

MSQ: MIGRAINE SPECIFIC QUALITY OF LIFE QUESTIONNAIRE

While answering the following questions, please think about all migraine attacks you may have had in the past 4 weeks.

1. How often have migraines interfered with how well you dealt with family, friends and others who are close to you?
⑥ Never ⑤ Rarely ④ Sometimes ③ Pretty ② Almost ① Always
2. How often have migraines interrupted with your leisure time activities such as reading or exercising?
⑥ Never ⑤ Rarely ④ Sometimes ③ Pretty ② Almost ① Always
3. How often have you had difficulty in performing work or other daily activities?
⑥ Never ⑤ Rarely ④ Sometimes ③ Pretty ② Almost ① Always
4. How often have migraines kept you from getting as much accomplished as you normally do at work or at home?
⑥ Never ⑤ Rarely ④ Sometimes ③ Pretty ② Almost ① Always
5. How often have migraines limited your ability to work or do other activities as carefully as you usually do them?
⑥ Never ⑤ Rarely ④ Sometimes ③ Pretty ② Almost ① Always
6. How often have you had to cancel or delay work or social activities because you were exhausted?
⑥ Never ⑤ Rarely ④ Sometimes ③ Pretty ② Almost ① Always
7. How often have migraines left you with limited energy levels?
⑥ Never ⑤ Rarely ④ Sometimes ③ Pretty ② Almost ① Always (Score -7)*100/35

8. How often have you had to stop work or other activities?
⑥ Never ⑤ Rarely ④ Sometimes ③ Pretty ② Almost ① Always
9. How often have you 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?
⑥ Never ⑤ Rarely ④ Sometimes ③ Pretty ② Almost ① Always
10. How often have you avoided social or family activities to treat your migraine attacks?
⑥ Never ⑤ Rarely ④ Sometimes ③ Pretty ② Almost ① Always
11. How often has it been difficult for you to go to social events such as parties?
⑥ Never ⑤ Rarely ④ Sometimes ③ Pretty ② Almost ① Always (Score-4)*100/20

12. How often have you felt fed up or frustrated?
⑥ Never ⑤ Rarely ④ Sometimes ③ Pretty ② Almost ① Always
13. How often have you felt like you were a burden on others?
⑥ Never ⑤ Rarely ④ Sometimes ③ Pretty ② Almost ① Always
14. How often have you been afraid of letting others down?
⑥ Never ⑤ Rarely ④ Sometimes ③ Pretty ② Almost ① Always (Score-3)*100/15

Total Score

Patient Name

Date of Birth Date