

Disability due to Headache among Undergraduate Medical Students



Aufika Nusrat

Bachelor of Science in Physiotherapy (B.Sc. PT)

DU Roll no: 1290

Reg. no: 10270

Session: 2017-2018



Department of Physiotherapy

Saic College of Medical Science and Technology

Saic Tower, M - 1/6, Mirpur-14, Dhaka-1216

Bangladesh

We the undersigned certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for the acceptance of this dissertation entitled

Disability due to Headache among Undergraduate Medical Students

Submitted by **Aufika Nusrat**, for the partial fulfilment of the requirement for the degree of Bachelor of Science in Physiotherapy (B.Sc. PT).

.....

Zakia Rahman

Lecturer

Department of Physiotherapy

SCMST, Mirpur-14, Dhaka.

Supervisor

.....

Md. Shahidul Islam

Assistant Professor & Head

Outdoor Patient service

Department of Physiotherapy

SCMST, Mirpur-14, Dhaka.

.....

Zahid Bin Sultan Nahid

Assistant Professor & Head

Department of Physiotherapy

SCMST, Mirpur-14, Dhaka.

.....

Md. Furatul Haque

Lecturer

Department of Physiotherapy

SCMST, Mirpur-14, Dhaka.

.....

Abid Hasan Khan

Lecturer

Department of Physiotherapy

SCMST, Mirpur-14, Dhaka.

.....

Dr. Abul Kasem Mohammad Enamul Haque

Principal

Saic College of Medical Science and Technology

SCMST, Mirpur-14, Dhaka.

DECLARATION

This work has not previously been accepted in substance for any degree and isn't concurrently submitted in candidature for any degree. This dissertation is being submitted in partial fulfillment of the requirements for the degree of B.Sc. in Physiotherapy.

I confirm that if anything identified in my work that I have done plagiarism or any form of cheating that will directly awarded me fail and I am subject to disciplinary actions of authority. I confirm that the electronic copy is identical to the bound copy of the Thesis.

In case of dissemination the finding of this project for future publication, research supervisor will highly concern, it will be duly acknowledged as graduate thesis and consent will consent taken from the physiotherapy department Saic College of Medical Science and Technology (SMST).

Signature:

Date:

Aufika Nusrat

Bachelor of Science in Physiotherapy (B.Sc. PT)

DU Roll no: 1290

Reg.no:10270

Session: 2017-2018

CONTENTS

CHAPTER	CONTENT	PAGE NO.
	Cover page / Title	
	Submission page	
	Declaration	
	Acknowledgement	i
	Acronym	ii
	List of table	iii
	List of figure	iv-v
	Abstract	vi
CHAPTER I	INTRODUCTION	1-10
	1.1 Background	1-4
	1.2 Rationale	5
	1.3 Research Question	6
	1.4 Objective of the study	7
	1.5 Conceptual frame work	8
	1.6 Operational Definition	9-10
CHAPTER II	LITERATURE REVIE	11-17
CHAPTER III	METHODOLOGY	18-22
	3.1 Study design	18
	3.2 Study place	18
	3.3 Study period	18
	3.4 Study population	18
	3.5 Sample size	18-19
	3.6 Sampling technique	19
	3.7 Eligibility criteria	19
	3.8 Method of data collection	19
	3.9 Instrument and tools of data collection	20
	3.10 Procedure of data collection	20

	3.11 Management of data	20-21
	3.11.1 Data editing	20
	3.11.2 Data entry	20
	3.11.3 Data analysis	21
	3.12 Data presentation	21
	3.13 Ethical consideration	21
	3.14 Limitation of the study	22
CHAPTER IV	RESULT	23-69
CHAPTER V	DISCUSSION	70-72
	CONCLUSION AND RECOMMENDATION	73-75
CHAPTER VI	REFERENC	76-79

Acknowledgement

First of all, I would like to pay my gratitude to **Almighty Allah** who has given me the ability to complete this project in time with success. The second acknowledgement must go to my parents, my younger sister who have always inspired me for preparing the project properly. I am extremely grateful to my honorable and praiseworthy Supervisor **Zakia Rahman** Lecturer, Department of Physiotherapy, Saic College of Medical Science and Technology (SCMST) for giving me his valuable time, his keen supervision and excellent guidance without which I could not be able to complete this project.

I am also very thankful to **Dr. Abul Kasem Mohammad Enamul Haque**, Principal, SCMST; **Md. Shahidul Islam**, Assistant Professor, Department of Physiotherapy, SCMST; **Zahid Bin Sultan Nahid**, Assistant Professor & Head, Department of Physiotherapy, SCMST; **Md. Furatul Haque**, Lecturer, Department of Physiotherapy SCMST; **Md. Kutub Uddin**, Lecturer, Department of Physiotherapy SCMST; **Abid Hasan Khan** Lecturer, Department of Physiotherapy SCMST and also all of my respected teachers for helping me in this study.

I wish to thanks to all respectable Physiotherapy staff working at Saic Physiotherapy Outdoor Department for helping me in collection of my data.

I am grateful to the intern physiotherapists, Department of Physiotherapy, SCMST, Mirpur-14, Dhaka for their support throughout the period of this study. I wish to thank the Librarian of SCMST and his associates for their kind support to find out related books, journals and also access to internet.

Finally, I would like to thanks all the participants who willingly participated as the study population during the conduction of my study and the entire individual who were directly or indirectly involved with this study.

