**First:** Demographic factors

|  |  |
| --- | --- |
| **Age (years)** |  |
| **Gender** | 🞎 Male 🞎 Female |
| **Ethnicity** | 🞎 Arab 🞎 Kurd 🞎 Other |
| **Religion** | 🞎 Muslim 🞎 Other religion 🞎 Non-religious |
| **Province** |  |
| **Residence** | 🞎 Urban 🞎 Rural |
| **Marital status** | 🞎 Single 🞎 Married 🞎 Widowed/Divorced |
| **Current educational stage** | 🞎 No formal education 🞎 Elementary school  🞎 Middle school 🞎 High school  🞎 Undergraduate 🞎 Graduate/Postgraduate |
| **Field of study** |  |

**Second:** Migraine screening questionnaire

**The following questions below refer to the headache episodes that you may have experienced in your lifetime. If you are not sure how to answer a given question, please answer what you believe is most correct.**

1. Do you have frequent or intense headaches?🞎 Yes 🞎 No
2. **If left untreated or unsuccessfully treated,** how long would your headache usually last?

🞎 < 30 mins 🞎 30 mins to < 2 hours 🞎 2 hours to < 4 hours   
🞎 4 hours to < 3 days 🞎 > 3 days

**For the following questions, please select the most suitable answer:**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **3.** Do you often feel nauseous or sick to your stomach during your headache? | 🞎 | 🞎 |
| **4.** Are you often sensitive to light (does light bother you) during your headache? | 🞎 | 🞎 |
| **5.** Are you often sensitive to sounds (does noise bother you) during your headache? | 🞎 | 🞎 |
| **6.** Does a headache limit any of your physical or intellectual activities? | 🞎 | 🞎 |
| **7.** aggravation by or causing avoidance of routine physical activity (e.g. walking/climbing stairs) | 🞎 | 🞎 |

**Regarding the headache episodes described above,** select the most suitable characteristic:

|  |  |
| --- | --- |
| **8.** Site | 🞎 One-sided 🞎 Two-sided |
| **9.** Character | 🞎 pulsating/pounding 🞎 Tightening/pressing |
| **10.** Severity | 🞎 Mild 🞎 Moderate or severe |
| **11.** Frequency | 🞎 > 15 days/month for >3 months  🞎 > 8 days/month for >3 months  🞎 < 8 days/month or <3 months |

**Third:** Quality of life (SF-36)

1. **In general,** would you say your health is:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Excellent** | **Very Good** | **Good** | **Fair** | **Poor** |
| 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. Compared to **one year ago**, how would you rate your health in general?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Much better** | **Somewhat better** | **About the same** | **Somewhat worse** | **Much worse** |
| 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. The following questions are about daily activity. **Does your health now limit** you in these activities? If so, how much?

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes, limited a lot** | **Yes, limited a little** | **No, not limited at all** |
| **Vigorous activities** (running, lifting heavy objects, etc.) | 🞎 | 🞎 | 🞎 |
| **Moderate activities** (moving a table, pushing a vacuum cleaner, bowling, etc.) | 🞎 | 🞎 | 🞎 |
| **Lifting or carrying** groceries | 🞎 | 🞎 | 🞎 |
| Climbing **several** flights of stairs | 🞎 | 🞎 | 🞎 |
| Climbing **one** flight of stairs | 🞎 | 🞎 | 🞎 |
| **Bending, kneeling, or stooping** | 🞎 | 🞎 | 🞎 |
| Walking **more than one and a half km** | 🞎 | 🞎 | 🞎 |
| Walking **several hundred meters** | 🞎 | 🞎 | 🞎 |
| Walking **one hundred meters** | 🞎 | 🞎 | 🞎 |
| **Bathing or dressing** yourself | 🞎 | 🞎 | 🞎 |

1. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your **physical health**?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **All of the time** | **Most of the time** | **Some of the time** | **A little of time** | **None of the time** |
| Cut down on the **amount of time** you spend on work or other activities | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| **Accomplished less** than you would have liked | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Were limited in the **kind** of work or other activities | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Had **difficulty** performing the work or other activities | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of **any emotional problem** (such as feeling depressed or anxious)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **All of the time** | **Most of the time** | **Some of the time** | **A little of time** | **None of the time** |
| Cut down on the **amount of time** you spend on work or other activities | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| **Accomplished less** than you would have liked | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Were limited in the **kind** of work or other activities | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Had **difficulty** performing the work or other activities | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. During the **past 4 weeks**, to what **extent** have your physical health or emotional problems interfered with your normal **social activities** with family, friends, neighbors, or groups?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all** | **Slightly** | **Moderately** | **Quite a bit** | **Extremely** |
| 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. How much **bodily pain** have you had during the **past 4 weeks**?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **None** | **Very mild** | **Mild** | **Moderate** | **Severe** | **Very severe** |
| 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Not at all** | **Slightly** | **Moderately** | **Quite a bit** | **Extremely** |
| 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. How much of the time during the **past 4 weeks**…

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **All of the time** | **Most of the time** | **Some of the time** | **A little of time** | **None of the time** |
| Did you feel full of life? | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Have you been very nervous? | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Have you felt so down in the dumps that nothing could cheer you up? | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Have you felt calm and peaceful? | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Did you have a lot of energy? | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Have felt downhearted and depressed? | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Did you feel worn out? | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Have you been happy? | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Did you feel tired? | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. During the **past 4 weeks**, how much of the **time** have your physical health or emotional problems interfered with your **social activities** (like visiting with friends, relatives, etc.)?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **All of the**  **time** | **Most of the time** | **Some of the time** | **A little of the time** | **None of the time** |
| 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

1. How **TRUE or FALSE** is each of the following statements for you?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Definitely True** | **Mostly True** | **Don’t know** | **Mostly False** | **Definitely False** |
| I seem to get sick a little easier than other people | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| I am as healthy as anybody I know | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| I expect my health to get worse | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| My health is excellent | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |