

Supplementary material 1. Questionnaire for trigger factors

Please select all those that trigger headache. The specific details are provided in parentheses [].

1. Stress in school (Academic stress) (O / X)
 - 1-1. Academic performance (O/X)
 - 1-2. Academic workload (O/X)
 - 1-3. Teacher relationships (O/X)
 - 1-4. Friendships (O/X)
 - 1-5. Issues with private tutoring (O/X)
 - 1-6. Other [] (O / X)
 - 1-7. Specify []
2. Stress in family (Family conflict) (O / X)
 - 2-1. Sibling Relationships (O/X)
 - 2-2. Parental relationships (O/X)
 - 2-3. Home environment (O/X)
 - 2-4. Other [] (O / X)
 - 2-5. Specify []
3. Sleep disturbance (O / X)
 - 3-1. Lack of sleep (O/X)
 - 3-2. Irregular sleep duration (O/X)
 - 3-3. daytime sleepiness (O/X)
 - 3-4. Difficulty falling asleep (O / X)
 - 3-5. Frequent awakening during sleep (O/X)
 - 3-6. Other [] (O / X)
 - 3-7. Specify []
4. Food-related
 - 4-1. Hunger (O / X)
 - 4-2. Migraine-triggering food [] (O/X)
 - 4-3. Caffeine sensitivity (O / X)
5. Lifestyle and Physiology, etc.
 - 5-1. Smartphone use (O/X): Duration of use [] h/d.
 - 5-2. Obesity (O / X)
 - 5-3. Physical inactivity (O / X)
 - 5-4. Overexercise (O / X)
Time of physical activity: [] times/week Duration of physical activity: [] hours/week.
 - 5-5. Fatigue (O / X)
 - 5-6. Medication overuse (O / X) - Specify []
 - 5-7. Bright light (O / X)
 - 5-8. Noise (O / X)
 - 5-9. Strong odors (O / X)
 - 5-10. Introverted personality (O / X)
 - 5-11. Extroverted personality (O / X)
 - 5-12. Anxiety (O / X)
 - 5-13. Depression (O / X)
 - 5-14. Romantic relationship issues (O / X)
 - 5-15. Hot weather (O / X)
 - 5-16. Cold weather (O / X)
 - 5-17. Motion sickness (O / X)
 - 5-18. (Females only) menstruation (O / X)

Please rank the identified causes of headaches in order of their greatest impact on headache occurrence.

[]