

## QUESTIONNAIRE FOR MEMBERS OF LAY HEADACHE ASSOCIATIONS

1) Please indicate your gender

- Female
- Male

2) Please indicate your age

- Below 20 years
- 21-40 years
- 41-60 years
- Above 61 years

3) Which of the following conditions is most applicable to you?

- Migraine
- Tension type headache
- Cluster headache
- Other Headache

4) How many headache days per month do you have?

5) Could you please indicate in which European country you live?

[Please select your country from the menu below]

6) If from a country with a public and private healthcare systems, please choose what type of patient you are:

- Public
- Private

**7) How many years did you spend in school?**

Please indicate the number: \_\_\_\_\_

**8) In your country, are headache diaries freely available in your national language?**

[Please tick any of the statements that are true in your country]

- Patient can easily find and download HEADACHE DIARIES from the Internet
- Usually doctors will provide a paper copy of a headache diary
- Sometimes
- No
- I am not sure

**9) In your country, is access to reliable, accurate information on all aspects of headache\* available?**

- Yes
- No

**If you answered yes,**

**9a) Where can you find it?**

[Please tick any of the statements that are true in your country]

- From civil society organisations (such as patient organisations, etc).
- From medical professional organisations that specialise in head pain (such as neurologists' associations).
- The websites of hospitals/clinics.

Other source [please specify].

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\* Migraine and other headache disorders

**10) Are you aware of the existence of programmes in your country to identify migraine in children who attend elementary/primary schools?**

- Yes
- No

**11) Are you aware of the existence of any national campaign in your country focused on increasing public awareness about headache\* in the last 2 years?**

- Yes
- No

**12) Do you know about the existence of headache centres?**

- Yes
- No

**If you answered yes:**

**12a) How much time elapsed between the start of your headache\* and the knowledge of a headache centre:**

**Please indicate the number in years:\_\_\_\_\_**

**12b) How did you find out about a headache centre:**

- Media (newspaper, TV etc.)**
- Medical experts**
- Leaflets, brochures etc.**
- Other sufferers**
- Patient organization**

Relatives, friends, neighbours etc.

Other

**13) In your experience, have you had the right to choose which specialist doctor you see and which hospital you attend?**

Yes

No

**14) In your experience, can patients have easy access to information that allows them to see which hospitals/clinics are best for head pain (such information might, for instance, be about treatment results, complication rates, etc).**

Yes.

Sometimes/it depends

No

I am not sure

**15) Have you been referred to a headache\* specialist?**

Yes

No

**If you answered yes:**

**15a) How were you referred?**

Referral from GP

Direct Access (without referral)

Other [please specify below]

**15b) How long did you wait for the appointment with the specialist?**

**[technical comment: scroll down list, only 1 option]**

- Less than three months.
- MORE THAN three months.

**16) In your country, do you know if there are nurses with a SPECIAL COMPETENCE in headache\***

- Yes
- No
- I am not sure

If you answered yes, please specify where below

**17) Do you regularly see a health professional for treatment?**

- Yes
- No

If you answered yes,

**17a) Who do you regularly consult?**

- General Practitioner
- Neurologist
- Headache Clinic staff
- Pharmacist
- Other (please specify below):

**18) What type of acute medication do you take?**

[Please tick any classes that applies]

- Over the counter painkillers
- Prescription analgesics
- Triptans or Ergotamine
- Nothing

**19) Do you take prophylactic medications?**

- Yes
- No

**If you answered yes,**

**19a) What length of time elapsed between first consultation with Health Professional and being prescribed preventative medication?**

**Please indicate in years: \_\_\_\_\_**

**20) Are you satisfied with the management and treatment of your headache condition?**

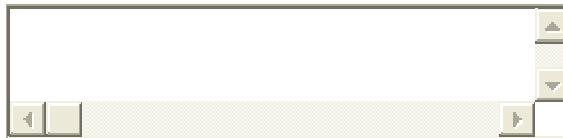
- Yes
- No

**If you answered no:**

**20a) What is the reason?**

[Please tick any option that applies]

- Ineffective treatment**
- Explanation of treatment is insufficient**
- Difficulty in getting to a headache specialist**
- Next appointment too long ahead**
- Other reasons, please specify:**

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