## Appendices

### Appendix 1. Migraine questionnaire

**MIGRAINE QUESTIONNAIRE**

Answer all questions, yes or no

<table>
<thead>
<tr>
<th>Name</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Is migraine a chronic neurological disorder in children
2. Are you aware of precipitant factors for childhood migraine (skipping meals, bright light, stressors, any particular food items, lack of sleep)
3. Is it caused by abnormal brain activity or vascular disturbance
4. Is family history important in migraine
5. Are you aware of medication (abortive and preventors) used in childhood migraine
6. Are you aware of the fact that lifestyle modification will be important for migraine prevention
7. Do you consider that severity of migraine could decide the prophylaxis of migraine
8. Do you consider that neuroimaging is always required for childhood migraine
9. Do you consider that prophylactic medication for migraine be used for 3–6 months
10. Are you aware of HTP (House, Tree, and Person) psychological test
11. Will you consult doctor for recurrent headache
12. Will you take self-medication or consult doctor
13. Would you like to modify lifestyle for better prevention
14. Would you like to visit the doctor periodically
15. Have you ever suffered from migraine
16. Is acute treatment of headache and lifestyle modification is best treatment for migraine
17. Would you like to avoid precipitant factors
18. Would like to undergo tests for migraine
19. Would like to reduce screen time to less than 1 hr/day
20. Are you aware of new modalities of treatment for migraine (newer drugs, cognitive behavioral therapy, yoga, neuromodulation)