Acronyms

B.Sc.PT	Bachelor of Science in Physiotherapy
CFA	Confirmatory factor analysis
CH	Chronic headache
DF	Degree of freedom
DU	Dhaka University
GBD	Global Burden of Disease
HDI	Headache Disability Index
QOL	Quality of life
SCMST	Saic College of Medical Science and Technology
SPSS	Statistical package for the Social Science
WHO	World Health Organization
YLD	Year Living Disease

List of Tables

Table	Description	Pages
Table 1	Frequency distribution of the respondents by age	23
Table 2	Frequency distribution of the respondents by BMI	25
Table 3	Frequency distribution of the Living area of the Participants	26
Table 4	Frequency distribution of the participants by religion	29
Table 5	Frequency distribution of the participants by Monthly income	30
Table 6	Frequency distribution of student type of the participants	33
Table 7	Frequency distribution of the participants suffering from Disease	34
Table 8	Frequency distribution of the participants how long Suffering from headache	35
Table 9	Frequency distribution of the participants by Frequent of headache.	36
Table 10	Frequency distribution of the severity of headache Of the participants.	37
Table 11	Frequency distribution of the participants by types Of disability	65
Table 12	Frequency distribution of the participants by gender And sever of headache.	66
Table 13	Frequency distribution of the participants by gender Of the participants and disability of the participants	67
Table 14	Frequency distribution of the participants by Student type and disability	68

List of Figures

Figure	Description	Pages
Figure 1	Gender of the participants	24
Figure 2	Family type of the participants	27
Figure 3	Marital status of the participants	28
Figure 4	Residency of the participants	31
Figure 5	Smoking habit of the participants	32
Figure 6	Participants consults a doctor for headache	38
Figure 7	Participants take medicine for headache	39
Figure 8	participants feel handicap for headache	40
Figure 9	Because of headache participants feel Restricted in performing their routine Daily activities	41
Figure 10	No one understand the effect of headache On their life	42
Figure 11	Participants restricted their recreational activities (e.g. sports, hobbies) because of headache	43
Figure 12	Headache make participants angry	44
Figure 13	Sometimes participants feel that they are going To lose control because of headache	45
Figure 14	Because of participants headache they are less Like to socialize	46
Figure 15	Participants spouse, family and friends have no idea What they are going through because of their headache	47
Figure 16	Participants headache are so bad that they are going To insane	48
Figure 17	participants outlook on the world is affected By their headache	49

Figure	Description	Pages
Figure 18	Participants are afraid to go outside when they feels Headache is starting	50
Figure 19	Participants feel desperate because of their headache	51
Figure 20	Participants are concerned that they are paying penalties At work or at home because of their headache	52
Figure 21	Place stress on participants relationships with family Or friends	53
Figure 22	Participate avoid being around people when they have A headache	54
Figure 23	Headache making difficult for participants to achieve Goals in life	55
Figure 24	Unable to think clearly because of headache	56
Figure 27	Participants gets tense because of headache	57
Figure 28	Participants do not enjoy social gathering Because of headache	58
Figure 29	Participants feel irritable because of headache	59
Figure 30	Participants avoid traveling because of headache	60
Figure 31	Headache make participants confused	61
Figure 32	Headache make participants frustrated	62
Figure 33	Participants find difficulties to read Because of headache	63
Figure 34	participants find difficulties to focus attention away From others things because of headache	64

Abstract

Background: One of the most frequent complaints during medical college students were headache, Headache were the second leading cause of disability globally. Headaches affect medical students in terms of performance on examinations and study sessions in addition to having a negative impact on daily and social activities and could be brought on by a variety of psychological and physical pressures that affected medical students more frequently than the general population. Headache disorder were identify by GBD 2013 as the third most common cause of YLDs. **Objectives:** To assess the type of disability due headache among undergraduate medical students. **Method:** The cross sectional study was conducted from July 2022 to June 2023. Headache disability index questionnaire was use to assess the type of disability among undergraduate medical students. SPSS 25 was used for statistical analysis. **Result:** Of 303 participants normal 75 (24.80%), mild disability 66 (21.80%), moderate disability 68 (22.40%), severe disability 55 (18.20%), complete disability 39 (12.90%). The mean was 35.02 and the standard deviation was 26.690. **Conclusion:** Disability due to headache were common in undergraduate medical students. Out of 303 participants > 70% participants found disable due to headache. Di In this result found that majority of the participants suffered from moderate disability due to headache in Dhaka city.

Key words: *Disability, Headache, Undergraduate medical students.*

1.1 Background

Author mention that, headache were the second leading cause of disability globally. Headaches affect medical students academically in terms of performance on examinations and study sessions in addition to having a negative impact on daily and social activities that would aid in relaxation. This in return leads to a vicious cycle of increasing headache incidence (Thiagarajan et al., 2022).

Almesned et al (2018) mention that, A headache is just a pain in the head that may start in the back of the head, on each side of the head, in the front of the head, or only in the area around the eyes. A generalized headache was one in which the pain was felt throughout the entire head (Almesned, et al., 2018).

Researcher mention that, Headache led to higher levels of disability (Almeida et al., 2015).

Researcher said that, a headache is discomfort or pain in the head, neck, or scalp (Digre, 2012). Author mention that, Disability was a condition or function significantly impaired relating to the usual standard of an individual or group. The term was used to refer individual functioning, including physical impairment, sensory impairment, cognitive impairment, intellectual impairment, mental illness and various types of chronic disease (Sultan, 2010).

Medical students and students in higher grades had significantly higher rates of all headache categories. Students who experienced more frequent headaches significantly greater rates of depression (Desouky, Zaid and Taha, 2019).

Okoro et al (2018) suggested that, 6 specific disability types (hearing, vision, cognition, mobility, self-care, and independent living). (Okoro, et al., 2018).

Researcher mention that, Headache disorders were third among the global causes of disability (Steiner, et al., 2015).

Author said that, “Cephalgia” the medical word for a headache, was one of the prevalent medical conditions that not only impair one’s quality of life by keeping one from performing daily tasks properly but was also seen as a nuisance. The World Health Organization (WHO) had listed headache as one of the top 10 disabling diseases worldwide (Noor, Sajjad, and Asma, 2016).

Researcher suggested that, In Global Burden of Disease (GBD), 2000 migraine type of headache was first mentioned. Over the next 13 years, it moved up the list of the main causes of Year Living Disease (YLD) around the world, from 19th in GBD 2000 to 7th in GBD 2010 and 6th in GBD 2013. The tension –type headache which was first recognized in the global headache report 2010 and the medication overuse headache which was 1st recognized in the Global headache report 2013 and ranked as the 18th highest cause of YLDS were among the other headache disorders of public health significance. Headache disorder were identify by GBD 2013 as the third most common cause of YLDs (Steiner, stover, and Vos, 2016).

Researcher said that, one of the most frequent complaints during medical college was headache, which could be brought on by a variety of psychological and physical pressures that affected medical students more frequently than the general population (Ghorbani, et al., 2013).

