

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)

Do you have any of the following symptoms at any time in any attack?

Please read each carefully.

	YES	NO
Is your pain extremely severe and only on one side, above the eye, or around the temple?	<input type="radio"/>	<input type="radio"/>
Swelling and redness of the eye lining and flow of tears on the same side as the pain	<input type="radio"/>	<input type="radio"/>
Swelling, redness, and congestion of the nose on the same side as the pain	<input type="radio"/>	<input type="radio"/>
Puffiness and swelling of the eyelid on the same side as the pain	<input type="radio"/>	<input type="radio"/>
Sweating on the forehead and face on the same side as the pain	<input type="radio"/>	<input type="radio"/>
Very small pupil and/or drooping eye lid on the same side as the pain	<input type="radio"/>	<input type="radio"/>
A sense of fullness in the ear on the same side as the pain.	<input type="radio"/>	<input type="radio"/>
A sense of restlessness or agitation	<input type="radio"/>	<input type="radio"/>
Severe or very severe pain occurring on both sides of the head during a single Cluster attack	<input type="radio"/>	<input type="radio"/>
Nausea and Vomiting	<input type="radio"/>	<input type="radio"/>
Over sensitivity to light or sound	<input type="radio"/>	<input type="radio"/>
Does physical activity like walking and climbing stairs aggravate or worsen the pain?	<input type="radio"/>	<input type="radio"/>
No other condition can explain these attacks	<input type="radio"/>	<input type="radio"/>

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.

0 25 50 75 100

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
<input type="text"/>
Other
<input type="text"/>
Other
<input type="text"/>

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.

0 2 4 6 8 10

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 (Flumedroxone, Prednisone, Cortisone)

Beta-Blockers (Propranolol, Timolol, Metoprolol, Nadolol, Atenolol)

Lithium (Lithobid)

Methysergide (Sansert) or methylergonovine (Methergine)

Anticonvulsants (Topiramate, Valproate, Carbamazapine, Oxcarbazepine, Gabapenin, Pregabalin)

Testosterone

Other

Other

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

Cafergot / ergotomine

Intranasal Ketamine

Lidocaine Nasal Drops

DHE - IV, Nasal (Migranal)

Intranasal Capsaicin

Opiates (Morphine, Oxycodone, Hydrocodone)

Other:

Other:

Other:

