Doctors’ questionnaire

Under the auspices of the Global Campaign against Headache, headache centres in Europe and the United States, and the University of Oxford in the UK, are collaborating to define and measure quality of headache care. This is a step towards making improvements in headache care at local, national and international levels.

A multi-dimensional definition of quality has been agreed, along with a set of quality indicators. This study is an evaluation of the quality indicators implemented in specialist headache centres. Health-care providers, patients and administrative staff are asked to complete short questionnaires, and a review of randomly selected patients’ records is conducted.

If the study is successful, it will be followed by studies in other settings, including primary care. Ultimately, the quality indicators, once validated, will be used to improve headache services.

There are five short questionnaires. This one of 19 questions is aimed at doctors. Please complete it by ticking the relevant box for each question. Once you have done so, please return it to [local collaborator].

First please indicate whether you are:

Staff doctor O Trainee O

and the date of completion: ___/___/20___
1. **Is it routine practice in your headache service to review a patient’s diagnosis during follow-up?**
   - O yes
   - O no
   - O don’t know

2. **Are diagnostic diaries available in your headache service?**
   - O yes
   - O no
   - O don’t know

3. **Does a formal triage system exist in your headache service?**
   (this means any system during the first telephone contact, or on receipt of a referral letter, that identifies patients’ particular needs and reacts accordingly)
   - O yes
   - O no (go to 5)
   - O don’t know (go to 5)

4. **Is your triage system designed to pick out potentially urgent cases for early appointments?**
   (for example, patients with cluster headache)
   - O yes
   - O no
   - O don’t know

5. **Are you satisfied that sufficient time is allocated to each patient’s visit to enable a good management?**
   - O yes
   - O no

6. **Does an access route to psychological therapies exist in your headache service?**
   (these may be provided within your own service or by direct referral to another service)
   - O yes
   - O no
   - O don’t know
7. Is an instrument for disability assessment available in your headache service?
   O yes
   O no
   O don’t know

8. Does your headache service allow follow-up of every patient who needs it?
   O yes
   O no
   O don’t know

9. Is a follow up diary or calendar available in your headache service?
   O yes
   O no
   O don’t know

10. Does a referral pathway exist from primary care to your headache service?
    O yes
    O no (go to 12)
    O don’t know (go to 12)

11. Does this pathway permit, and respond to, urgent referral when needed?
    O yes
    O no
    O don’t know

12. Are information leaflets for headache patients available in your headache service?
    O yes
    O no
    O don’t know

13. Are you satisfied with the cleanliness and comfort of the environment in your headache service?
    O yes
    O no

14. Do you in general think patients’ waiting times in the clinic are acceptable?
    O yes
    O no
15. **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

16. **Is an outcome measure available in your headache service that is based on self-reported symptom burden?**
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know

17. **Is an outcome measure available in your headache service that is based on self-reported disability burden?**
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know

18. **Is an outcome measure available in your headache service that is based on self-reported quality of life?**
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know

19. **Does a protocol (rules and written procedures) for reporting serious adverse events exist in your headache service?**
   - [ ] Yes
   - [ ] No
   - [ ] Don’t know

Please add further comments, if any, below:

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