Headache questionnaire secondary school

Questionnaire # GY-_____

Date :_____

1) Are you a girl or a boy?

❒ Girl

❒ Boy

2) Which class level do you attend? / How old are you?

Class level: _____ Age: _____

3) Do you suffer from headaches?

❒ never ❒ rarely (1 x / month) ❒ more frequently (≥ 2 x / month)

4) Where do you live?

❒ with both parents ❒ with my father

❒ with my mother ❒ with someone else: _____

*--- If you **never** get any headaches, please proceed to question 17 (page 3, grey part of the questionnaire) ---*

5) When you have a headache ... (Please check as many answers as apply)

❒ you take a rest in a dark room ❒ you distract yourself

❒ you suffer from nausea/sickness ❒ you can't participate at sports class at school

❒ something else: _____

6) Since when do you suffer from headaches? **Years:** _____ **Months:** _____

7) How many days per months do you experience headaches? **Days:** _____

8) How bad do your headaches hurt? (Please check a number)

The numbers between 0 and 10 stand for different intensities of pain. 0 means no pain at all whereas 10 stands for the most intense pain one can imagine.

❒ 0 ❒ 2 ❒ 4 ❒ 6 ❒ 8 ❒ 10

9) During the last 3 months, how many days of school have you missed <u>because of your headache</u>? _____

10) Which drugs do you take <u>because of your headache</u>? (Please check as many answers as apply)

❒ Paracetamol ❒ Triptans ❒ others (e.g. homeopathy)

❒ Ibuprofen ❒ Metamizole _____

11) How bad do your headaches get before you take pain relievers? (Please check a number)

The numbers between 0 and 10 stand for different intensities of pain. 0 means no pain at all whereas 10 stands for the most intense pain one can imagine.

❒ 0 ❒ 2 ❒ 4 ❒ 6 ❒ 8 ❒ 10

12) During the last 3 months, did you take drugs <u>because of your headache</u>?

❒ no ❒ ≥ 1 x / month ❒ ≥ 5 x / month

13) During the last 3 months, did you consult your doctor <u>because of your headaches</u>?

❒ no ❒ yes: once ❒ yes: several times

14) How much do your headaches affect your everyday life (concering school, leisure time...)?

❒ not at all ❒ very little ❒ medium ❒ very much ❒ most imaginable

15) Did your doctor give you a diagnosis concerning your headaches?

❒ yes: migraine ❒ yes: tension headaches ❒ yes: other ❒ no diagnosis given

16) Can you discribe your headaches a little more? (Please check as many answers as apply)

❒ dull ❒ pulsatile ❒ weak to medium intensity

❒ medium to strong intensity ❒ unilateral ❒ bilateral

17) How often do you excercise (so that you're short of breath or start sweating)?

❒ never ❒ 1-2x / week ❒ 3-4x / week ❒ daily

18) What is your height and weight?

Weight: _____ kg Height: _____ cm

19) Do you smoke cigarettes?

❒ no ❒ 1-2x / week ❒ daily

20) Do you drink alkoholic drinks?

❒ no ❒ 1-2x / week ❒ daily

21) How often do you drink caffeinated drinks (e.g. Coke, Coffee or Energy-Drinks)?

❒ never ❒ 1-2x / week ❒ daily

22) How long do you use your phone or a computer/tablet?

❒ not at all ❒ 1-2 hours / day ❒ more than 3 hours / day

23) How long do you watch TV?

❒ not at all ❒ 1-2 hours / day ❒ more than 3 hours / day

24) Do you have family members that suffer from headaches?

❒ no ❒ yes: _____

25) Do you experience pain in other regions of your body? (Please check as many answers as apply)

❒ menstrual cramps ❒ back pain, joint pain or muscular pain ❒ stomachache

❒ no ❒ yes: others

26) Do you take pain relievers for other bodily pain (except headaches)? If yes, what do you take?

❒ no ❒ yes: _____

27) Do you take any other medication on a regular basis (except for pain relievers)? If yes, what do you take?

❒ no ❒ yes: _____

Did you answer all 27 questions? Thank you very much for participating!