

# Young Migraineurs Media Volunteer Questionnaire



Stories in the media about migraine help to raise awareness of the condition amongst the general public. MA constantly needs the support of adults, children and young people affected by migraine who are willing to share their stories about the realities of living with migraine. **If you may be willing to help us in this way, please complete this form and return it to us.** (A different form is available for adults with migraine). Depending on the age of the young migraineur, it may be appropriate for a parent/ guardian to complete the form. (Journalists will also often want to include the parent / guardian or other family member's 'perspective' as part of any feature). From the information provided, we will produce an 'overview profile' which we will then send to you for approval. We can then send this profile to journalists when discussing a possible feature: **we will contact you prior to forwarding your contact details on to a journalist.** We appreciate the questionnaire will take some time to complete – the information provided will aid us in matching up suitable opportunities, and we thank you for your support. Please leave any questions which you do not think are applicable. If you have any questions regarding media activity, please call 0116 275 8317.

<b>PARENT / GUARDIAN INFORMATION</b>	
Migraine Action membership No. (if known / applicable):	Date form completed:
Your age:	Title: Mr / Mrs / Miss / Ms / Other _____
First Name:	Surname:
Address:	
County:	Postcode:
Work/Daytime Telephone No. (with area code):	
Home Telephone No. (with area code):	
Mobile Number:	E-mail:
Fax Number:	Best time to contact you?
Please circle your preferred method of contact above (if an urgent response is required MA may need to contact you via another number listed).	
Spouses name (if applicable):	
Your occupation:	
Spouses occupation (if applicable):	
Children: (Please list names and dates of birth):	

**YOUNG MIGRAINEUR INFORMATION**

Name:

Age:

Hobbies / interests:

Contact details / preferred method of contact (if different from parent/guardian):

**YOU AND YOUR MIGRAINE**

**Your first migraine attack** - *(If you don't know this information please go to the next question)*

How old were you when you had your first migraine attack?

Were you at school, at home, or somewhere else, when you had your first migraine?

What were your symptoms? (headache, stomach ache, feeling / being sick, 'aura' – flashing lights in your eyes for example):

When / how did you know it was a migraine? (did a parent / guardian or teacher recognised the signs?)

Did you feel scared?

How long did the migraine last?

How were you diagnosed with migraine (did you go to the GP, for example) and how old were you?

<b>How often (approximately) do you now have a migraine?</b>
<b>How long do your migraines usually last?</b>
<b>What are the main symptoms you usually experience?</b>
<b>Do you know what triggers your migraine? (food, stress etc.)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes please state:</b>
<b>Have you made any 'lifestyle' changes due to migraine? (for example, what you eat, reducing time on the computer etc.)</b>
<b>Who has been involved in treating your headache?</b> <input type="checkbox"/> GP <input type="checkbox"/> Neurologist <input type="checkbox"/> Paediatrician <input type="checkbox"/> Specialist Headache Clinic <input type="checkbox"/> Complementary therapist <input type="checkbox"/> Other (please specify)
<b>How do you treat your migraine? (have you been prescribed any medication, for example)</b>
<b>Have you tried any complementary therapies to help your migraine? (Acupuncture, for example). If so have they helped your migraine?</b>

**If you have any been hospitalised due to migraine, please give details:**

**Is there a particular attack that really stands out? For example, because you felt the most unwell or because it stopped you doing something you really wanted to?**

**Do you have any examples of when migraine has affected your home / family life? For example, have you missed an important event like a birthday or Christmas, or has a holiday been ruined due to migraine?**

**Do your friends understand about your migraine?**

**What impact does migraine have on school or college (or work), for example have you missed lots of days or an exam due to migraine?**

**Do you feel that teachers understand about your migraine?**

Are there particular periods of the day / week / month / year when your migraines are more common? If so do you know why this is?	
Does any of your family have a history of migraine? For example do parents, grand-parents, brothers or sisters also have migraine?	
Do you have concerns for the future because of your migraine? (Are you worried about missing time off school, friends or teachers not understanding, if migraine will prevent you from doing the job you want to when you leave school etc.)	
Are there any particular topics that you would be keen to talk about / raise awareness of?	
<b>WORKING WITH THE MEDIA</b>	
To date, have you / your family shared your story of living with migraine with the media (including any newspaper, TV, radio or magazine interviews?) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, please give details ( <i>programme or publications, date of coverage, overview of feature</i> ):	
In principle, are you (and a parent / guardian if required):	
Prepared to travel to an interview?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Happy to appear on a taped television programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Happy to appear on a live television programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Happy to take part in a taped radio programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Happy to take part in a live radio programme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
To help us identify the most suitable opportunities, if you wish, please give further details on what media you would / would not be willing to participate in:	
Would you / a parent or guardian be happy to be photographed for an article? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>Photography:</b> It is useful to have a head and shoulders photo of you (and a photo of you and a parent / guardian) on file to send to journalists if required. If possible, please email a jpeg format image (along with your name) to <a href="mailto:rachelmarkham@migraine.org.uk">rachelmarkham@migraine.org.uk</a> or send a hardcopy to us for an electronic copy to be made for this purpose (please state if you would like the original returned):</p> <p style="padding-left: 40px;">An image is attached with / sent with this questionnaire: <input type="checkbox"/></p> <p style="padding-left: 40px;">An image will be forwarded to you separately via email: <input type="checkbox"/></p> <p style="padding-left: 40px;">Other (please state):</p>	

**Please give any other information below that you think may be helpful:**  
*(please use a separate sheet if necessary)*

**Thank you for completing this form.**  
**Please return it to us by post, fax or email (contact details below).**

We will contact you when we have an opportunity that may be of interest.  
If at any point in the future you would like to be removed from MA's list of possible media  
volunteers simply let us know.

**Migraine Action**  
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