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

<table>
<thead>
<tr>
<th>SINCE MY DAITH PIERCING...</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. I get headaches less often.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>8. When I do get headaches, they are not as bad.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>9. I do not miss out on school/activities as often due to headaches.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>10. My mood is better.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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