

1. Are headaches the main reason for your clinic visit today?
 Yes No
2. Have you heard of Daith piercings before today?
 Yes No (If no, please skip to question 11)
3. Where did you first hear about Daith piercings?
 Friend Family Classmate Online Other _____
4. Does anyone you know have a Daith piercing?
 Yes (relationship to you: _____) No
5. Do you have a Daith piercing?
 Yes Have in the past but had it removed No (If no, please skip to question 11)
6. Have you had any bad side effects from a Daith piercing (for example, pain or an infection)?
 Yes (Describe: _____) No

For the next set of questions, answer how much you agree or disagree with the statement

| SINCE MY DAITH PIERCING... | Strongly Disagree | Somewhat Disagree | Neither Agree nor Disagree | Somewhat Agree | Strongly Agree |
|--|-----------------------|-----------------------|----------------------------|-----------------------|-----------------------|
| 7. I get headaches less often. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. When I do get headaches, they are not as bad. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. I do not miss out on school/activities as often due to headaches. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. My mood is better. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

11. I would be willing to try a Daith piercing.
 - Strongly Agree
 - Somewhat Agree
 - Neither Agree nor Disagree
 - Somewhat Disagree
 - Strongly Disagree

DEMOGRAPHIC INFORMATION

We would appreciate it if you would tell us a little more about yourself by answering the questions below.
If you are a parent helping your child fill the survey out, please tell us about your child.

1. Sex: Male Female Transgender

2. Age: _____ years

3. Race: Caucasian/White African American/Black American Indian
 Asian/Pacific Islander Other _____

4. Ethnicity: Hispanic/Latino Not Hispanic/Latino

5. Primary language spoken at home: English Spanish Other: _____

6. What is the highest level of education completed by your father?

- Some high school
- High school
- Some college/technical school
- College degree
- Post-college degree

7. What is the highest level of education completed by your mother?

- Some high school
- High school
- Some college/technical school
- College degree
- Post-college degree

8. What is your family's annual household income?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999
- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or more

9. Do you have Internet access at home? Yes No

10. Do you own a cell phone? Yes No