Researcher suggested that, The three primary categories of headache were Cephalalgia, a mild, transient headache, Cephalea, a severe chronic headache and Heterocrania, a paroxysmal headache on one side of the head (Zarshenas, et al., 2013).

Author suggested that, international classification of headache disorder were I. Primary headache: Migraine, Tension-type, Cluster, Other (e.g: cold stimulus headache) II. Secondary headache, Headache attributed to any of the following head or neck trauma, cranial or cervical vascular disorder, nonvascular intracranial disorder, substance use or withdrawal, infection, disturbance of homeostasis, psychiatric disorder (Hainer, and Matheson, 2013).

Researcher said that, tension headache was the most typical of headache. These most likely had tight shoulders, neck, jaw, and scalps muscles to blame. An pain in the tension, possibly brought on by stress, depressive disorders, anxiety, a head injury, or holding head and neck in an odd position. Both sides of head tend to be affected. It frequency spreads forward from the back of the skull. The discomfort could feel dull or constricting, like a vice or a tight band, jaw, neck or shoulders could feel uncomfortable or tight. A migraine headache was characterized by one sided, throbbing, pounding, or pulsating pain. It frequently coexists with other symptoms including nausea, sensitivity, to sound or light, or visual abnormalities. Food like chocolate, some cheeses, or monosodium glutamate could cause migraines. Alcohol, sleep deprivation, and caffeine withdrawal were possible factors. Recurring headaches were known as rebound

headaches. That kind of headache could occur in people who regularly take painkillers more than three days a week. A cluster headache was a severe, protracted headache that could happen up to multiple times each day for several months. The average headache lasts just an hour. It frequently happened every day at the same times. The front of the head and face hurt from sinus headaches. The sinus cavities beneath the cheeks, and eyes had swollen, which was the cause of it. When first wake up in the morning and when lean forward, the agony was severe (Jenesn, 2018).

Researcher suggested that, a number of risk factors for headache were found. Some of them, like hereditary and environmental influences, could not be changed. Others such dietary and lifestyle factors, could be targeted by interventions, suggested that an effective prevented interventions, might lessen the impact of headache. Recently discovered numerous dietary and lifestyle factors linked to headache that might be responsive to intervention, smoking, consuming coffee or alcoholic drinks and low physical activity. Muscle pain and ongoing stress have also been link to headache (Lehmann, et al., 2013).

Author mention that, nearly half of those who suffer from chronic headache also had a mood or anxiety illness, which frequently impairs their ability to function socially and at work (Salvin-Spenney, et al., 2013).

Rastenyte et al (2017) mention that, in 2000, the World Health Organization (WHO) recognized headache problems as a major cause of public illness and such, a public health priority. Among these conditions, migraine and tension-type headache were frequently chronic illness that not only cause pain and disability but also reduce productivity, impede family and social interactions, and degrade quality of life (Rastenyte, et al., 2017).

Author suggested that, Sometimes had a headache could be a frustrating symptom (Gofshteyn, and Stephenson, 2016).

Researcher mention that, Ocular headache were frontally confined and comorbidity tend to happened in the late afternoon. A reading disability affects older people (Nguyen, et al., 2021).

Philipp et al (2019) mention that, Headache related to restriction. Disability, and social handicap (Philipp, et al., 2019).

Researcher said that, the relationship between sleep and headache was strong and both adults and children had been founded to had a higher than average between these two conditions (Dost, et al., 2015).

Researcher mention that, a high prevalence of headaches among undergraduate students had been found in earlier research. As exhaustion, stress, and anxiety were the most common causes of headache. Students were a significant risk of developing those conditions due to their lifestyle. Students who suffer from headaches may lose valuable study time, do poorly academically, and experience other negative effects. (Desouky, Zaid and Taha, 2019).

1.2 Rationale

Headache is a very familiar word around the world. Headache means pain or discomfort around the head, neck, or scalp. There are different types of headaches. Headache is considered various difficulties in our daily lives. Headache among undergraduate medical students is known due to their study pressure or to academic activities, stress, and inadequate sleep. Due to headache participants face various types of disability, such as lacks of concentration, loss of interest in daily activities. Although worldwide research had been done on disability due to headache, no research had been done on assess the type of disability due to headache among undergraduate medical students in Bangladesh. The present study aimed at finding the type disability due to headaches. The findings of the study will be helpful to formulate appropriate health program for the students. It will have a great impact on the healthcare professionals and some concepts about headaches will be clearer through the research. This are reasons for carrying out the present research.

1.3 Research Question

What are the types of disability occurs due to headache among undergraduate medical students?

1.4 Objective of the study

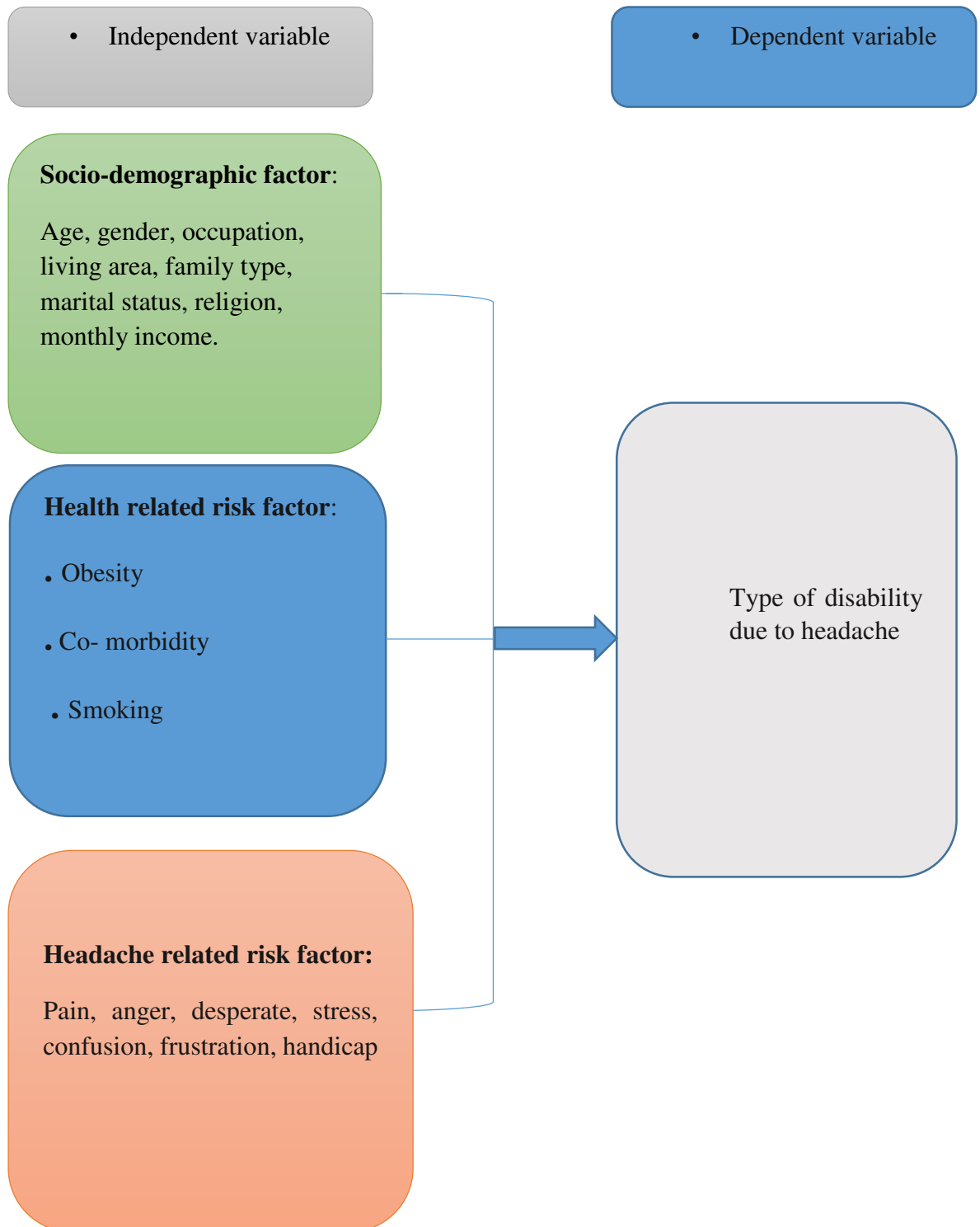
1.4.1 General objective:

To assess the type of disability due headache among undergraduate medical students in Dhaka city.

1.4.2 Specific objectives:

- I. To determine the type of disability due to headache among the undergraduate medical students in Dhaka city by using a Headache Disability Index Scale.
- II. To explore the association between severity of headache and type of disability of the participants.
- III. To examine the association between gender of the respondents and type of disability.
- IV. To look for association between type of student and disability.
- V. To describe the socio-demographic characteristics of the participants.

1.5 List of variables of the study



1.6 Operational definitions of the variables

Headache:

A headache is a pain in our head or face that's often described as a pressure that's throbbing, constant, sharp or dull.

Disability:

A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).

Types of headache:

Two main type of headache were Primary headache (which included tension-type, migraine, and cluster) and secondary headache.

Migraine headache:

A migraine is a common neurological disease that causes a variety of symptoms, most notably a throbbing, pulsing headache on one side of head.

Tension type headache:

Tension type headaches are dull pain, tightness, or pressure around your forehead or the back of your head and neck.

Cluster headache:

A cluster headaches are a series of relatively short but very painful headaches every day for weeks or months at a times.

Cervicogenic headache:

A cervicogenic headache is a pain that develops in the neck and a person feels up into their head.

Handicap:

A physical or mental condition that may limit what a person can do.

Irritability:

Irritability is a feeling of agitation that you might experience as result of stress, mental health conditions, or physical disorders.

Confusion:

Confusion is the inability to think as clearly or quickly as normally do.

Frustration:

The feeling of being upset or annoyed as a result of being unable to change or achieve something.

Angry:

Feeling or showing strong annoyance, displeasure, or hostility.

Restriction:

The limitation or control of some or something, or the state of being restricted.

Depression:

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest.

Author said that, Since the concept of disability is centered on the body, the way that bodies are classified as disabled has been influenced by a variety of variables, including gender, race, sexual orientation, education, the degree of industrialization or standardization, access to adaptive technology, privacy, and class. One may fall under the category of people with disabilities depending on their age, medical treatment, living circumstances, or simple daily surroundings. Due to an accident or sickness, one may have temporary disability. Disability also occurs due to mental illness (Nielsen, K.E., 2012).

Disability includes both a focus on physical, mental, or emotional functioning and any specific impairment that significantly limits functional behaviors, as well as related vital life activities. It involves each and every aspect (Altman, B.M., 2014).

Four distinct historical and sociological models of disability were described by experts in disability policy 1. A moral theory of disability that views impairment as the result of sin 2. A medical paradigm of disability that views impairment as a flaw or illness that must be treated with medical treatment 3. A rehabilitation model, which is a spin-off of the medical model and views the impairment as a defect that has to be corrected by a rehabilitation expert or other helpful professional; and 4. The disability model, which characterizes the issue as a stout demeanor by others and experts, insufficient assistance (Kaplan, D., 1999).

Author mention that, the aim of the study was to determine the frequency of headaches among medical students and to measure their level of disability using the MIDAS and HIT-6 scales. The HIT-6 and MIDAS were utilized, as well as the criteria specified by the International Headache Society, to assess disability. 140 UFAM medical students were assessed. There were found 16.43% cases of migraine headaches, 6.43% cases of suspected migraine, and 23.57% cases of tension headaches. 6.42% of people said they had no headaches, while 11.42% had secondary headaches. Headaches were rated as having a substantial to severe impact in 7.14% and 18.57% of the students, respectively, using the HIT-6 questionnaire. Migraine and probable migraine were associated with higher degrees of disability due to their higher ratings compared to other types of headache (Almeida et al., 2015).

Author said that, a headache was a pain in the head that could began in a particular section of the head, such as the back, either side or front of the head, or only in the area throughout the eyes. One of the most frequent complained among medical students was headaches, which could result from a variety of physical or mental stresses. Two main type of headache were Primary headache (which included tension-type, migraine, and cluster) and secondary headache. This study was conducted at ksau-hs, com, in January 2018. The prevalence of primary headache syndromes was substantially higher than that of secondary headache. 90% of headache instances were caused by primary headache syndrome. In Iranian university's cross sectional study, tension- type headache prevalence was found to be 44.2% (49.2% in men vs 39.2% in women, $p = 0.006$) and migraine prevalence was found to be 14.2% (10.5% in men vs. 18.5% in women, $p = 0.08$). The Cleveland Clinic's headache Questionnaire, used in this study to determine the cause of the headache. The study involved 264 students. 150 of them being men (56.81%) and 114 being women (43.19%) (Almesned, et al., 2018).

Researcher state that, Headache was the common condition particularly in teenagers and young adults. Ranked as one of the most frequent complained that medical students arrived with expected as a result of different physical and psychological stress factors that medical students were more likely to experience than the general public and other sections of a particular demographic. One of the frequent medical conditions that was not only a pain in the head but also had an adverse effect on one's quality of life was headache. Too sick to carry out his everyday tasks adequately due to his illness, the person was unable to function normally. The top 10 globally debilitating conditions according to the world Health Organization (WHO) include headache. The cross sectional study, which involved students from two Karachi medical institutions, ran from September to December 2013. Headache was identified and categorized using the international classification of headache disorder - II criterion. For statistical analysis, SPSS 17 was employed. The most common headache characteristics were unilateral 272(65.9%), transient 304(82.3%), and moderate intensity 237(57.4%) (Noor, Sajjad, and Asma, 2016).

Researcher said that, examined 2016 Behavioral Risk Factor Surveillance system data to determine disparities in health care access related to six particular disability types (hearing, vision, cognition, mobility, self-care, and independent living). Estimates were made on the prevalence of disabilities overall. Access to health care for

adults with disabilities varied depending on their disability type, especially for individuals between the ages of 18 and 44 and 45 and 64 (Okoro, et al., 2018).

Author suggested that, over the course of their lives, adults in the world suffer from headache disorders in around half the cases. Medical professionals could distinguish between primary headaches and secondary headaches using the International Headache Society categorization and diagnostic criteria. It was possible to avoid the need for neuroimaging, lumbar puncture, or other tests by conducting a comprehensive history and physical examination and by being aware of the usual characteristics of primary headaches. In order to determine the source of headache, neuroimaging or other testing may be necessary for a few red flag signs and symptoms that were discovered during the history taking or physical examination (Hainer, and Matheson, 2013).

Researcher said that, Headache which were more prevalent among medical students, the aim of the study was to assess the prevalence of various headache forms and associated factors. From September 2011 to January 2012, researchers at Isfahan University of Medical Sciences conducted this cross-sectional investigation. In this study, first- to seventh-year medical students who had headache attacks within the previous six months were included. A total of 480 (93.7%) were assessed, 258 (53.8%) men and 222 (46.2%) women. The prevalence of headache was 58.7%, the prevalence of migraine was 14.2% (10.5% in males vs. 18.5% in females, $P = 0.08$), and the prevalence of tension-type headache was 44.2% (49.2% in males vs. 39.2% in females, $P = 0.006$). 9.5% of students with headaches had a family history of headaches. Students experiencing headaches appeared to be more prevalent in students with a lower socioeconomic standing and in students in their third and fifth years of study (Ghorbani, et al., 2013).

Author mention that, the fact of headache was so widely observed in Lithuania was a sign of serious illness and urgent medical need. The high prevalence of headaches, which was observed in Russia and Georgia on an average of 15 days per month, was particularly concerning. The risk factors for migraine were higher in females. Excluding tension type, all headache kinds were linked to significantly lower quality of life. The average headache lasted 10.0 hours. This mean that, on average those with headaches spent 6.9% of their total time. Coupled with a mean frequency of 5.0 days/month with headache (Rastenyte et al., 2013).

Cluster headache was painfully unpleasant and burdensome for people who suffer from it. Attacks are unilateral, typically last 15 to 3 hours, and involve a distinctive combination of cranial autonomic characteristics along with agitation. Attack frequency ranges from every other day to eight times a day, with attacks lasting several weeks and typically a full remission in between (May, et al., 2018).

Almost every cluster headache cases were episodic, characterized by "in-bout" periods of frequent headaches followed by "out-of-bout" periods of recovery lasting anywhere from months to years (Yang et al., 2018).

Researcher mention that, according to symptoms 400 patients were well classified. A cross-sectional questionnaire and a semi-structured interview were performed by each participant. The data came from a cross-sectional questionnaire research called the Danish Cluster Headache Survey. Between 2012 and 2017, data were gathered. The chi-square test was used to compare categorical variables between categories, two sample t-test was used to analyze continuous variable. Generally, 234 out of 253 episodic cluster headache patients (92%) and 143 out of 146 chronic cluster headache patients (98%), after episode reported feeling limited in daily life. 37 out of 253 episodic cluster headache patients (15%) were restricted by cluster headache when in recovery. 35 episodic cluster headache patients (14%) and 56 chronic cluster headache patients (38%) reported experiencing a difficult time maintaining a regular family life and over past ten years. The capacity to carry out regular home tasks was diminished by 87% during a cluster headache attack, and involvement in family social activities was typically diminished. 94 (24%) said that they were lost their jobs totally or in part cause of the cluster headache in the past ten year (Petersen, et al., 2022).

Migraine was a type of headache that affects people worldwide invisibly the burden on a nation's economy, people's quality of life, and productivity at work are all impacted by the increasing prevalence of migraine (Albalawi, et al., 2023).

According to author, headache that impairs functioning abilities in young people. The purpose of this research was to determine the prevalence of migraine attacks among Malaysian medical students, the connection among migraine attacks, degree of stress, and functional disability among these students and discuss their methods for self-management. The Depression Anxiety stress Scale and the Headache Impact Test-6 (HIT-6) were used to quantify perceived stress level and functional

impairment, two additional areas that were examined. In this research, a total of 374 medical students were involved, and 157 (42%) of them reported had headaches. The IHS requirements for migraines were met by more than half (n=97, 61.8%) of those who experienced headaches. Functional impairment and migraines were highly correlated. The PSS score could range from 0 to 40 at its highest point. For the migraine group, the mean PSS score was 21.1 (SD = 4.9). And the non-migraine group's mean PSS score was 18.9 (SD=5.1). The generally available of HIT-6 functional disability evaluation scores was 36 to 78, with higher scores becoming better. Suggesting a more extreme level of disability. When compared to those with non-migraine headaches, students with migraines had a substantially higher functional impairment score (mean score 60.70, SD= 5.8) ($t=3.94$, $p<0.001$) (Thiagarajan, et al., 2022).

A recent study that analyzed just few possible migraine-related factors. Age, family history, academic year, online education, anxiety, depression, and sleeplessness were also taken into consideration as potential predictors for this condition. Last but not least, it revealed that just above half of students with migraines (55%). This study was cross-sectional. In March 2021, a self-administered survey was sent out online. It also inquired about demographic information and other related factors, as well as the headache society's criteria for diagnosing migraine. The MIDAS scale was used to gauge how migraines impacted daily activities. The prevalence of migraine was 12.1% among the 471 individuals. There was evidence that migraine was related to age ($p = 0.02$), family history ($p 0.001$), academic year ($p = 0.009$), online education ($p 0.001$), anxiety ($p = 0.017$), depression ($p = 0.001$), and sleeplessness ($p 0.001$). Last but not last, according to the MIDAS scale, 55% of the kids with migraines had a significant handicap (grade 4 MIDAS) (Chahine, Wanna and Salameh, 2022).

A recent study analyzed psychological factor associated with tension type headache. About 1042 participants 74% had tension type headache. 1042 students (719 females and 323 males, with an average age of 20.6 and a range of 17 to 40) made up the study population. Direct, systematic interviews with professionals helped identify the causes of headaches and their associated factors. Lack of satisfaction with studies (26.0%), dissatisfaction with family life 12.3%, poor financial situation 16.3%, excessive work 58.22, stress 48.0%, lack of sleep 62.60%, depressed mood 29.5%, anxiety 23.0%, irritability 45.8% (Lebedeva et al., 2017).

Researcher mention that, secondary headache that could be brought on by infections, epileptic convulsions, or intracranial neoplasms. A study with 500 patient who had headache secondary headache found 10%. Primary headache disorder were more common than of secondary headache (Mohamed, A.A.B., 2021).

The term "cervicogenic headache" refers to a group of symptoms that include pain on one side of the head, pain in the arm, shoulder, and neck that is made worse by neck motions or prolonged head posture. A cross-sectional study that was done among Rehman Medical Institute about frequency of cervicogenic headache. These participants' responses were noted and analyzed using SPSS version 22. The X2 test was performed to determine differences between categorical variables, and the data were reported as mean, standard deviation, and differences. In this cross-sectional study, 187 individuals participants. Based on subjective diagnostic standards, it was determined that among these students, the prevalence of CGH was 21.9% (17.6% males and 25.5% females). The average age of pupils with Cervicogenic headache was 21 years old (Khilji et al., 2019).

Researcher said that, Depression is characterized by a loss of interest or enjoyment in routine tasks (Craske et al., 2016).

According to the author, a study was conducted at Taif University to determine the prevalence and correlation of migraine, tension-type headaches, and depression among female students, 1340 female students participated in a cross-sectional study utilizing self-administered questionnaires about headache and depression throughout the 2016–2017 academic year. 32.5% of people had depression, respectively. Stress or anxiety was 86.6% in this cases. Medical students and students in higher grades had significantly higher rates of all headache categories. Students who experienced more frequent headaches and migraine had significantly greater rates of depression (Desouky, Zaid and Taha, 2019).

Given the wide range of clinical presentations among headache sufferers, quantifying the social and economic burdens brought on by headaches is a challenging task. 400 patients who had been concurrently admitted to headache clinics in Pavia and Milan were questioned about how their headaches affected their social and professional lives in order to assess the socioeconomic burden that their headaches had on them. Attack-type headaches (migraine, cluster headaches, and episodic tension-type headaches) and chronic or daily headaches (chronic tension-type headache, and

migraine with tension-type headache) were the main topics of the data analysis. The everyday use or abuse of analgesics was frequently a defining trait of these latter types. The overall profile of survey indicates that relatively low level of handicap or disability in work and social activities (Micieli, 2012).

Author mention that, there were just a few headache disability indices that could assess and treat various headache-related limitations in Iranian patients. The original survey was translated and culturally modified for use in a Persian context. This study included 250 chronic headache sufferers in total. Confirmatory factor analysis (CFA) was used to test the questionnaire's face validity, content validity, and convergent validity with the Short-Form Health Survey (SF-36). The interclass correlation coefficient (ICC) was used to analyze the test's short- and long-term test-retest reliability as well as its internal consistency. Both of its functional and affective subscales, as well as the full questionnaire. Significantly unfavorable relationships between the Headache Disability Index and the short-form health survey questions were revealed by the convergent validity. The HDI's Persian translation was found to be genuine and reliable. This questionnaire can explore the disabilities of Persian-speaking people with headache disorders (Jabbari et al., 2021).

3.1 Study design:

It was a Cross-sectional type of descriptive study carried out with the aim of determining the disability due to headache among undergraduate medical students.

3.2 Study place:

The population of this study were undergraduate medical students at SAIC College of Medical Science and Technology, Dhaka community Medical College, State College of Health Science, National Institute of Traumatology and Orthopedic Rehabilitation and Government Unani and Ayurvedic Medical College and Hospital.

3.3 Study period:

The duration of the study was six months from 1st July 2022 to 30th June 2023.

3.4 Study population:

Undergraduate medical students suffering from headache constituted the study population for the present study.

3.5 Sample size:

The required sample size of study was calculated by using the following statistical formula.

$$n = \frac{z^2 pq}{d^2}$$

Here,

n = sample size?

Z = 1.96 at 5% level of significance

P = 73.1%

q = 1-p

d = acceptable error

= 5%

= 0.05

So,

$$\begin{aligned}n &= \frac{z^2 pq}{d^2} \\ &= \frac{0.731(1-0.731) \times (1.96)^2}{(0.05)^2} \\ &= \frac{0.731(0.269) \times 3.8416}{0.0025} \\ &= \frac{0.196639 \times 3.8416}{0.0025} \\ &= \frac{0.75540}{0.0025} \\ &= 302.16\end{aligned}$$

$$n = 303$$

Here, $p = 73.1\% = 0.731$ (Panigrahi, A., Behera, B.K. and Sarma, N.N., 2020. Prevalence, pattern, and associated psychosocial factors of headache among undergraduate students of health profession. *Clinical Epidemiology and Global Health*, 8(2), pp.365-370).

