

Supplementary Material

Table S1 Survey on menstrual migraine

(Translated from Danish by the authors)

Questionnaire about menstrual migraine

Help us learn more about your experience with headache/migraine in connection with menstruation

Thank you for participating in this survey on how you experience headache/migraine associated with menstruation.

The study is only relevant for girls and women of at least 15 years of age who menstruate.

It takes about 10-15 minutes to complete the questionnaire and you can easily answer on your computer, smartphone, or tablet.

Sincerely,

Pfizer Denmark

This questionnaire has been prepared by Pfizer in collaboration with Mona Ameri Chalmer, MD, PhD & headache researcher at the Danish Headache Center, Rigshospitalet and Kompass Kommunikation. We comply with all rules in connection with the processing and storage of personal data, and your answers will be treated confidentially and anonymously. Read more about our personal data policy.

Screening and demography		
1	Do you menstruate?	<ul style="list-style-type: none">a. Yes, regularly (approx. once a month)b. Yes, irregularly (less than approx. once a month)c. Yes, but I'm in menopause [screened out]d. No [screened out]e. Don't know [screened out]
2	What is your age?	<ul style="list-style-type: none">a. 0-14 years [screened out]b. 15-24 yearsc. 25-34 yearsd. 35-45 yearse. over 45 years
3	<p>How often do you experience, at the same time* as your menstrual period, either: severe headache, migraine, or visual disturbances lasting 5-60 minutes followed by headache</p> <p>*from 2 days before to 3 days into the menstrual period</p>	<ul style="list-style-type: none">a. Almost every time I have my menstrual period (at least 2 out of 3 periods) but rarely or never between menstrual periodsb. Almost every time I have my menstrual period (at least 2 out of 3 periods) and often also in between menstrual periodsc. Often during menstrual periods (at least 1 in 3 periods) but rarely or never between menstrual periodsd. Often during menstrual periods (at least 1 in 3 cycles) and often also in between menstrual periodse. Rarely during menstrual periods [screened out]

		f. Never [screened out] g. Don't know [screened out]
About headache or migraine associated with menstruation <i>The following questions are about how you experience having headache, migraine or visual disturbances followed by headache, related to menstruation.</i>		
4	Where is your headache situated when you have a headache or migraine attack?	a. On one side b. On both sides c. Other d. Don't know
5	What is the typical duration of your headache or migraine attack if you do not treat it or if the treatment is inadequate?	a. Less than 4 hours b. Between 4 and 24 hours c. 25-71 hours d. 72 hours or longer e. Don't know
6	How often is the pain associated with your headache or migraine attack exacerbated by routine physical activity, e.g., climbing stairs?	a. Always b. Frequently c. Sometimes d. Rarely e. Never f. Don't know
7	Do you experience any of the following symptoms during a headache or migraine attack? (select multiple answers if necessary)	a. Nausea b. Vomiting c. Increased sensitivity to light d. Increase sensitivity to sound e. Other f. None g. Don't know
8	Do you experience any of the following symptoms before or at the start of a headache or migraine attack? (select multiple answers if necessary)	a. Visual disturbances b. Difficulty speaking c. Sensory disturbances in arms/legs/face d. Other e. None f. Don't know
9	Is there any <i>non-medical</i> treatment that can relieve or eliminate your pain from a headache or migraine attack? (select multiple answers if necessary)	a. Rest b. Movement c. Silence/Darkness d. Other e. None f. Don't know
10	Is there any <i>medical</i> treatment that can relieve or eliminate your pain from a	a. Yes, over-the-counter medicines, such as paracetamol or ibuprofen b. Yes, prescription medications for migraine

	headache or migraine attack? (select multiple answers if necessary)	c. Yes, alternative medicine or supplements d. Other e. No, nothing I've tried works very well f. Don't know
11	Do any of your biological parents or grandparents suffer from migraine?	a. Yes b. No c. Don't know
About discomfort caused by menstrual migraine <i>The following questions are about how bothersome it is for you to have headache/migraine in connection with menstruation or in between menstrual periods.</i>		
12	Overall, how many days have you been away from school or work due to headache/migraine in the last 3 months?	a. None b. 1-5 days c. 6-10 days d. 11-15 days e. + 15 days f. Don't know
13	How many days have you been away from school or work due to headache/migraine related to menstruation in the last 3 months	a. None b. 1-5 days c. 6-10 days d. 11-15 days f. + 15 days g. Don't know
14	Overall, how many days have you missed family, social or leisure activities due to headache/migraine in the last 3 months?	a. None b. 1-5 days c. 6-10 days d. 11-15 days e. + 15 days f. Don't know
15	How many days have you missed family, social or leisure activities due to menstrual headache/migraine in the last 3 months?	a. None b. 1-5 days c. 6-10 days d. 11-15 days e. + 15 days f. Don't know
On dialogue with your treating physician <i>The following questions relate to whether you have consulted a medical doctor because of severe headache/migraine that occur when you have your period – so called menstrual migraine</i>		
16	Have you sought or received medical care because of your menstrual migraine?	a. Yes b. No c. Don't know

17	[if 16 a]: What medical care have you sought or received (select multiple answers if necessary)	<ul style="list-style-type: none"> a. GP b. neurologist/pain specialist c. Emergency care d. Other e. Don't know
18	[If 17 a, b or c] Has your GP/neurologist/emergency department informed you about medication to treat menstrual migraine attacks? (select one answer)	<ul style="list-style-type: none"> a. Yes b. No c. Don't know
19	[If 18 a] What treatment have you been offered? (select multiple answers if necessary)	<ul style="list-style-type: none"> a. Lifestyle change (e.g. diet, exercise, sleep, stress management, etc.) b. Physiotherapy, chiropractic or massage c. Alternative treatment (acupuncture, osteopathy, body SDS or similar) d. Over the counter medicine (e.g. paracetamol or ibuprofen) e. Prescription drugs (e.g. birth control pills or medicines ending in 'triptan') f. Other g. Don't know

Questions about acute treatment

The following questions are about medicine you take, if any, for your menstrual migraine

20	Do you usually take medication related to your menstrual migraine?	<ul style="list-style-type: none"> a. Yes b. No c. Don't know
21	[If 20 a] What medication do you usually take for your menstrual migraine? (select multiple answers if necessary)	<ul style="list-style-type: none"> a. Over the counter medicine e.g. paracetamol or ibuprofen b. Prescription medication for migraine c. Other d. Don't know
22	[If 20 b] What is the reason that you don't take medication when you experience menstrual migraine?	<ul style="list-style-type: none"> a. I've tried medication but it doesn't help much b. I've tried medication but I had too many side effects c. I don't like to take medication d. I didn't know I could take medication e. I don't feel that I need to take medication f. I manage my symptoms with non-pharmacological treatment g. I'm worried about side effects h. I no longer need medication i. Other j. Don't know

23	[If 21 a or b] Does the treatment relieve your migraine? (select one answer)	<ul style="list-style-type: none"> a. Yes, I experience good pain relief after taking the medication b. Yes, I experience some relief after taking the medication c. No, it doesn't help very much d. Don't know
24	To what extent do you experience side effects from the treatment? (select one answer)	<ul style="list-style-type: none"> a. To a very high extent b. To a large extent c. To some extent d. To a low degree e. To no extent f. Don't know

Click 'submit response' to complete the survey.

Thanks!

Thank you very much for your reply. Your answers help us learn more about how women experience menstrual migraine – so we can become better at helping and supporting them in their dialogue with the doctor.

If you are in doubt whether you suffer from menstrual migraine or whether your headache/migraine can be treated or is treated well enough at this time, we encourage you to contact your general practitioner.

It may be a good idea to fill out a so-called 'headache diary' before talking to a doctor. You can download one here: [Migraene_dialogvaerktoj.pdf \(hovedpineforeningen.dk\)](#)

You can get more information about migraine and headache here:

[National Knowledge Centre for Headache](#)

[Migraine and Headache Association](#)

[Migraine Denmark](#)

[Danish Patient Association for Headache Sufferers](#)

Best regards,

Pfizer