The Danish Headache Questionnaire (DHQ)

Generic version

Users guide

GENERAL INFORMATION

The Danish Headache Questionnaire (DHQ) is composed of a 47-item survey on management and treatment of headache, and a logbook for measuring the prevalence of headache. The DHQ is intended for use in primary care.

It was developed from 2021-2023 in three distinct phases[1]:

- A development phase
- A testing phase
- A development phase of the generic English version.

All phases used COSMIN (Consensus-based Standards for the selection of health Measurement Instruments) as the main methodological framework[2].

The questions in the survey are within the following domains:

- Practitioner demographics
- Headache classification
- Monitoring measures
- Multidisciplinary care
- Headache management
- Knowledge of Danish guideline
- Mixed headaches and other headaches
- Medical history
- Physical examination and x-ray
- Side effects

TERMS AND CONDITIONS

The DHQ can be used free of charge for scientific purposes as long as 1) it is used according to the user's guide, and 2) the outline in the original article is followed.
If the DHQ is modified, all changes should be reflected in the final version and publication.

TARGET POPULATION

The DHQ is aimed at primary health care professionals who manage and treat headache patients.
The survey takes approximately 20 minutes to complete.

The time required to complete the logbook will depend on the number of headache patients seen. However, it is likely to take only a few minutes per day.

STRUCTURE AND USE

The DHQ consists of two parts:

1. The survey
   The survey is a 47-item self-report questionnaire covering diagnostic procedures, management strategies, and treatment modalities in primary care.
   It is recommended to administer the survey electronically.
   The survey can be used independent of the logbook.
2. The logbook is a form intended for daily use to register the number of headache patients, consultation type, diagnosis, and if the headache is the primary or secondary reason for the visit. The registration of headache patients in the logbook is used for further frequency calculations.
   It is recommended that the logbook is a physical document, but it can be converted into an electronic version if need be.
   The logbook can be used independent of the survey.

MODIFICATIONS

This generic version is adaptable for other health professionals and several of the questions can be moderated according to country and profession.
The following are suggestions for modifications which may be of use in some cases. The numbers refer to the number of the question in the questionnaire.

Section 1. Demography
1. What is your gender?
Can be modified according to country or culture.

6. *Including yourself, how many [name of profession] are there at your primary workplace?*
E.g., chiropractors, general practitioners, physiotherapists, etc.

7. Are there other health professionals at the clinic? (Cross off all relevant answers)
E.g., chiropractors, general practitioners, physiotherapists, etc.

9. In which Region do you have your primary workplace?
If relevant to your country

Section 2. Headache Guideline [**name of relevant guideline**]
This section concerns your knowledge and application of the [name of relevant guideline].
Section 2 can be included, if there is a specific headache guideline relevant to be explored.
Insert the name of relevant guideline.

12. In which areas? (Indicate yes/no where relevant)

Relevant areas inserted, e.g. medical history, examination, diagnosis, etc.

Section 3. Primary types of headaches.
This section concerns the use of diagnostic criteria for the primary headache types.
In Section 3, we recommend placing the diagnostic criteria based on the ICHD for each headache type within a box following each corresponding question.

14 + 16 + 18 + 22 + 24. Indicate with which parts of the diagnostic criteria for [type of headache] you are either moderately familiar, slightly familiar, or not at all familiar with.
We recommend inserting a table, where all relevant answer options can be checked.

29. Which combination do you find most often?
Relevant combinations inserted, e.g., migraine and tension-type headaches, migraine and cervicogenic headaches, etc.

Section 6. Medical history and physical examination
31. How often do you perform or refer patients for imaging of the spine for the following types of headaches?
Relevant types of headaches inserted, e.g. tension-type headaches, migraine and cervicogenic headaches, etc.

Section 7. Monitoring and treatment effectiveness
This section concerns the tools you might use to monitor headache patients.
A headache diary is used for describing the type of headache, cooccurring symptoms and other headache characteristics. It can be useful if the patient has completed this before the first visit, to establish the right diagnosis.
A headache calendar is used for noting the type of headache, use of medicine, potential treatments, pain intensity etc. It can be used to monitor the progress or improvement of the headache and a potential effect of a given treatment.

34. How often do you receive referrals from the following healthcare professionals in relation to the management of headache patients?
Insert or remove relevant health professionals in the table.

35. *How often do you refer/recommend patients to the following healthcare professionals in connection with the management of headache patients?*
Insert or remove relevant health professionals in the table.

Section 9. Headache management I
This section concerns your management of headache patients.
Other types of headaches may be included in section 9.

39 +40 + 41. How often do you use the following treatment options in managing headache patients?

Insert or remove relevant treatment options in the table, e.g., preventive medication, acupuncture, nutritional advice, and so forth.

Section 10. Headache management II
This section concerns your treatment plans for headache patients.
Other types of headaches may be included in section 10.

42. *Indicate the average number of consultations you expect to see in a course of management of a new patient with the following headache types as their primary complaint*
This can be modified according to the setting explored.

43. Indicate the average expected duration of a course of treatment for a new patient complaining of the following headache types
This can be modified according to the setting explored.

44. *Indicate the average expected number of treatments per week, in a course of management of a new patient with the following headache types as their primary complaint.*
This can be modified according to the setting explored.

46. Please describe the most common side-effects reported by your headache patients after treatment
This could be free text or with response options relevant to the treatment.

LANGUAGES

The DHQ is available in Danish and English (see https://www.spoergeskemaer.dk/dhq).
Translation and cross-cultural adaption of the DHQ into another language can be requested from the main author, Kristina Dissing, and must follow the guidelines outlined by Beaton et al[3].
To avoid multiple translations of the DHQ in a given language, we ask that all documentation and the final translated version be sent to the main author, and we will collect and publish all translated versions of the DHQ at https://www.spoergeskemaer.dk/dhq.

QUESTIONS ABOUT DHQ

For questions about DHQ, please contact the lead author Kristina Boe Dissing:
kbdissing@kiroviden.sdu.dk

LITERATURE

- 1. Dissing KB, Jensen RK, Christensen HW, et al. Development and preliminary validation of the Danish headache questionnaire. *Chiropractic & manual therapies* 2025;33(1):10. doi: 10.1186/s12998-025-00573-4
- 2. Terwee CB, Prinsen CAC, Chiarotto A, et al. COSMIN methodology for evaluating the content validity of patient-reported outcome measures: a Delphi study. *Qual Life Res*

2018;27(5):1159-70. doi: 10.1007/s11136-018-1829-0 [published Online First: 2018/03/20]

- 3. Beaton DE, Bombardier C, Guillemin F, et al. Guidelines for the process of cross-cultural adaptation of self-report measures. *Spine* 2000;25(24):3186-91. doi: 10.1097/00007632-200012150-00014 [published Online First: 2000/12/22]