

Questionnaire :

1. Do you have headache
 - a. Yes
 - b. No

Demographic data:

2. Gender
 - a. Male
 - b. female
3. Nationality
 - a. Saudi
 - b. No Saudi
4. Do you work
 - a. Yes
 - b. No
5. Did you lose work recently?
 - a. Yes
 - b. No
6. Work sector:
 - a. Public
 - b. Private
 - c. Self business
7. occupation
 - a. education
 - b. trading
 - c. health care
 - d. governmental
 - e. military
8. do you work in more than one job?
 - a. Yes
 - b. No
9. How many hours do you work per day
 - a. Less than 8 hours
 - b. 8-12 hours
 - c. More than 12 hours
10. income
 - a. sufficient
 - b. not sufficient
11. age
12. marital status
 - a. single
 - b. married
 - c. divorce or widow
13. education
 - a. high school
 - b. bachelor degree
 - c. post graduate

- d. other
- 14. children:
 - a. no children
 - b. yes

Factors affect headache

- 15. history of chronic medical disease
 - a. yes
 - b. no
- 16. What is it(mention)?
- 17. sleeping hours
 - a. less than 6 hours
 - b. more than 7 hours
- 18. smoking :
 - a. yes
 - b. no
- 19. any caffeinated beverage do you use :
 - a. yes
 - b. no
- 20. if yes how many cup?
 - a. 1-2 cup
 - b. 3 cups
 - c. more than 4 cups

History of headache

Criteria for medication over use headache

- 21. when did you start getting headache
 - a. 10 years and younger
 - b. 25 years
 - c. 35 years
 - d. 45 years
 - e. 50 years
- 22. how many day do you have headache per month
 - a. less than 15 days
 - b. Equal or more than 15 days/month
- 23. Did you have diagnosis for the headache?
 - a. Yes
 - b. no
- 24. What type of headache
 - a. Tension type headache
 - b. Migraine type
 - c. Cluster headache
 - d. other

- 25. Do you use headache over the counter analgesic ?

- a. Yes
 - b. No
 - c. Sometime
38. if you take the analgesia during the attack what do you take
- a. panadol, fevadol, pandrix (paracetamol group-nonopioid analgesics)
 - b. ibuprofen diclofenac naproxen (NSAID group- nonopioid analgesics)
 - c. solpadeine fevadol plus (paracetamol, codeine caffeine- opioids analgesics)
 - d. relaxon (paracetamol, muscle relaxant)
 - e. other
39. How long do you use the analgesic like paracetamol ibuprofen ergotamine triptan over the past year
- a. One-2 times per week
 - b. 3 times per week
 - c. More than 4 times per week
40. For how long your using the analgesic on this pattern :
- a. Less than 3 months
 - b. More than 3 months
41. How do you get the analgesic?
- a. self-experience
 - b. advertisement flyer
 - c. pharmacist
 - d. family or friend
 - e. doctor
42. If you went to the doctor what specialty did you visit?
- a. Family medicine
 - b. Neurology
 - c. Internal medicine

Preventive medicine for headache

43. did you try any medication as preventive medicine for headache
- a. yes
 - b. no
44. If yes , what is it?
- a. amitriptyline
 - b. topamax
 - c. gabapentin
 - d. lyrica
 - e. verapamil
 - f. botox
 - g. other:
 - h. I am not using any medicine
45. Do you still use the preventive medicine ?
- a. Yes
 - b. No

46. if you stop use it why

- a. i had side effect from it
- b. i read the side effect in the pamphlet
- c. i am worry if might cause addiction
- d. my family/ friend advise me to stop it
- e. a doctor advises me to stop it