

## Questionnaire

[Note: the text in square brackets is presented here to show the flow of the survey and was not displayed during the actual survey.]

### [Screening questions]

No. 1. Are you a health care professional? (Single answer)

- ☐ Yes    [“No” required to proceed to the main survey]
- ☐ No

No. 2. Have you had any headaches in the past 3 months? (Single answer)

- ☐ Yes    [“Yes” required to proceed to the main survey]
- ☐ No

No. 3. Which of the following describes your headache? (Multiple choice)

- ☐ Tension-type headache: Tightening pain in the head and neck
- ☐ Migraine headache: Pulsating pain on one or both sides of the head
- ☐ Other headaches (free answer allowed)
- ☐ Don't know

[“Tension-type headache” or “Migraine headache” required to proceed to the main survey]

No. 4. How many times a year do you have headaches?

- ☐ 1~3 times a year (less than once every 4 months)
- ☐ 4~6 times a year (once every 2~3 months)
- ☐ 7~12 times a year (once every 1~2 months)
- ☐ More than 12 times a year (more than once a month)

[More than 3 times a year required to proceed to the main survey]

No. 5. How many days in the past 3 months have you had headaches? Please enter the approximate number of days even if you do not have an exact memory.

- ☐ Select the number of days    [1 day or more required to proceed to the main survey]

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[Respondents who were excluded based on the above screening questions were not shown the main survey.]

### [Main survey]

No. 6. When does your headache occur? (Multiple choice)

- ☐ Lack of sleep
- ☐ Excessive sleep
- ☐ Stiff shoulders and neck
- ☐ Physical overwork
- ☐ Tired eyes
- ☐ Mental stress
- ☐ When low barometric pressure approaches
- ☐ Change of seasons
- ☐ Other (free answer possible)

No. 7. At what age did you start having recurrent headaches?

- ☐ Input age
- ☐ I don't know

No. 8. About headache applications focused on weather forecasting (barometric pressure changes)

- ☐ I don't know
- ☐ Have never used it
- ☐ Have used, but not currently using
- ☐ Currently using

### **Headache Impact Test (HIT-6: Headache Impact Test-6)**

[The HIT-6 from the following work was administered.

Yang M, Rendas-Baum R, Varon SF, Kosinski M. Validation of the Headache Impact Test (HIT-6) across episodic and chronic migraine. Cephalalgia. 2011;31(3):357-367. doi:10.1177/0333102410379890.]

### **Lifestyle related to sleep**

No. 9. Over the past month, what has been your average amount of sleep per day? (Single answer)

- ☐ Less than 5 hours
- ☐ 5 hours or more but less than 6 hours
- ☐ 6 hours or more but less than 7 hours
- ☐ 7 hours or more but less than 8 hours
- ☐ 8 hours or more but less than 9 hours
- ☐ More than 9 hours

### **Use of headache medication**

No. 10. Do you currently use over-the-counter medications for headaches?

- ☐ Yes
- ☐ No
- ☐ I don't know

No. 11. Do you currently use prescription medications for headaches?

- ☐ Yes
- ☐ No
- ☐ I don't know

No. 12. What is the name of the medication you are currently using for headaches? Please select the appropriate option(s). (Multiple answers allowed)

- ☐ Loxoprofen(Loxonin)    ☐ Ibuprofen    ☐ Acetaminophen(Kalonal)    ☐ Sumatriptan(Imigran)
- ☐ Zolmitriptan(Zomic)    ☐ Lomerizine Hydrochloride (MIGSYS)    ☐ Valproate    ☐ Topiramate (Topina)
- ☐ Propranolol Hydrochloride (Inderal)    ☐ Amitriptyline
- ☐ Kampo Goshuyu-tou    ☐ Kampo Goreizan
- ☐ Antibody drug galcanezumab (Emgality)
- ☐ Antibody drug elenumab (aimovig)
- ☐ Antibody drug furemanezumab (AJOVY)
- ☐ Antibody drug (any of the above or other antibody drugs)
- ☐ Other (Free answer)
- ☐ I don't know

**Health Literacy: 14-item Health literacy scale (HLS-14)**

[The HLS-14 from the following work was administered.

Suka M, Odajima T, Kasai M, Igarashi A, Ishikawa H, Kusama M, Nakayama T, Sumitani M, Sugimori H. The 14-item health literacy scale for Japanese adults (HLS-14). Environ Health Prev Med. 2013;18(5):407-15. doi: 10.1007/s12199-013-0340-z. Epub 2013 May 21.]

**This concludes this survey. Thank you very much for your cooperation.**