▪ Headache Medicine 2024, 15(3): 204-205 ▪ p-ISSN 2178-7468, e-ISSN 2763-6178

Headache Medicine

▪ DOI: 10.48208/HeadacheMed.2024.36

Supplementary

Prevalence and profile of headache in school-going adolescents aged 10 – 19 years in Benin City: a cross sectional survey

Paul Ikhurionan[1], Imuwahen Mbarie[2]

[1]University of Benin Teaching Hospital, Benin City, Edo, Nigeria
[2]Institute of Child Health, Ibadan, Oyo, Nigeria

✉ Paul Ikhurionan
paulikhurionan1@gmail.com

Edited by:
Marcelo Moraes Valença

Student Headache Assessment Questionnaire

Section 1: Demographic Information

1.1. Age (years) …… ……

1.2. Gender:
Male [ ]
Female [ ]

1.3. School: Junior secondary [ ] Senior secondary [ ]

Section 2: Headache Profile

2.1. Have you experienced headache in the last 12 months
Yes [ ]
No [ ]

2.2. How often have you experienced headaches in the last 1 year? (Please select one)

a. 1–3 days/month [ ]
b. 4–7 days/month[ ]
c. 8–14 days/month[ ]
d. > 15 days/month[ ]

2.3. On average, how long do your headaches typically last?

a. Less than 30 minutes [ ]
b. 30 minutes to 1 hour [ ]
c. 1 to 4 hours [ ]
d. More than 4 hours [ ]

Submitted: August 27, 2024
Accepted: September 24, 2024
Published online: September 30, 2024

2.4. Can you describe the characteristics of your headaches? (e.g., throbbing, dull, sharp, stabbing) ……

2.5. Where on your head do you usually feel the pain? (Select all that apply)

a. Forehead [ ]
b. One sides (temple) [ ]
c. Top of the head [ ]
d. Back of the head [ ]
e. Both sides [ ]
f. one-half of head [ ]
g. Other (please specify) ……

2.6. Are your headaches associated with nausea and vomiting?

Yes [ ]
No [ ]

Section 3: Headache Triggers

3.1. Are there specific factors or activities that trigger your headaches? (Select all that apply)

a. Stress [ ]
b. Lack of sleep [ ]
c. Dehydration [ ]
d. Skipping meals [ ]
e. Bright lights [ ]
f. Loud noises [ ]
g. Strong smells [ ]
h. Physical activity [ ]
i. coffee [ ]
j. Chocolate [ ]
k. Other (please specify) ……

Section 4: Impact on Daily Life

4.1. How do headaches affect your daily activities, such as school, homework, or social interactions? ……
4.2. Have you ever missed school or other activities due to a headache?
Yes [ ] No [ ]

Section 5: Coping Mechanisms

5.1. What strategies do you use to cope with or alleviate your headaches? (Select all that apply)

a. Over-the-counter pain relievers [ ]
b. Rest or sleep [ ]
c. Hydration [ ]
d. Stress reduction techniques
(e.g., deep breathing, meditation) [ ]
e. None [ ]
f. Other (please specify) ……

Section 6: Medical History

6.1. Have you ever been diagnosed with a specific type of headache by a healthcare professional?
Yes [ ] No [ ]

6.2 If yes to question

6.1, what was the diagnosis?
Migraine [ ] Tension Headache [ ] others (specify)

6.3. Do any of your family members experience frequent headaches?

Yes [ ] No [ ]