

**Section B: Headache**

TIME THIS SECTION BEGINS RECORDED HERE  
**TSST04B**

You said that in the last six months you have had a headache.

B1. Did you get medical care for your headache during the last 6 months?

**(Circle One)**

- B04B01** YES ..... 1 → SKIP TO B3  
NO ..... 2  
DON'T RECALL / NOT SURE ..... 3 → SKIP TO NEXT SYMPTOM  
OR SECTION H

B2. (HAND R CARD #7) Please take a look at this card and tell me which category or categories come closest to the reason why you did not get medical care.

**(Circle All that Apply)**

- B04B02A** a. DIDN'T THINK I NEEDED MEDICAL CARE ..... 1  
**B04B02B** b. RECEIVED CARE FOR THIS IN THE PAST ..... 2  
**B04B02C** c. COULDN'T AFFORD MEDICAL CARE ..... 3  
**B04B02D** d. DIDN'T KNOW WHERE TO FIND MEDICAL CARE ..... 4  
**B04B02E** e. COULDN'T GET AN APPOINTMENT WHEN I COULD GO ..... 5  
**B04B02F** f. I WAS REFUSED CARE WHEN I TRIED TO GET IT ..... 6  
**B04B02G** g. I DON'T FEEL COMFORTABLE SPEAKING ENGLISH AND COULDN'T  
FIND MEDICAL CARE WHERE THEY SPEAK MY LANGUAGE ..... 7  
**B04B04H** h. SOME OTHER REASON ..... 8

SKIP TO NEXT SYMPTOM IF THERE IS ANOTHER OR SECTION H

B3. How soon did you get medical help about this problem after it started?

- a. ENTER HOW SOON: \_\_\_\_\_ b. CIRCLE UNIT: DAYS ..... 1  
**B04B03** WEEKS ..... 2

B4. Now think about what happened when you saw a health care provider. Did your provider do any of the following:

(Circle One on Each Line)

Did he or she:		<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>
<b>B04B04A</b>	a. Look into your eyes with a bright light, tap your elbows and knees with a reflex hammer, or scratch the bottom of your feet with a stick or other instrument? .....	1	2	3
<b>B04B04B</b>	b. Order blood tests? .....	1	2	3
<b>B04B04C</b>	c. Order an x-ray study of your head, such as an MRI, or CT scan? .....	1	2	3
<b>B04B04D</b>	d. Do a spinal tap, that is put a needle in your lower back to collect fluid for tests? .....	1	2	3
<b>B04B04E</b>	e. Have you admitted to the hospital? .....	1	2	3
<b>B04B04F</b>	f. Tell you about danger signs to watch out for? .....	1	2	3

B5. Did your health care provider give you any of the following treatments for your headache:

(Circle One on Each Line)

		<u>YES</u>	<u>NO</u>	<u>NOT SURE</u>
<b>B04B05A</b>	a. Pain medicine? .....	1	2	3
<b>B04B05B</b>	b. Medicine for anxiety or tension? .....	1	2	3
<b>B04B05C</b>	c. Antibiotics? .....	1	2	3
<b>B04B05D</b>	d. Medicine for sinus trouble? .....	1	2	3

B6. CHECK B4. IF B4e IS CODED 1 (YES) SKIP TO C1. ALL OTHERS ASK B7.

B7. Were you given a follow-up appointment or referral for further care or evaluation of your headache:

(Circle One)

<b>B04B07</b>	Within a week, .....	1
	More than a week later, or .....	2
	Did you not get a follow-up appointment? .....	3
	CAN'T REMEMBER .....	4

B8. (HAND R CARD #8) What did your health care provider say about the cause of your headache?  
(Circle One)

- B04B08**
- a. PROVIDER DIDN'T TALK ABOUT A CAUSE ..... 01
  - b. DIAGNOSED MENINGITIS ..... 02
  - c. DIAGNOSED A BRAIN INFECTION ..... 03
  - d. DIAGNOSED A BRAIN TUMOR ..... 04
  - e. DIAGNOSED A SINUS INFECTION ..... 05
  - f. DIAGNOSED A MIGRAINE-TYPE HEADACHE ..... 06
  - g. DIAGNOSED A TENSION HEADACHE ..... 07
  - h. PROVIDER SAID CAUSE UNKNOWN ..... 08
  - i. DIAGNOSED ANOTHER CAUSE ..... 09
  - j. DON'T RECALL ..... 10

SKIP TO NEXT SYMPTOM IF THERE IS ANOTHER OR SECTION H
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