Recommendations for the Conducting and REporting of DElphi Studies (CREDES) [1]	Page #
Rationale for the choice of the Delphi technique (1) 1. Justification. The choice of the Delphi technique as a method of systematically collating expert consultation and building consensus needs to be well justified. When selecting the method to answer a particular research question, it is important to keep in mind its constructivist nature.	3
Planning and design (2-3) 2. Planning and process. The Delphi technique is a flexible method and can be adjusted to the respective research aims and purposes. Any modifications should be justified by a rationale and be applied systematically and rigorously.	4
3. Definition of consensus. Unless not reasonable due to the explorative nature of the study, an a priori criterion for consensus should be defined. This includes a clear and transparent guide for action on (a) how to proceed with certain items or topics in the next survey round, (b) the required threshold to terminate the Delphi process and (c) procedures to be followed when consensus is (not) reached after one or more iterations.	14,15
Study conduct (4-7) 4. *Informational input.* All material provided to the expert panel at the outset of the project and throughout the Delphi process should be carefully reviewed and piloted in advance in order to examine the effect on experts' judgements and to prevent bias.	6,7,8,9
5. *Prevention of bias.* Researchers need to take measures to avoid directly or indirectly influencing the experts' judgements. If one or more members of the research team have a conflict of interest, entrusting an independent researcher with the main coordination of the Delphi study is advisable.	8,9,13-15
6. *Interpretation and processing of results.* Consensus does not necessarily imply the 'correct' answer or judgement; (non)consensus and stable disagreement provide informative insights and highlight differences in perspectives concerning the topic in question.	14,15
7. *External validation*. It is recommended to have the final draft of the resulting guidance on best practice in palliative care reviewed and approved by an external board or authority before publication and dissemination.	15
Reporting (8-16) 8. *Purpose and rationale.* The purpose of the study should be clearly defined and demonstrate the appropriateness of the use of the Delphi technique as a method to achieve the research aim. A rationale for the choice of the Delphi technique as the most suitable method needs to be provided.	3,4,15
9. *Expert panel.* Criteria for the selection of experts and transparent information on recruitment of the expert panel, sociodemographic details including information on expertise regarding the topic in question, (non)response and response rates over the ongoing iterations should be reported.	6
10. *Description of the methods.* The methods employed need to be comprehensible; this includes information on preparatory steps (How was available evidence on the topic in question	4-9

synthesized?), piloting of material and survey instruments, design of the survey instrument(s), the number and design of survey rounds, methods of data analysis, processing and synthesis of experts' responses to inform the subsequent survey round and methodological decisions taken by the research team throughout the process.	
11. *Procedure.* Flow chart to illustrate the stages of the Delphi process, including a preparatory phase, the actual 'Delphi rounds', interim steps of data processing and analysis, and concluding steps.	5
12. *Definition and attainment of consensus.* It needs to be comprehensible to the reader how consensus was achieved throughout the process, including strategies to deal with non-consensus.	14,15
13. *Results.* Reporting of results for each round separately is highly advisable in order to make the evolving of consensus over the rounds transparent. This includes figures showing the average group response, changes between rounds, as well as any modifications of the survey instrument such as deletion, addition or modification of survey items based on previous rounds.	15
14. *Discussion of limitations.* Reporting should include a critical reflection of potential limitations and their impact of the resulting guidance.	15-16
15. *Adequacy of conclusions.* The conclusions should adequately reflect the outcomes of the Delphi study with a view to the scope and applicability of the resulting practice guidance.	16
16. *Publication and dissemination.* The resulting guidance on good practice in palliative care should be clearly identifiable from the publication, including recommendations for transfer into practice and implementation. If the publication does not allow for a detailed presentation of either the resulting practice guidance or the methodological features of the applied Delphi technique, or both, reference to a more detailed presentation elsewhere should be made (e.g. availability of the full guideline from the authors or online; publication of a separate paper reporting on methodological details and particularities of the process (e.g. persistent disagreement and controversy on certain issues)). A dissemination plan should include endorsement of the guidance by professional associations and health care authorities to facilitate implementation.	15

Table S1 - CREDES Checklist

1. Jünger, S.; Payne, S.A.; Brine, J.; Radbruch, L.; Brearley, S.G. Guidance on Conducting and REporting DElphi Studies (CREDES) in palliative care: Recommendations based on a methodological systematic review. *Palliat Med* **2017**, *31*, 684-706, doi:10.1177/0269216317690685.

KEY

	Cervicogenic Headache
	Tension-Type Headache
	Migraine

Statement related to dry needling for headache	**Delphi Round**		
Level (%) of agreement with dry needling statement	**1**	**2**	**3**
Dry Needling Treatment Rationale (5-point Likert) 5 = Strongly agree, 4 = agree, 3 = unsure, disagree, 5 = strongly disagree			
Dry needling may be indicated for treating headaches if active trigger points (trigger points that elicit usual or familiar symptoms, i.e., headache) are identified in the muscles of the head and neck on examination.			
Dry needling may be indicated for treating headaches if latent trigger points (trigger points without spontaneous pain that are only painful when stimulated and may elicit local and referred pain) are identified in the muscles of the head and neck upon examination.			
Dry needling may be indicated for treating headaches if active trigger points (trigger points that elicit usual or familiar symptoms) are identified in the muscles of the neck or shoulder girdle on examination that reproduce familiar neck pain, but not necessarily headache.			
Dry needling may be indicated for treating headaches if latent trigger points (trigger points without spontaneous pain that are only painful when stimulated and may elicit local and referred pain) are identified in the muscles of the neck or shoulder girdle on examination.			
Dry needling to trigger points in the head and neck muscles can potentially treat headache pain via reducing nociceptive input to the trigeminocervical complex (i.e., peripheral mechanisms).			
Dry needling to trigger points in the head and neck muscles can potentially treat headache pain by engaging endogenous pain modulation mechanisms that can have a positive effect on the central nervous system and headache symptoms (i.e., central mechanisms)			
Dry needling for headache should involve needle manipulation to elicit local twitch responses in trigger points within muscles of the head and neck.			
When dry needling for headache, needles should be retained following needle manipulation.			
Dry Needling Dosage (open ended questions) Participant will type answers to each question			
When dry needling for treatment of headache which muscles of the head and neck do you needle most often?			

When dry needling for treatment of headache, approximately how many muscles do you treat in a session, on average?
When dry needling for treatment of headache, approximately how many needles do you use on average?
Do you feel that a certain number of local twitch responses is required or desirable when dry needling trigger points for headache?
If you are using needle retention, how long to you leave needles in place on average?
What is your typical frequency of dry needling sessions for treatment of headache (i.e., how many times a week or month)?
How many sessions of dry needling, on average, do you administer for treatment of headache?
Dry Needling Considerations by Headache Type
Which types of headaches can be treated with dry needling?
What other considerations do you have when administering dry needling for each headache type?
In patients with migraine headache, what phase of the migraine cycle do you feel is optimal to administer dry needling in? a. preictal b. ictal c. postictal d. interictal e. I do not consider phase of the migraine cycle when I administer dry needling for headaches.
<u>Treatment Rationale – open ended questions</u> Do you feel it is necessary to identify trigger points to perform dry needling for headache? Do you feel it is necessary to differentiate between active and latent trigger points when seeking to administer dry needling for headache?

Table S2 – Initial Delphi items