## Covid-19 Vaccine and Headache Questionnaire

## Dear Participant;

We are doing a research on the relationship between headache and vaccine against to the new type of Covid-19 known as Coronavirus, which affects our country as well as the whole world. The information we will obtain will shed light on our better understanding of this important issue and the right intervention at the right point. We thank you very much for your contribution to science by participating in this questionnaire consisting of 61 questions and completed in approximately 8 minutes.

\* Obligatory fields

1.	Have you been vaccinated for Covid-19? *
	Yes
	◯ No
С	ovid-19 Vaccine
2.	Which vaccine did you get? *
	Pfizer/Biontech
	AstraZeneca
	Sinovac
	Moderna

3.	How many times have you been vaccinated? *
	First dose
	Both doses
4.	How old are you? *
5.	What is your gender? *
	Female
	Male
6.	What is your profession? *
	Physician
	Dentist
	Medical faculty student
	Dentistry student
	Nurse
	Laborant
	Pharmacist
	Technician Oil and the confidence of the confide
	Other health staff

7.	Do you have any chronic illness? *
	Yes
	No
С	hronic Illnesses
8.	What is your chronic illness (you can choose more than one)?*
	Hypertension
	Diabetes
	Ischemic heart disease
	Hyperlipidemia
	COPD
	Thyroid disease
	Depression
	Anxiety disorder
	Liver failure
	Digestive system disease
	Cancer
	Muscle disease
	Previous paralysis (with or without sequelae)
	Allergy
	Asthma
	None

Medications

	Analgesics
	Anti-diabetic medication
	Thyroid medication
	Digestive system medication
	Anti-rheumatism medication
	Vitamin
	Heart or blood pressure medication
	Antiaggregants
	Lung medication
	Migraine medication
	Antidepressive drugs
	Sleeping pill
	None  Have you been diagnosed with Covid 102 *
Co	Have you been diagnosed with Covid-19? *  Yes No  No  Ovid-19 Course
	Have you been diagnosed with Covid-19? *  Yes No
Co	Have you been diagnosed with Covid-19? *  Yes No  No  Divid-19 Course
Co	Have you been diagnosed with Covid-19? *  Yes No  No  Divid-19 Course  How was your dinical course of Covid-19? *
	Have you been diagnosed with Covid-19? *  Yes No  Ovid-19 Course  How was your dinical course of Covid-19? *  Asymptomatic

12.	Which complaints did you have during the Covid-19 (you can choose more than one)?*
	Sore throat Cough Shortness of breath Inability to smell Inability to taste Lung involvement Nausea Vomiting Diarrhea Weakness Joint pain Muscle pain Chest pain None
13.	Have you had an antibody test after Covid-19? *  I have not  Yes I have, positive  Yes I have, negative
14.	Did you suffer from a headache during Covid-19? *  Yes No
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Headache During Covid-19 Infection

15.	How was your headache during Covid-19? (you can choose more than one) *
	One side of the head  Both sides of the head
16.	What was the character of your headache during Covid-19 (you can choose more than one)? *
	Throbbing Compressing Jolting Others
17.	Did movements increase your headache during Covid-19 (e.g. leaning forward, climbing stairs) *
	Yes No
18.	How was the severity of your headache during Covid-19?*
	Mild, non-irritating and did not interfere with my daily work
	Moderate, uncomfortable but I was able to do my daily work
	Severe I couldn't do my daily work

19.	Which of them were accompanying your headache during Covid-19 (you can choose more than one)? *
	Nausea Vomiting
	Light sensitivity
	Sound sensitivity
	Discomfort from smell
	None
20.	Did your headache during Covid-19 infection resolve after analgesics? *
	The pain was completely resolved
	The pain was relieved
	Analgesics did not help
	Allargesies did not neip
21.	How many DAYS of your headache lasted during or after Covid-19 infection?*
Aft	er Covid-19 Infection
22.	How many months after Covid-19 infection you were vaccinated? *
Pos	st-vaccination Headache

23.	Have you experienced any side effects after Covid-19 vaccination (you can choose more than one)?*
	Fatigue  Muscle pain
	Joint pain
	Fever (over 38 degrees)  Mild fever (38 degrees or below)
	Itching Circuit
	Shortness of breath  Nausea / vomiting
	None
24.	Did you suffer from a headache after Covid-19 vaccine? *
	Yes No
Po	st-vaccination Headache
25.	After which dose did you have a headache? (Answer according to the longest headache) *
	1. dose
	2. dose
	After both doses

26.	How many days after the Covid-19 vaccination your headache started (if it started on the same day with the vaccine, enter 0 as a number)? *
27.	How long did your headache last? *  Two days or less  Three days or longer
Po	st-vaccination Headache Duration (HOURS)
28.	How many HOURS did the headache after vaccination last? *
Po	st-vaccination Headache Duration (DAYS)
29.	How many DAYS did your headache after vaccination last? *
Po	st-vaccination Headache

30.	How was the character of this headache (you can choose more than one)? *
	Throbbing
	Pressing
	Jolting
	Flammable
	Stabbing
	None
31.	Where was your headache located (you can choose more than one)? *
	One side
	Both sides, more dominant on one side
	Both sides, same severity on both sides
32.	Where was the headache most intense? *
	Behind or around the eye
	Back of the neck
	Face
	Vertex of the head
	Temporal regions
33.	How was the severity of headache after vaccination? *
	Mild, non-irritating and did not interfere with my daily work
	Moderate, uncomfortable but I was able to do my daily work
	Severe, I couldn't do my daily work