3.6 Sampling technique

Purposive sampling technique was applied to select undergraduate medical students suffering from headache as sampling unit for the present study.

3.7 Eligibility criteria

3.7.1 Inclusion criteria

Undergraduate medical students.

Both male and female.

Who had headache.

3.7.2 Exclusion criteria

Students who refused to participate in the study at any time of data collection.

3.8 Method of data collection

Self-administrated questionnaire method was adopted to collect data from the participants.

3.9 Instrument and tools of data collection

A questionnaire was prepared according to the objectives and variables of the present study. The questionnaire contained both open ended and closed ended questions. The questionnaire had three parts. First part contained questions on socio-demographic information. The second part included question about general health related information and third part contained headache related questionnaire by Headache disability index.

3.10 Procedure of data collection

Data from the participants (undergraduate medical student) were collected from different medical college and institute. Before data collection, permission was taken from the head of the college and institute. Then undergraduate medical students suffering from headache were selected as sample unit. The aims and objective of the study was explained to the participants. The students who agreed to participate in the study were included in the sample. Obtaining verbal informed consent, the pre-tested questionnaires were handed over to the participants. The researcher herself gave instructions to the participants about writing their responses accordingly into the questionnaires. The participants returned the questionnaires after completion. A questionnaire was prepared according to the objectives and variables of the present study. The questionnaire contained both open ended and closed ended questions.

3.11 Data management

3.11.1 Data editing

After collection of the questionnaire from the participants, these were checked for any error inconsistency in the responses. Necessary corrections were done accordingly. The responses were coded for the entry into the computer program.

3.11.2 Data entry

Data from the questionnaire were entered into statistical package for social science (SPSS)-25 program by the researcher herself.

3.11.3 Data analysis

Analysis of data was carried out according to the objectives of the study. Mean and percentage were two measurements of descriptive statistics used in the most of the cases. Relationship was assessed between dependent and independent variable.

3.12 Data Presentation

The findings of the study have been presented by frequency tabulation of the characteristics. The result was presented by various charts, graphs and description of the variable.

3.13 Ethical consideration

The researcher was submitted a research proposal to the department of physiotherapy for approval. And was obtained written permission from the ethical review board of Saic College of Medical Science and Technology (SCMST).

No physical examination or any invasive technique was used in the present research. There was no direct benefit to respondents, however the study findings might be beneficial among the undergraduate medical students. The purpose of the study was explained to every participants and asked for their response. The respondents who gave informed verbal consent was included in the study. The participants were also informed of his /her right to discontinue at any point of interview. Refusal to participate involved no loss of benefits which he/she was otherwise entitled.

Data Of the participants were maintained with strict confidentiality. Every participants were assigned a unique code number for this study. The documents for these code numbers linking subjects was kept in a locked cabinet under the direct supervision of the researcher.

3.14 Limitations of the study:

There were a number of limitations and barriers in this research project which had affected the accuracy of the study, these were as follow:

1. First of all, time of the study was very short which had a great deal of impact on the study. If adequate time was available knowledge on the thesis could be extended.
2. Purposive sample technique was applied to select the participants. This technique is non probability sampling process. So this study does not represent whole population within country.
3. This study has provided for the first-time data on disability due to headache among undergraduate medical students. No research has been done before on this topic. So, there was little evidence to support the result of this project in the context in Bangladesh.
4. Data for the present study were collected from different institution of Dhaka city. It would be better if the participants could be selected from other part of the country.
5. The researcher is a students of the 4th year B.Sc. in physiotherapy. This thesis is her 1st research work. So a number of deficiencies are in the thesis.

4.1 Socio-demographic information:

Table no: 1 Frequency distribution of the respondents by age.

Age group in years	Frequency	
	N	%
18 - 22	175	57.80
23 - 27	119	39.30
28 - 32	9	3.00
Total	303	100
Mean±SD	22.35±2.163	

Regarding frequency distribution of the respondents, it was found that 175 (57.80%) participants belonged to the age group of 18-22 years. It was also found that 119 (39.30%) participants were in the age group of 23-27 years. The mean age was 22.35 years and standard deviation (SD) was 0.555 (Table no. 1).

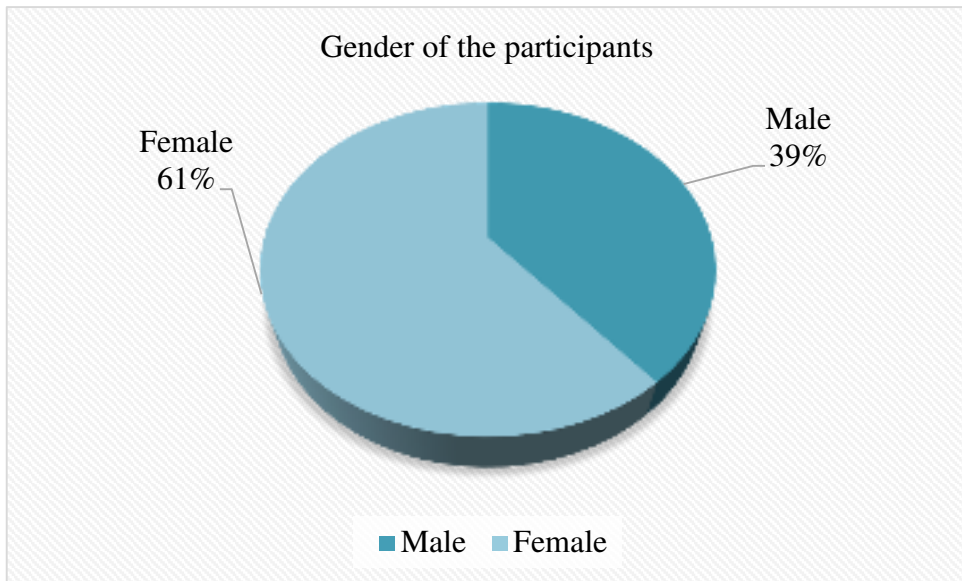


Figure No: 1 Gender of the participants.

