

Migraine and tension type headache among undergraduate medical, dental and pharmaceutical students of University of Aleppo: a cross sectional study

Section 1

- 1- Age:
- 2- Sex:
 - a) Female
 - b) Male
- 3- Academic year:
 - a) Second
 - b) Third
 - c) Fourth
 - d) Fifth
 - e) Sixth
- 4- Academic degree:
 - a) 60-69
 - b) 70-79
 - c) 80-89
 - d) 90-100
- 5- Marital Status:
 - a) Single
 - b) Engaged
 - c) Married
 - d) Widow
- 6- Job:
 - a) No
 - b) Yes
- 7- Residence:
 - a) Countryside
 - b) City
- 8- Living with family:
 - a) No
 - b) Yes
- 9- Smoking:
 - a) No
 - b) Yes

10- Hookah:

- a) No
- b) Yes

11- Alcohol:

- a) No
- b) Yes

12- Have you ever had a headache at two occasions or more in the last three months?

- a) Yes
- b) No

(If the answer to this question is yes, complete the questionnaire and if the answer is no stop)

Section 2

Type 1 headache assessment questions

- 1- Does the headache attacks last between 4-72 hour? (yes / no).
- 2- What is the approximate number of Headache attacks per month? (less than one attack per month/1-14 / 15 or more/ daily)
- 3- Is the headache unilateral? (yes/no).
- 4- Is the headache pulsatile? (yes/No)
- 5- Headache severity (mild/moderate/severe)
- 6- Does the headache get worse by the routine chores such as climbing stairs or walking? (yes / no)
- 7- Is the headache attacks accompanied by nausea or vomiting? (yes / no)
- 8- Is the headache attacks accompanied by Photophobia? (yes / no)
- 9- Is the headache attacks accompanied by phonophobia? (yes / no)

Type 2 headache assessment questions

- 1- Is the headache preceded by periods of vocal disturbance such as hearing strange voices? (yes/no)
- 2- Is the headache preceded by a period in which it occurs sensory discomfort such as numbness and tingling on one side of your body? (yes/no)
- 3- Is the headache preceded by a period including see sparks Photocell vision or absence of seeing part of the total visual field? (yes / no)
- 4- Does any of the aura symptoms spread gradually within 5 minutes? (yes / no)
- 5- Do you have two or more symptoms occur in succession? (yes / no)

- 6- Does the aura last from 5 minutes to 60 minutes? (yes / no)
- 7- Is one of the aura symptoms unilateral? (yes / no)
- 8- Is one of the aura symptoms positive? (yes / no)
- 9- Is the aura accompanied or followed within 60 minutes by a headache? (yes / no)

Type 3 headache assessment questions

- 1- Does the headache attacks last between 30 minutes and 7 days? (yes/no)
- 2- Approximately what is the number of headache attacks per month? (less than one attack per month/1-14 attacks/15 or more/daily)
- 3- Is the headache bilateral? (yes/no)
- 4- Is the headache characterized as a tightening non pulsating? (yes/no)
- 5- Headache severity (mild/moderate/severe)
- 6- Is the headache intensified by doing routine chores such as climbing stairs or walking? (yes/no)
- 7- Is the headache accompanied by nausea or vomiting? (yes/no)
- 8- Is the headache accompanied by photophobia? (yes/no)
- 9- Is the headache accompanied by phonophobia? (yes/no)

Section 3

A group of questions about headache triggers:

- 1- Does a headache limit your ability to study or enjoying life? (yes/no)
- 2- Is there any of your relatives (first degree relatives) suffers from tension type headaches or migraine? (yes/ no)
- 3- The age at which your headache began
- 4- How would you describe the type of headache? (throbbing /tightening/sharp/heaviness feeling)
- 5- Headache location (Generalized/Vertex/Unilateral/Temporal/Occipital/Other)
- 6- Duration of headache (less than 4 hours / 4-8 /8-24 / more than 24 hours)
- 7- Is the headache associated with pain in the neck? (yes /no)
- 8- Are there factors that trigger headaches attacks? (yes/no)

If the answer is yes, answer the following question

9- Identify the factors that trigger your headaches (more than one option can be selected)

Strong odors	Fasting	Noise	Sleeping too much
Watching TV	Menstruation	Mobile use	Expose to the sun
Bath	Emotional distress	Lack of sleep	Exam
Smoking	Reading	Eat a specific meal	Deprivation from coffee drinking
Using the computer	Stress	Weather changes	

Section 4

A group of questions about treatment:

- 1- Have you had a medical consultation for Headache? (yes/no)
- 2- Do you use analgesics? (yes/no)

If the answer is yes, answer the following questions and if the answer is no stop.

- 3- Did you take analgesics due to? (Doctor advice / Pharmacist advice / Your family advice / Self- decision / other)
- 4- The number of times of taking analgesics per month (1-7 days/ 8-14 days/28-15 days/daily)
- 5- Did you have to increase the dose of the medication over time? (yes/no)
- 6- The type of medication you are taking (can be chosen more than one option)

(Paracetamol / Ibuprofen / Aspirin /Codeine / Diclofenac/ Triptan / other)

- 7- Do you use preventive medication for headaches? (yes/no)
- 8- If the answer is yes, please choose the medication (beta blockers/calcium blockers/ antidepressant/other)

Section 5

Do you think that the cause of your headache is one of the following psychological factors? (You can choose more than one answer)

Dissatisfaction with educational performance	Dissatisfaction with personal achievement	Dissatisfaction with life	Tendency towards conflicts
Insomnia	Depressed mood	Poor financial condition	Irritability
Overwork	Not to be married	Stress	Anxiety