



	<b>Office use only</b>
<p><b>1. Are you satisfied that sufficient time is allocated to each patient's visit to enable a good management?</b></p> <p><input type="radio"/> yes <input type="radio"/> no</p>	<b>B2c</b>
<p><b>2. Does an access route to psychological therapies exist in your headache service?</b></p> <p>(these may be provided within your own service or by direct referral to another service)</p> <p><input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know</p>	<b>B4b</b>
<p><b>3. Is an instrument for disability assessment available in your headache service?</b></p> <p><input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know</p>	<b>B5b</b>
<p><b>4. Does your headache service allow follow-up of every patient who needs it?</b></p> <p><input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know</p>	<b>B6a</b>
<p><b>5. Is a follow up diary or calendar available in your headache service?</b></p> <p><input type="radio"/> yes <input type="radio"/> no</p>	<b>B6d</b>
<p><b>6. Are information leaflets for headache patients available in your headache service?</b></p> <p><input type="radio"/> yes <input type="radio"/> no <input type="radio"/> don't know</p>	<b>D1</b>
<p><b>7. Are you satisfied with the cleanliness and comfort of the environment in your headache service?</b></p> <p><input type="radio"/> yes <input type="radio"/> no</p>	<b>E1b</b>

**8. Do you in general think patients' waiting times in the clinic are acceptable?**

- yes
- no

**E3b**

**9. Is your headache service equally accessible for all patients who need it?**

(if access to the service depends on ability to pay or another restriction unrelated to clinical need, answer "no")

- yes
- no
- don't know

**G4**

**10. Is an outcome measure available in your headache service that is based on self-reported symptom burden**

- yes
- no
- don't know

**H1b**

**11. Is an outcome measure available in your headache service that is based on self-reported disability burden?**

- yes
- no
- don't know

**H2b**

**12. Is an outcome measure available in your headache service that is based on self-reported quality of life?**

- yes
- no
- don't know

**H3b**

**13. Does a protocol (rules and written procedures) for reporting serious adverse events exist in your headache service?**

- yes
- no
- don't know

**I2b**

Please add further comments, if any, below:

**Thank you for completing the questionnaire. Please return it to [local collaborator]**