

Impact of COVID-19 Vaccination on Primary Headache Course (CoVaHead) (third month visit form)

***Required**

1. Email *

2. Physician name for future contact *

3. Initials of the patient *

4. Date of birth *

Example: 7 January 2019

5. Date of visit *

Example: 7 January 2019

6. Does the patient's headache continue? *

Mark only one oval.

☐ Yes *Skip to question 7*

☐ No *Skip to question 22*

Headache characteristics at the follow-up visit

7. What is the frequency of headache days per month? *

Mark only one oval.

☐ less than 1 day per month *Skip to question 9*

☐ 1 day or more per month *Skip to question 8*

headache (1)

8. Average headache days per month *

headache (2)

9. Average duration of headache *

Mark only one oval.

☐ less than 24 hours *Skip to question 10*

☐ 1 day or more *Skip to question 11*

headache (3)

10. Average duration of headache in hours *

headache (4)

11. Average duration of headache in days *

headache (5)

12. Quality of headache ? (multiple selection) *

Tick all that apply.

- ☐ Pressing
- ☐ Throbbing
- ☐ Stabbing
- ☐ Other

13. The side of the headache? *

Mark only one oval.

- ☐ Unilateral
- ☐ Bilateral
- ☐ Bilateral dominant on one side
- ☐ Unilateral but switch sides

14. Prominent localization of headache? (multiple selection) *

Tick all that apply.

- ☐ Frontal
- ☐ Vertex
- ☐ Temporal
- ☐ Occipital
- ☐ Holocranial
- ☐ Other

15. Please specify headache-related accompanying symptoms of the patient?
(multiple selection) *

Tick all that apply.

- ☐ Nausea/vomiting
- ☐ Phonophobia
- ☐ Photophobia
- ☐ Osmophobia
- ☐ Dizziness/vertigo
- ☐ Allodynia
- ☐ Cranial autonomic features
- ☐ Increase by physical activity
- ☐ Anosmia
- ☐ Ageusia
- ☐ Other

16. Mean severity of the headache attacks *

Mild (1) non-irritating and did not interfere with my daily work; Moderate (2) uncomfortable but I was able to do my daily work; Severe (3) I couldn't do my daily work

Mark only one oval.

	1	2	3	
mild	☐	☐	☐	severe

17. Did the headache improve or worsen since the first visit? *

Mark only one oval.

- ☐ Improved *Skip to question 18*
- ☐ Worsened *Skip to question 19*
- ☐ Did not change *Skip to question 20*

Improved headache-1

18. If the headache improved, how much did it improve? *

Mark only one oval.

☐ 25% or less

☐ >25 to 50%

☐ >50 to 75%

☐ >75 to 100%

Skip to question 20

Worsened headache-1

19. How much did the headache worsen? *

Mark only one oval.

☐ 50% and/or less

☐ more than 50%

Preventive treatment-1

20. Did the patient use any preventive medicine to relieve the pain? *

Mark only one oval.

☐ No *Skip to question 22*

☐ Yes *Skip to question 21*

Preventive treatment-2

21. Which medications/interventions were prescribed / applied to the patient to prevent or relieve the pain? (multiple selection) *

Tick all that apply.

- ☐ Paracetamol containing medicines (Parol, Minoset, Gergaline...)
- ☐ Anti-rheumatic painkillers (Apranax, Majezik, Arveles, Brufen, Advil, Etol...)
- ☐ Aspirin
- ☐ Ergotamine (Avmigran, Cafergot, Ergafein)
- ☐ Triptan (Migrex, Relpax, Imigran)
- ☐ Muscle relaxants (Muscoril, Sirdalud and similar)
- ☐ Botulinum toxin Type A injection
- ☐ Tricyclic antidepressants (TCAD)
- ☐ Selective serotonin reuptake inhibitors (SSRIs)
- ☐ Beta-blockers
- ☐ Selective noradrenaline reuptake inhibitors (SNRIs)
- ☐ Great occipital nerve blockage (GON)
- ☐ Gepants
- ☐ CGRP antibodies
- ☐ Steroids
- ☐ Other

COVID-19

22. Did the patient have COVID-19 within the time period between the previous and current visits? *

Mark only one oval.

☐ Yes

☐ No

Long COVID questions

Please do not answer these questions in this section and skip to section 14 (Mig-SCog Scale) if the patient never had COVID-19

23. When did the patient have COVID-19 diagnosis?

Example: 7 January 2019

24. Does the patient complain of ongoing fatigue after COVID-19 ?

Mark only one oval.

☐ Yes

☐ No

25. Does the patient have a new diagnosis of a psychiatric illness (such as anxiety disorders, depression, ..etc) after COVID-19 ?

Mark only one oval.

☐ Yes

☐ No

26. Does the patient complain of new onset sleep problems after COVID-19 ?

Mark only one oval.

☐ Yes

☐ No

27. Does the patient complain of new onset hair loss after COVID-19?

Mark only one oval.

☐ Yes

☐ No

The Mig-SCog
scale

Please answer these questions considering the vaccine-related headache.

During your headaches;

28. Do you feel confused? *

Mark only one oval.

- ☐ Often
- ☐ Sometimes
- ☐ No

29. Do you have trouble performing tasks at your normal speed? *

Mark only one oval.

- ☐ Often
- ☐ Sometimes
- ☐ No

30. Do you have trouble following a route (by driving or walking)? *

Mark only one oval.

- ☐ Often
- ☐ Sometimes
- ☐ No

31. Do you have trouble thinking? *

Mark only one oval.

- ☐ Often
- ☐ Sometimes
- ☐ No

32. Do you have trouble maintaining the thread of your thoughts? *

Mark only one oval.

- ☐ Often
- ☐ Sometimes
- ☐ No

33. Do you have trouble in understanding when being spoken to? *

Mark only one oval.

- ☐ Often
- ☐ Sometimes
- ☐ No

34. Do you have difficulty organizing a sentence or a conversation? *

Mark only one oval.

- ☐ Often
- ☐ Sometimes
- ☐ No

35. Do you have trouble speaking other people's names? *

Mark only one oval.

- ☐ Often
- ☐ Sometimes
- ☐ No

36. Do you have trouble remembering the correct names of objects? *

Mark only one oval.

- ☐ Often
- ☐ Sometimes
- ☐ No

Additional vaccination (1)

37. Did the patient have another vaccination of any kind (COVID, influenza, etc) between the previous and the current visits? *

Mark only one oval.

- ☐ Yes
- ☐ No *Skip to section 17 (END OF QUERY)*

Additional vaccination (2)

38. Please give the name of the vaccine applied to the patient *

39. Date of the vaccination?

Example: 7 January 2019

END OF QUERY

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