

## Headache Questionnaire

### Investigator:

1. Name:
2. Age (years):
3. Nationality:
4. Marital status:
5. Height (cm):
6. Weight (kg):
7. Educational level:
  - A. Junior high school or below
  - B. Senior high school or technical secondary school
  - C. University
  - D. Postgraduate
8. Annual income (10,000 yuan):
9. Age of initial drug use (years):
10. What kinds of drugs do you use
  - A. Heroin    B. Cocaine    C. Methamphetamine    D. Ecstasy
  - E. Others    F. Two or more kinds of drugs

(Participants who only use heroin continue answering the following questions. Those who use other addictive drugs or  $\geq 2$  kinds of drugs withdraw from the survey.)

11. How often do you use heroin every month:

12. How do you use heroin

A. Oral use or snorting    B. Intravenous injection    C. Others

13. Amount of heroin that you use each time (please describe in detail according to different formulations and methods of usage):

14. Duration of heroin use so far (years):

15. Have you had headaches before heroin use?

A. Yes    B. No, never

(Participants who have had headaches before heroin use should answer questions 16-

32. Those who never had headaches before heroin use should answer questions 33-

40.)

16	Are the headaches unilateral or bilateral?	A. Unilateral B. Bilateral
17	What is the characteristic of the headaches?	A. Pulsating pain B. Non-pulsating pain
18	Do the headaches worsen with physical activities such as walking or climbing stairs?	A. Yes    B. No
19	Do you feel nauseous during a headache?	A. No    B. Yes
20	Do you vomit during a headache?	A. No    B. Yes
21	Do you have a symptom of photophobia during a headache? In other words, do you prefer to stay in a dark environment during a headache?	A. No    B. Yes

22	Are you afraid of sounds during a headache? In other words, do you prefer to stay in a quiet environment during a headache?	A. No    B. Yes
23	Do the headaches affect your daily life, work or study?	A. Completely unaffected B. Affected to some extent C. Unable to do anything
24	How long does a headache last without treatment? (If it relieves after sleeping, the sleep time should be calculated in the duration of headache.)	____ hours
25	How often do the headaches attack?	A. Everyday B. _____ days/month C. < 1 day/month
26	Does any of your family members have similar headaches?	A. None    B. Parents C. Brothers or sisters D. Sons or daughters E. Other family members
27	Does your headache occur in a certain season or a certain time point?	A. A certain season and a certain time point B. Either a certain season or a certain time point C. Neither a certain season nor a certain time point

28	Are there any of the following symptoms before a headache? (Flash or dark spots in front of the eyes, water ripple in front of the eyes, tingling or numbness in the skin, or unable to speak fluently.)	A. No    B. Yes
29	Do you have a red eye with tears when a headache attacks?	A. No    B. Yes
30	Do you feel uncomfortable on one side of your nose or ears during a headache?	A. No    B. Yes
31	Do the headaches often occur during menstruation (from 2 days before menstruation to the first 3 days of menstruation)?	A. No    B. Yes
32	If the answer of question 31 is yes, do the headaches occur other than menstruation?	A. No    B. Yes

33	Time from heroin use to the onset of headache (hours)	____hours
34.	How long does a headache last without treatment (hours)?	____hours
35	Characteristic of the headache	A. Pulsating pain B. Distending pain C. Others
36	Site of the headache	A. Unilateral    B. Bilateral

37	Do you feel nauseous during a headache attack?	A. No    B. Yes
38	Do you vomit during a headache attack?	A. No    B. Yes
39	Do you have a symptom of photophobia during a headache? In other words, do you prefer to stay in a dark environment during a headache?	A. No    B. Yes
40	Are you afraid of sounds during a headache? In other words, do you prefer to stay in a quiet environment during a headache?	A. No    B. Yes