

Study ID: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Questionnaire #1**  
*To be completed at Visit #2 (2 weeks)*

- 1) Overall, how severe do you consider your light sensitivity? (*Where 0 equals no light sensitivity, and 5 equals the worst light sensitivity possible.*)  
0            1            2            3            4            5
- 2) How unpleasant is strong light during the headache free period? (*Where 0 equals not unpleasant, and 5 equals very unpleasant.*)  
0            1            2            3            4            5
- 3) How unpleasant is strong light during a headache?  
0            1            2            3            4            5
- 4) How much stronger is your sensitivity to light during the attack than when headache free? (*Where 0 equals the same, and 5 equals much stronger.*)  
0            1            2            3            4            5
- 5) How often does strong light provoke a headache? (*Where zero equals never, and 5 equals very often.*)  
0            1            2            3            4            5

Please answer questions 6-14 on a 0-5 scale concerning your light sensitivity *during the headache free period*, with 0 being no limitation, 3 being moderate limitation due to light sensitivity, and 5 being marked limitation because of light sensitivity.

- 6) How difficult do you find it to function under fluorescent lights?  
0            1            2            3            4            5
- 7) How difficult is it for you to look at a computer screen for any period of time?  
0            1            2            3            4            5
- 8) How much does light sensitivity affect your ability to read?  
0            1            2            3            4            5
- 9) How much does light sensitivity affect your ability to watch television?  
0            1            2            3            4            5
- 10) How much does light sensitivity affect your ability to watch movies in a theatre?  
0            1            2            3            4            5

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- 11) How much does light sensitivity affect your ability to go shopping (i.e. grocery and department stores)?  
0            1            2            3            4            5
- 12) How much does light sensitivity affect your ability to do housework or to work outside the home?  
0            1            2            3            4            5
- 13) How much does light sensitivity affect your ability to walk about?  
0            1            2            3            4            5
- 14) How much does light sensitivity affect your ability to drive?  
0            1            2            3            4            5
- 15) How much does light sensitivity affect your ability to ride in a car?  
0            1            2            3            4            5
- 16) Do you wear sunglasses to decrease headaches?  
Yes            No
- If so, where?  
    Outdoors    Indoors    Both
- 17) Do you currently drive?  
Yes            No
- If **not**, is it because of light sensitivity?  
    Yes            No
- If **yes**, does light sensitivity affect your ability to drive?  
    Yes            No
- If **yes**, what effect does it have?  
    \_\_\_ Cannot drive at night because of light sensitivity  
    \_\_\_ Can drive in daytime, but need to wear sunglasses  
    \_\_\_ Can drive only short distances because of light sensitivity

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## Questionnaire #2

*To be completed at Visit #3 (4 weeks)*

On a scale of 0 to 5, where 0 equals no help at all, and 5 equals a marked improvement, please answer the following questions regarding the lenses you have worn over the last two weeks:

1. How much did these lenses help while you were driving?  
0                      1                      2                      3                      4                      5
2. How much did these lenses help while you were reading?  
0                      1                      2                      3                      4                      5
3. How much did these lenses help while you were watching television?  
0                      1                      2                      3                      4                      5
4. How much did these lenses help while you were shopping?  
0                      1                      2                      3                      4                      5
5. How much did these lenses help while under fluorescent lights?  
0                      1                      2                      3                      4                      5
6. To what extent did these lenses improve your light sensitivity?  
0                      1                      2                      3                      4                      5
7. To what extent did the lenses improve your headache frequency?  
0                      1                      2                      3                      4                      5
8. To what extent did the lenses improve your headache severity?  
0                      1                      2                      3                      4                      5

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**Questionnaire #3**  
*To be completed at Visit #5 (8 weeks)*

On a scale of 0 to 5, where 0 equals no help at all, and 5 equals a marked improvement, please answer the following questions regarding the lenses you have worn over the last two weeks:

1. How much did these lenses help while you were driving?  
0                      1                      2                      3                      4                      5
2. How much did these lenses help while you were reading?  
0                      1                      2                      3                      4                      5
3. How much did these lenses help while you were watching television?  
0                      1                      2                      3                      4                      5
4. How much did these lenses help while you were shopping?  
0                      1                      2                      3                      4                      5
5. How much did these lenses help while under fluorescent lights?  
0                      1                      2                      3                      4                      5
6. To what extent did these lenses improve your light sensitivity?  
0                      1                      2                      3                      4                      5
7. To what extent did the lenses improve your headache frequency?  
0                      1                      2                      3                      4                      5
8. To what extent did the lenses improve your headache severity?  
0                      1                      2                      3                      4                      5

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### Questionnaire #3 (Cont'd)

*To be completed at Visit #5 (8 weeks)*

9. Overall, how much did wearing either Lens #1 or Lens #2 improve the frequency of your headaches?

0                      1                      2                      3                      4                      5

10. If your answer to the previous question was 0, please skip this question:  
On a scale from 1-5, which lens helped more with the frequency of your headaches?

(Lens #1 being 1 and Lens #2 being 5; circle 3 if there was no difference)

Lens #1 < 0    1    2    3    4    5    > Lens #2

11. Overall, how much do you think wearing either Lens #1 or Lens #2 improved the severity of your headaches?

0                      1                      2                      3                      4                      5

12. If your answer to the previous question was 0, please skip this question:

On a scale from 1-5, which lens helped more with the severity of your headaches?  
(Lens #1 being 1 and Lens #2 being 5; circle 3 if there was no difference)

Lens #1 < 0    1    2    3    4    5    > Lens #2

13. Overall, how much do you think wearing either Lens #1 or Lens #2 improved your light sensitivity?

0                      1                      2                      3                      4                      5

14. If your answer to the previous question was 0, please skip this question:

On a scale from 1-5, which lens helped more with your light sensitivity?  
(Lens #1 being 1 and Lens #2 being 5; circle 3 if there was no difference)

Lens #1 < 0    1    2    3    4    5    > Lens #2