MSQ: MIGRAINE SPECIFIC QUALITY OF LIFE QUESTIONNAIRE

Please answer the following questions if you had a migraine attack in the previous 4 weeks. To complete, please circle the answer for each question.

1. **Interfered** with how well you get along with family, friends and others who are close to you?
   - Never
   - Rarely
   - Sometimes
   - Pretty
   - Almost
   - Always

2. **Interrupted** with your leisure time activities such as reading or exercising?
   - Never
   - Rarely
   - Sometimes
   - Pretty
   - Almost
   - Always

3. **Difficulty** in performing work or other daily activities?
   - Never
   - Rarely
   - Sometimes
   - Pretty
   - Almost
   - Always

4. **Kept you** from getting as much accomplished as you normally do at work or at home?
   - Never
   - Rarely
   - Sometimes
   - Pretty
   - Almost
   - Always

5. **Limited** your ability to work or do other activities as carefully as you usually do them?
   - Never
   - Rarely
   - Sometimes
   - Pretty
   - Almost
   - Always

6. **Had to cancel or delay work or social activities because you were exhausted**?
   - Never
   - Rarely
   - Sometimes
   - Pretty
   - Almost
   - Always

7. **Left you with limited** energy levels?
   - Never
   - Rarely
   - Sometimes
   - Pretty
   - Almost
   - Always

8. **Had to stop** work or other activities?
   - Never
   - Rarely
   - Sometimes
   - Pretty
   - Almost
   - Always

9. **Needed the help** of other people in handling routine tasks such as everyday household chores, doing necessary business, shopping, or caring for others when you had a migraine attack?
   - Never
   - Rarely
   - Sometimes
   - Pretty
   - Almost
   - Always

10. **Avoided** social or family activities to treat your migraine attacks?
    - Never
    - Rarely
    - Sometimes
    - Pretty
    - Almost
    - Always

11. **Difficult for you** to go to social events such as parties?
    - Never
    - Rarely
    - Sometimes
    - Pretty
    - Almost
    - Always

12. **Felt fed up or frustrated**?
    - Never
    - Rarely
    - Sometimes
    - Pretty
    - Almost
    - Always

13. **Felt like you were a burden on others**?
    - Never
    - Rarely
    - Sometimes
    - Pretty
    - Almost
    - Always

14. **Been afraid of letting others down**?
    - Never
    - Rarely
    - Sometimes
    - Pretty
    - Almost
    - Always

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**Total Score**

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**Patient Name**  **Date of Birth**  **Date**