

Questionnaire ID				
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Appendix A: Survey Questionnaire

Are you currently treating adults in emergency medicine?

Yes No

If 'No', please return the survey in the pre-paid envelope provided.

CURRENT PRACTICE FOR BENIGN HEADACHES – DRUG THERAPIES

We are seeking your valued opinion on how often you use various therapies to treat benign headaches in the emergency department (ED). In this survey, benign headaches are defined as any non life-threatening headache (e.g., acute or chronic migraine, tension headache) where a secondary cause has been ruled out.

1. Please indicate your current pharmacological practice for treating benign headache disorders in the ED

	Always	Most of the time	Some of the time	Almost never	Never
a) Intravenous (IV) NSAID (e.g., ketorolac)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) ORAL Non-Steroidal Anti-Inflammatory Drug (NSAID) (e.g., Naproxen, ibuprofen)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) ORAL acetaminophen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) IV dopamine antagonist (e.g., metoclopramide, chlorpromazine, prochlorperazine, promethazine, haloperidol, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) ORAL dopamine antagonist (e.g., metoclopramide, chlorpromazine, prochlorperazine, promethazine, haloperidol, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) IV or ORAL Co-administration of ketorolac and a dopamine antagonist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Triptans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Other antiemetics (e.g., dimenhydrinate, ondansetron)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Dihydroergotamine (DHE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Oral opioids, (e.g., tramadol, morphine, hydromorphone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Parenteral opioids (e.g., tramadol, morphine, hydromorphone, fentanyl)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) IV Sodium valproate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) IV Fluid Boluses \geq 500 mL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Oxygen therapy for cluster headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) IV propofol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) IV ketamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) IV magnesium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Other drug therapy not listed above (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you alter your ED pharmacological management based on type of headache you believe a patient may have (e.g., migraine versus tension/benign headache after ruling out a serious etiology)?

Yes No

a. If yes, how? _____

PERSPECTIVES ON PERIPHERAL NERVE BLOCKS

In this survey, peripheral nerve blocks are defined as greater or lesser occipital nerve blocks, sphenopalatine ganglion (SPG) blocks/intranasal lidocaine or trigger point injections.

3. Have you ever used a peripheral nerve block in your treatment plan for benign headache disorders?

Yes No (If you answer 'No', please move to question 4 on page 3)

a. If yes, how frequently have you used each peripheral nerve block for benign headaches in your practice?

	≥ 20 times	10-19 times	≤ 10 times
i) Occipital nerve block	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) Sphenopalatine ganglion (SPG) block/intranasal lidocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Trigger point injection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. If yes, do you agree or disagree that alternative treatments such as peripheral nerve blocks could be *more effective* than current standard of care when treating benign headache disorders in the ED?

Agree Disagree I have not done enough peripheral nerve blocks to answer.

c. If yes, do you agree or disagree that peripheral nerve blocks are *safe* to use when treating benign headaches in the ED?

Agree Disagree I have not done enough peripheral nerve blocks to answer.

d. If yes, do you have a preferred peripheral nerve block for treating various benign headaches?

i) Migraine

Occipital nerve block SPG block/intranasal lidocaine Trigger point injection N/A – I would not consider for this type of headache

ii) Tension

Occipital nerve block SPG block/intranasal lidocaine Trigger point injection N/A – I would not consider for this type of headache

iii) Cluster headache

Occipital nerve block SPG block/intranasal lidocaine Trigger point injection N/A – I would not consider for this type of headache

e. If yes, how would you describe your comfort level when administering a peripheral nerve block?

i) Occipital nerve block

- Very comfortable Comfortable Uncomfortable Very uncomfortable N/A - I do not perform this nerve block routinely

ii) SPG block/intranasal lidocaine

- Very comfortable Comfortable Uncomfortable Very uncomfortable N/A - I do not perform this nerve block routinely

iii) Trigger point injection

- Very comfortable Comfortable Uncomfortable Very uncomfortable N/A - I do not perform this nerve block routinely

f. In your experience, do most patients experience a significant reduction in pain when given a peripheral nerve block?

- Yes No

i) If yes, this significant reduction in pain was observed when administering: (check all that apply)

- Greater or lesser occipital nerve block SPG block/intranasal lidocaine Trigger point injection

4. Given sufficient evidence on effectiveness and safety from a randomized controlled trial, would you consider using a peripheral nerve block in the future as a first line treatment option for benign headaches?

- Yes No

If no, why not? _____

5. If you perform the SPG block/intranasal lidocaine, which route of administration of anesthetic would you be most comfortable with? (check one)

- Nasal cannula Catheter device Cotton tip applicator Intranasal droplets N/A - I do not know
 Other: _____

6. In a planned future trial comparing the SPG block/intranasal lidocaine to standard of care for benign headaches:**a) When is the most clinically meaningful time to reassess the patient's pain?**

- 15 min 30 min 60 min 90 min 120 min Other (please specify): _____

b) What would you consider a clinically significant improvement from baseline pain to the time you answered in question (6a), on a 10-point pain scale?

- 1 points 2 points 3 points 4 points 5 points Other (please specify): _____

c) Would you consider enrolling your patients with a benign headache into such a study?

- Yes No Uncertain (please specify): _____

PHYSICIAN DEMOGRAPHICS AND PRACTICE SETTING

Please answer all questions

8. What is your gender?

- Male Female Other (specify): _____ Prefer not to say

9. How many years have you been practicing emergency medicine post-residency?

- 1-4 5-9 10-19 20 or more

10. Please check ALL the Canadian credentials you currently hold:

- CCFP Other, if other please specify credentials: _____
 CCFP-EM
 FRCPC-EM

11. In what setting do you perform MOST of your emergency medicine clinical activity?

- Academic Health Centre Other: _____
 Community / District General Hospital: Teaching
 Community / District General Hospital: Non – Teaching
 Rural

12. Approximately how many patient visits, per year, are made to the ED you worked at MOST frequently?

- < 30,000
 30,000 – 59,999
 60,000 – 79,999
 > 80,000

End of Survey

*Please fold and return this survey to a mailbox in the pre-paid envelope provided.
Thank you for taking the time to complete this survey!
Your input is appreciated.*

Additional comments: Please feel free to add comments or feedback in the space provided below: