

Demographic information

Age (Years)

Gender

- ☐ Male
- ☐ Female

Highest educational attainment

- ☐ No formal education
- ☐ Primary school
- ☐ Secondary school
- ☐ Tertiary school

How long does your headache last (if untreated or unsuccessfully treated)

- ☐ 4 hours or more
- ☐ Less than 4 hours

Do you experienced the following fully reversible symptoms around the time of your headache? (you can select more than one)

- ☐ Visual symptoms (spots, stars, lines, flashing lights, or zigzag lines)
- ☐ Numbness or tingling of your body or face
- ☐ Difficulty speaking
- ☐ None of the above

Regarding the symptoms above, select all that applies:

- ☐ At least one spread gradually over 5 or more minutes and continue
- ☐ Two or more of them come in succession
- ☐ Each one of them lasts 5 - 60 mins
- ☐ At least one affect mostly one side of the body
- ☐ At least one of the symptoms comes as a pin and needle sensation
- ☐ At least one of the symptoms comes as light scintillations
- ☐ They occur before the headache or followed by it in 1 hour
- ☐ None of the above

Aura frequency

Regarding the symptoms above, How many times have you experienced them?

- ☐ Two times or more
- ☐ One time only

Regarding the symptoms above, select the answer that describe their frequency:

- ☐ ≥ 15 day/month for >3 months
- ☐ ≥ 8 day/month for >3 months
- ☐ < 8 days or < 3 months

Headache site and severity

For your headache episodes, which of the following best describe its location?

- ☐ The pain is mostly on one side
- ☐ The pain is on both sides

For your headache episodes, which of the following best describe its severity

- ☐ Mild
- ☐ Moderate
- ☐ Severe

M/T headaches

For your headache episodes, which of the following best describe its character

- ☐ Pulsating, pounding, or throbbing
- ☐ Pressing or tightening

Select the most appropriate answer

- ☐ The pain is made worse by routine activity such as walking or climbing stairs
- ☐ The pain is not affected by routine activity such as walking or climbing stairs

During these headache episodes do you experience these symptoms ? (you can select more than one)

- ☐ Nausea
- ☐ Vomiting
- ☐ Sensitivity to sound (phonophobia)
- ☐ Sensitivity to light (photophobia)
- ☐ None

Have you had these headache episodes described above

- ☐ More than 5 times in your life
- ☐ More than 5 and less than 10 times
- ☐ 10 times or more in your life

Tension headache frequency

How frequently do you experience the previously mentioned headache episodes

- ☐ <1 day/month (<12 days/year)
- ☐ 1-14 days/month for >3 months (≥ 12 days and <180 days/year)
- ☐ ≥ 15 day/month for >3 months (>180 days/year)

Select the most appropriate answer:

- ☐ I experience areas around my head which are painful when touched
- ☐ I don't experience areas around my head which are painful when touched

Migraine without aura frequency

Regarding the headache episodes described above, How frequent are they?

- ☐ ≥ 15 day/month for >3 months
- ☐ ≥ 8 day/month for >3 months
- ☐ < 8 days or <3 months

Brief headaches

How long does your typical headache episode last ?

- ☐ 2 – 15 mins
- ☐ 15 – 30 mins
- ☐ 30 mins to 3 hours

During your headache, have you experienced any of the following in the same side as your headache (you can select more than one)

- ☐ Conjunctival injection and/or lacrimation
- ☐ Nasal congestion and/or rhinorrhea
- ☐ Eyelid oedema (swelling)
- ☐ Forehead and facial sweating
- ☐ Miosis and/or ptosis
- ☐ A sense of restlessness or agitation
- ☐ None of the above

Does your headache affect your orbital, supraorbital, or temporal region

- ☐ Yes
- ☐ No

Describe the typical frequency of your headache:

- ☐ 1 - 5 times/day
- ☐ 5 - 8 times/day
- ☐ >8 times/day

Have you experienced the headache described above:

- ☐ < 5 times in your life
- ☐ 5 – 20 times
- ☐ ≥ 20 times in your life

How long have you experienced this headache

- ☐ ≤ 3 months
- ☐ > 3 months

Does indomethacin completely prevent or treat your headache?

- ☐ Yes
- ☐ No
- ☐ I don't know the medication

Medication use

Do you take any of the following medications for the symptomatic relief of your headache? (You can select more than one)

☐

Ergotamine



Triptan

☐ Paracetamol



☐ Ibuprofen, ketoprofen, and other NSAIDs



☐ Tramadol, morphine and other opioids

☐ Other medications