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Supplementary

Utility of a structured telephone interview for the assessment of patients with non-acute headache

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Supplement 1. Questionnaire for telephonic assessment of patients with non-acute headache

Questionnaire	Answers
In-person primary care assessment prior to referral	• YES • NO
Prior assessment by neurologist for headache	• YES • NO
Time of evolution of the current headache	Months/Years
Previous headache diagnosis; if so, type of headache	Describe
Reason for referral to neurologist	• New onset • Worsening • Change in features • Other
Warning signs	• Acute headache • Associated neurological sign • Symptoms • Progressive worsening • Late onset • Change in usual headache characteristics • Sleep disruption • Headache related to Valsalva manoeuvre • Exercise • Immunosuppression • Oncologic disease
Location	• Hemicranial • Holocranial • Orbital • Frontal • Occipital • Changing
Quality of pain	• Throbbing • Oppressive • Stabbing • Burning
EVA scale intensity	(1–10)

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continuation Table 1

Questionnaire	Answers
Associated symptoms	• Nausea • Vomiting • Phonophobia • Photophobia • Visual symptoms • Sensory or motor disorders • Tearing • Eye redness • Nasal congestion • Ptosis • Miosis
Triggers	• Valsalva manoeuvre • Exercise • Sexual activity • Alcohol • Lack of sleep • Trigger points • Stress • Work activity • Menstrual period
Headache frequency in days per month	days per month
How often does the headache limit your ability to perform normal daily activities, work, school, or social activities?	• Never • Sometimes • Frequently • Always
Current or past symptomatic treatment for pain	Describe
Current or past preventive treatment	Describe
Other pharmacological treatment	Describe
Additional tests performed for your headache in the last 12 months	• YES • NO
Comorbidities: (note if YES)	• YES • NO
Would you accept a telephone call with neurology?	• YES • NO