**Living with migraine in Canada – a national community-based study**

**Supplemental appendix 1: Variable definitions (see Survey on Living with Neurological Conditions in Canada for full details)1**

Baseline descriptive variables:

1. Age
2. Sex (male/female)
3. Education
   1. “What is the highest certificate, diploma or degree that you have completed?”
      1. High school graduation or less
      2. Completed certificate/diploma or degree above high school

Health-related variables:

1. Migraine diagnosis
   1. “Do you have migraine headaches that have been diagnosed by a health professional?” (yes/no)
   2. “In the past 12 months, did you have a headache where you felt nauseated or sick to your stomach?” (yes/no)
   3. “In the past 12 months, did light bother you when you had a headache (a lot more than when you did not have a headache)?” (yes/no)
   4. “In the past 12 months, did your headache limit your ability to work, study, or do what you needed to do for at least one day?” (yes/no)
   5. “How old were you when you were first diagnosed with migraine headaches?”
   6. “How old were you when you first started experiencing symptoms related to your migraine headaches?”
   7. “Compared to when you were first diagnosed, how would you say your migraine headaches are now? Are they…?”
      1. Much better/somewhat better now
      2. About the same
      3. Much worse/somewhat worse now
   8. “What are the reasons your migraine headaches are better now?”
      1. Medication
      2. Surgery
      3. In remission
      4. Complementary or alternative medicine treatments
      5. Rehabilitation therapy
      6. Other medical treatment
      7. Coping strategy
      8. Other
2. General health
   1. “In general, would you say your health is…?”
      1. Excellent/very good/good
      2. Poor/fair
   2. “Compared to one year ago, how would you say your health is now? Is it…?”
      1. Much better/somewhat better
      2. About the same
      3. Much worse/somewhat worse
   3. “Thinking about the amount of stress in your life, would you say that most days are…?”
      1. Not at all stressful/not very stressful/a bit stressful
      2. Quite a bit stressful/extremely stressful
3. Health utility index (HUI)
   1. HUI is a measure of health status and health-related quality of life2
      1. A score of 0.00 = dead
      2. A score of 1.00 = perfect health
4. Chronic conditions (only including long-term conditions lasting six months or more and that have been diagnosed by a health professional)
   1. “Do you have **heart disease**?” (yes/no)
   2. “Have you ever been diagnosed with **high blood pressure**?” (yes/no)
   3. “Have you ever been diagnosed with **diabetes**?” (yes/no)
   4. “Do you have a **mood disorder** such as depression, bipolar disorder, mania, or dysthymia?” (yes/no)
5. Medication use
   1. “In the past three months, have you taken any prescription medications for your neurological condition(s)?” (yes/no)
   2. “Do you experience any side effects caused by medications taken for your neurological condition(s)?” (yes/no)
   3. “Overall, how much do these side effects affect your life?”
      1. Not at all/a little bit
      2. Moderately/quite a bit/extremely
6. Depression
   1. Classified using Patient Health Questionnaire (PHQ)-9 scores
      1. No depression (0) to mild depression (9) = No depression
      2. Moderate depression (10) to severe depression (27) = Depression
7. Stigma
   1. “Because of my neurological condition(s), some people seemed uncomfortable with me.”
      1. Never/rarely
      2. Sometimes/often/always
   2. “Because of my neurological condition(s), some people avoided me.”
      1. Never/rarely
      2. Sometimes/often/always
   3. “Because of my neurological condition(s), I felt left out of things.”
      1. Never/rarely
      2. Sometimes/often/always
   4. “I felt embarrassed about my neurological condition(s).”
      1. Never/rarely
      2. Sometimes/often/always
8. Social support – “how often is each of the following kinds of support available to you if you need it:”
   1. “…someone to confide in or talk to about yourself or your problems?”
      1. None of the time/a little of the time
      2. Some of the time/most of the time/all of the time
   2. “…someone to do something enjoyable with?”
      1. None of the time/a little of the time
      2. Some of the time/most of the time/all of the time
   3. “…someone to take you to the doctor if you needed it?”
      1. None of the time/a little of the time
      2. Some of the time/most of the time/all of the time
   4. “…someone to turn to for help in an emergency?”
      1. None of the time/a little of the time
      2. Some of the time/most of the time/all of the time
9. Formal assistance
   1. “In the past 12 months, did you receive short-term or long-term assistance at home, work or school because of your neurological condition(s)?” (yes/no)
10. Informal assistance
    1. “In the past 12 months, did you receive short-term or long-term assistance at home, work or school because of your neurological condition(s)?” (yes/no)
11. Restriction of activities
    1. “How much do you feel that your neurological condition has limited your educational opportunities?”
       1. Not at all/a little bit
       2. Moderately/quite a bit/extremely
    2. “How much do you feel that your neurological condition has limited your job opportunities?”
       1. Not at all/a little bit
       2. Moderately/quite a bit/extremely
    3. “How much do you feel that your neurological condition has limited you in getting a good night’s sleep?”
       1. Not at all/a little bit
       2. Moderately/quite a bit/extremely
    4. “Overall, how much do you feel that your neurological condition affects your life?”
       1. Not at all/a little bit
       2. Moderately/quite a bit/extremely
12. Work activities
    1. Working status (part-time/full-time)
    2. Working status in the past week
       1. Did not have a job/permanently unable to work
       2. Worked at a job or business/had a job but was absent
13. Out-of-pocket expenses
    1. “In the past 12 months, did you have any out-of-pocket or direct expenses for prescription and non-prescription (over-the-counter) medications taken for your neurological condition for which you will not be reimbursed?” (yes/no)
    2. “In the past 12 months, did you have any out-of-pocket or direct expenses for assistive devices such as mobility aids, agility aids or specialized equipment that were required because of your neurological condition for which you will not be reimbursed?” (yes/no)
    3. “In the past 12 months, did you have any out-of-pocket or direct expenses for rehabilitation therapy such as physical, occupational, speech or massage therapy that was required because of your neurological condition for which you will not be reimbursed?” (yes/no)
    4. “In the past 12 months, did you have any out-of-pocket or direct expenses for home care services such as health care, homemaker, or other support services that were required because of your neurological condition for which you will not be reimbursed?” (yes/no)
14. Income
    1. “What is your best estimate of the total household income received by all household members, from all sources, before taxes and deductions, in the past 12 months?”
       1. Less than $60,000
       2. $60,000 and more

**References**

1. StatisticsCanada. Survey on Living with Neurological Conditions in Canada (SLNCC) [online]. Available at: <http://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&SDDS=5182>. Accessed September 18, 2015.

2. Feeny D, Furlong W, Torrance GW, et al. Multiattribute and single-attribute utility functions for the health utilities index mark 3 system. Med Care 2002;40:113-128.