | O   | O  |
Have you been diagnosed as Chronic or Episodic?

|   |   |
|---|---|
| **Episodic** |   |
| **Chronic** |   |
| **Both**     |   |
Tell us your gender:

Male

Female

Other

Decline to say
We'd like to know what age you were when you experienced your first Cluster Headache attack, how old you were when you were first diagnosed, and how old you are now. Drag the slider to the right to indicate the age appropriate to each category.

Age of Onset

Age at 1st Diagnosis

Current Age
The following is a partial list of other very painful conditions. If you've ever experienced any of the following, please indicate below.

If you've experienced any other painful condition that is not listed below, please write it in the boxes marked “other” so that we may compare.

Check all that apply:

- Child birth
- Migraine
- Shingles
- Broken Bones
- Heart Attack
- Herniated Disk (i.e. slipped disk)
- Arthritis
- Sciatica
- Kidney Stones
- Gall Stones
- Pancreatitis
- Fibromyalgia
- Spinal Tap
- Gunshot wound
- Stab wound
- Biopsy (Kidney, Spleen, Liver, Bone Marrow or other major organ)

Other

Other

Other
Comparing each experience with Cluster Headache attacks, how painful would you rate each on a scale of 1 (least painful) to 10 (most painful)?

Indicate how painful each is by sliding the bar to the right.

Cluster Headache attacks

Migraine

Sciatica

Spinal Tap
**Preventive Medication** refers to any medication that you have taken or currently take on a daily or recurring basis to prevent future Cluster Headache attacks.

Have you ever tried preventive medications?

- Yes
- No
- Decline to Answer
Please indicate which preventive medications you've been prescribed. For this section, please only consider medication legally available by prescription from a qualified physician.

Check all that apply:

- Calcium Channel Blockers (Verapamil, Flunarizine, Amlodipine, Diltiazem)
- Corticosteroids (Flumadroxone, Prednisone, Cortisone)
- Beta-Blockers (Propranolol, Timolol, Metoprolol, Nadolol, Atenolol)
- Lithium (Lithobid)
- Methysergide (Sansort) or methylergonovine (Methergine)
- Anticonvulsants (Topiramate, Valproate, Carbamazapine, Oxcarbazepine, Gabapentin, Pregabalin)
- Testosterone

Other

Other
| Medication                                | Unsure | Completely Ineffective | Minimally Effective | Somewhat Effective | Very Effective | Completely Effective |
|-------------------------------------------|--------|------------------------|---------------------|--------------------|----------------|----------------------|
| Calcium Channel Blockers (Verapamil, Flunarizine, Amlodipine, Diltiazem) | ○      | ○                      | ○                   | ○                  | ○              | ○                    |
| Lithium (Lithobid)                        | ○      | ○                      | ○                   | ○                  | ○              | ○                    |
Abortive (Acute) Medication refers to any medication that you have taken or currently take when you feel a Cluster Headache attack developing with the hope of aborting or ending the particular attack.

Have you ever tried abortive medications?

Yes

No

Decline to Answer
Please indicate which **abortive medications** you've been prescribed. For this section, please only consider medication **legally available** by prescription from a qualified physician.

Check all that apply:

| **Triptans** (Almotriptan, Avitriptan, Eletriptan, Frovatriptan, Naratriptan, Rizatriptan, Sumatriptan, Zolmitriptan, Treximet) |
| 100% Oxygen |
| Cafegot / ergotomine |
| Intranasal Ketamine |
| Lidocaine Nasal Drops |
| DHE - IV, Nasal (Migranal) |
| Intranasal Capsaicin |
| Opiates (Morphine, Oxycodone, Hydrocodone) |
| Other: |
| Other: |
| Other: |
| Other: |
How effective is each medication in aborting Cluster Headache attacks?

|                         | Unsure | Completely Ineffective | Minimally Effective | Somewhat Effective | Very Effective | Completely Effective |
|-------------------------|--------|------------------------|---------------------|--------------------|----------------|----------------------|
| **Triptans** (Almotriptan, Avitriptan, Eletriptan, Frovatriptan, Naratriptan, Rizatriptan, Sumatriptan, Zolmitriptan, Treximet) |        |                        |                     |                    |                |                      |
| 100% Oxygen             |        |                        |                     |                    |                |                      |