34.	How many times a day did you have to take medication for your headache (If you did not take any medication, enter zero)? *
35.	How did your post-vaccination headache improved? *
	Got better without medication
	Completely improved with medication
	Decreased with medication
	Continued despite medication (I didn't go to the emergency room)
	I went to the emergency room/hospital because of headache
ln	Hospital
36.	Which is the etiology for your headache, determined in the emergency room or hospital? *
	Vaccine-related headache
	Meningitis
	Encephalitis
	General infection
	Others (open ended)
Da	est vaccination. Handacha

Post-vaccination Headache

37.	Which analgesics did you use to prevent or relieve your pain (you can choose more than one)?*
	Paracetamol containing medicines (Parol, Minoset, Geralgine)
	Anti-rheumatic painkillers (Apranax, Majezik, Arveles, Brufen, Advil, Etol)
	Aspirin
	Ergotamine (Avmigran, Cafergot, Ergafein)
	Triptan (Migrex, Relpax, Imigran)
	Muscle relaxants (Muscoril, Sirdalud and similar)
	None
38.	How much has your pain changed with this medication? *
	Not relieved
	Less than half relieve for the pain
	More than half relieve for the pain
	Completely relieved
39.	Was this headache accompanied by one or more of the following (you can
	choose more than one)?*
	Fever / malaise
	Flu symptoms, runny nose or sore throat
	Stinging, burning or tearing in the eyes
	Nausea or vomiting
	Smells bothered me
	Light bothered me
	Sound bothered me
	Inability to smell
	Inability to taste
	Worsening with physical activityd (bending, climbing stairs)
	None

Pre-vaccination Headache

40.	Have you ever had a headache after influenza (flu) vaccine? *
	Yes
	No
	I do not remember
	I've never had an influenza (flu) vaccine
41.	Did you have a headache in 1 year before Covid-19 vaccine? *
	Yes
	○ No
He	adache Within 1 Year Before Covid-19 Vaccination
42.	How many DAYS of headache did you have in 1 year before Covid-19 vaccination?*
	Less than a day per month
	One day or more per month
He	eadache Within 1 Year Before Covid-19 Vaccination
43.	How many DAYS PER MONTH have you had headaches in the previous year before
	Covid-19 vaccination? *
He	eadache Within 1 Year Before Covid-19 Vaccination
44.	How long have you had this type of headache before Covid-19 vaccination? *
	One year or less
	More than one year

Headache Within 1 Year Before Covid-19 Vaccination

45.	How many MONTHS you have this type of headache before vaccination? *
He 46.	eadache Within 1 Year Before Covid-19 Vaccination  How many YEARS did you have this type of headache before the vaccination? *
He	eadache Within 1 Year Before Covid-19 Vaccination
47.	How long your headache would usually last if you did NOT take attack medication for headache? *
	Seconds
	4 seconds-less than 2 minutes
	2 minutes-less than 30 minutes
	30 minutes or 3 days maximum
	4 days or longer
He	eadache Within 1 Year Before Covid-19 Vaccination
48.	How many hours is the average duration of your headache if you are NOT taking attack medication for headache? *
He	eadache Within 1 Year Before Covid-19 Vaccination
49.	How many hours is the average duration of your headache if you are NOT taking attack medication for headache? *

Headache Within 1 Year Before Covid-19 Vaccination

50.	What is the average number of headache attacks per MONTH? *
	Less than one attack per month
	One attack per month or more
He	eadache Within 1 Year Before Covid-19 Vaccination
51.	What is the average number of headache attacks per MONTH? *
Нє	eadache Within 1 Year Before Covid-19 Vaccination
52.	Do you have a headache diagnosis made by a physician (you can choose more than one)?*
	No diagnosis
	Migraine
	Tension type headache
	Sinusitis
	Other disease
53.	What is the location of your headache (you can choose more than one)? *
	On one side (always on the same side or can change sides)
	On both sides, more dominant on one side
	On both sides with same intensity

54.	How was the character of the headache before the vaccination (you can choose more than one)?*
	Throbbing Pressing Jolting None
55.	Does your head movements increase your headache (e.g. climbing stairs, walking, leaning forward)? *  Yes No
56.	How was the severity of your headache before the vaccination? *  Mild, non-irritating and does not interfere with my daily work  Moderate, uncomfortable but I can do my daily work  Severe, I can't do my daily work

57.	Which may accompany your previous headache before vaccination? (you can choose more than one) *
	☐ Nausea ☐ Vomiting
	Light disturbance
	Sound disturbance
	Smell disturbance
	None
58.	Do you use any regular medication other than painkillers for your headaches? *
	Yes No
Tre	atment for Headache Within 1 Year Prior to Vaccination
59.	What type of medication do you use for headache treatment (you can choose more than one)?*
	Anti-depressive medication (such as Laroxyl, Efexor, Cymbalta, Cipralex)
	Anti-epileptic medicine (such as Topamax, Depakin, Convulex)
	Heart medicine (such as Dideral, Beloc, Tensinor) Sibelium
	Botox (Migraine Botox)
	Other
Tre	atment for Headache Within 1 Year Prior to Vaccination
60.	How many DAYS you took painkillers for your headache in the last month? *
61.	During your headaches before the vaccination would you have a different unpleasant sensation, pain or tenderness when you touch your head in a way that normally should not cause pain, when you wear glasses, when you collect your hair, when you touch somewhere etc? *
	Yes

) No

Thank you for participating in the study. Please click the Submit button to finish.