QUESTIONNAIRE

(The survey presented to the participants of the study, consisted of 3 sections, comprising a total of 16 items; regarding demographic data, ID-Migraine Scale*, pain/sensitivity in teeth and/or gums during migraine attacks, and Allodynia Symptom Checklist**)

Gender: Female Male

Age: 18-34 35-65 65>

1. Did you ever feel nauseous when you had headache?*

YES NO

2. Did the light trouble you when you had headache (much more than that when there is no headache)?*

YES NO

3. Did your headache ever limit your ability to work, study or do something you needed to do, for at least one day?*

YES NO

4. Did you have pain/sensitivity in teeth and/or gums during migraine attacks?

YES NO

5-16. How often do you experience increased pain or an unpleasant sensation on your skin when you do have a severe headache when you engage in each of the following? (ASC-12)**

5. Combing your hair

Does not apply to me Never Rarely Less than half the time Half the time or more

6. Pulling your hair back (e.g., ponytail)

Does not apply to me Never Rarely Less than half the time Half the time or more

7. Shaving your face

Does not apply to me Never Rarely Less than half the time Half the time or more

8. Wearing eyeglasses

Does not apply to me Never Rarely Less than half the time Half the time or more

9. Wearing contact lenses

Does not apply to me Never Rarely Less than half the time Half the time or more

10. Wearing a necklace

Does not apply to me Never Rarely Less than half the time Half the time or more

11. Wearing earrings

Does not apply to me Never Rarely Less than half the time Half the time or more

12. Wearing tight clothing

Does not apply to me Never Rarely Less than half the time Half the time or more

13. Taking a shower (when shower water hits your face)

Does not apply to me Never Rarely Less than half the time Half the time or more

14. Resting your face or head on a pillow

Does not apply to me Never Rarely Less than half the time Half the time or more

15. Exposure to heat (e.g., cooking, washing your face with hot water)

Does not apply to me Never Rarely Less than half the time Half the time or more

16. Exposure to cold (e.g., using an ice pack, washing your face with cold water)

Does not apply to me Never Rarely Less than half the time Half the time or more