About the gender of the participants, it was revealed that 118 (39.9%) participants were male and 185 (61.1%) respondents were female (Figure no.1).

Table no: 2 Frequency distribution of the respondents by BMI.

BMI	Frequency	
	N	%
Underweight (<18.5)	38	12.50
Normal weight (18.5-24.9)	202	66.70
Over weight (25.0-29.9)	57	18.80
Obese (≥ 30)	6	2.00
Total	303	100
Mean\pmSD	22.28 \pm3.523	

The study showed that out of 303, 202 (66.70%) respondents belonged to the normal weight categories (18.5-24.9). It was also found 57 (18.80%) participants were overweight. It was revealed that 38 (12.50%) participants were underweight. The mean BMI of the respondents was 22.28 and SD was 3.523 (Table no.2).

Table no: 3 Frequency distribution of Living area of the participants.

Living area	Frequency	
	N	%
Urban	297	98.00
Semi-Urban	4	1.30
Rural	2	0.70
Total	303	100

About living area of the participants, it was revealed that 297 (98.0%) respondents lived urban area, 4 (1.3%) lived in semi urban area and 2 (0.70%) lived in rural area (Table no.3).

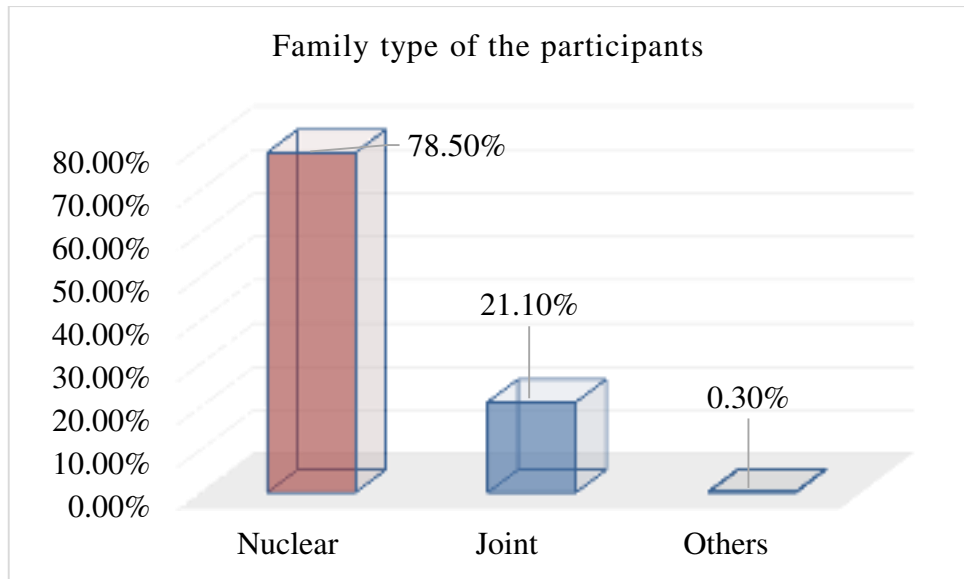


Figure No: 2 Type of family of the participants.

The study revealed that, out of 303, 238 (78.50%) participants belonged to nuclear family and 64 (21.10%) participants belonged to joint family (Figure no.2).

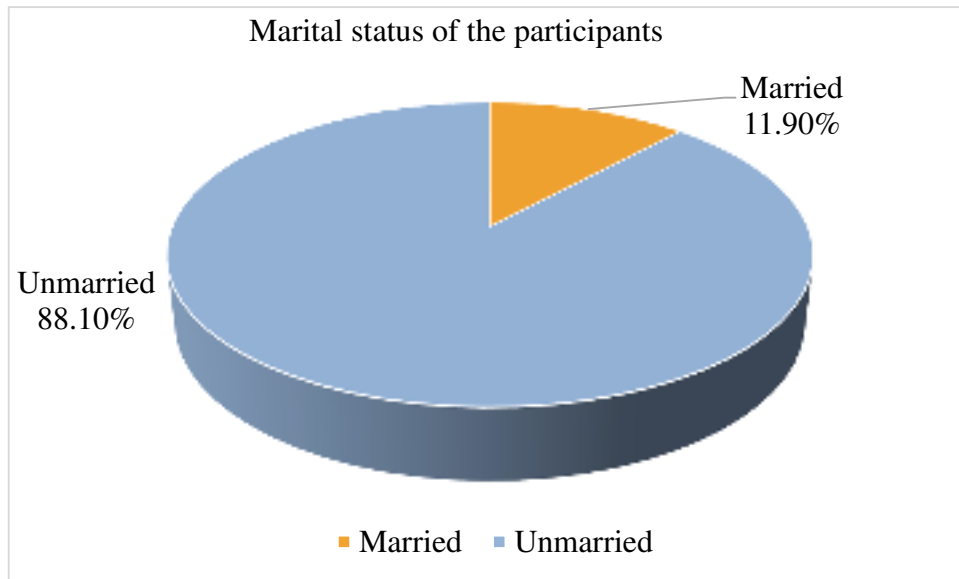


Figure No: 3 marital status of the participants.

About marital status, it was found that 36 (11.90%) students were married and 267 students (88.10%) were unmarried (Figure no.3).

Table no: 4 Frequency distribution of the participants by religion.

Religion	Frequency	
	N	%
Islam	278	91.70
Hindu	23	7.60
Buddhist	1	0.30
Christian	1	0.30
Total	303	100

The study showed that 278 (91.70%) participants were Muslim, 23 (7.60%) participants were Hindu, 1 (0.30%) participants were Buddhist and 1 (0.30%) participant was Christian (Table no. 4).

Table no: 5 Frequency distribution of the participants by monthly income.

Taka	Frequency	
	N	%
Taka <5000	284	93.70
Taka 5000 - 10000	18	5.90
Taka >10000	1	0.30
Total	303	100
Mean±SD	731.02 ± 2277.029	

It was revealed that out of 303, 284 participants (93.70%) monthly income were less than Taka 5000, 18 (5.90%) participants' monthly income was Taka 5000-10000 and 1 (0.30%) participants monthly income was more than Taka 10000. The mean of the participant's income was Taka 731.02 and standard deviation was 2277.029 (Table no. 5).

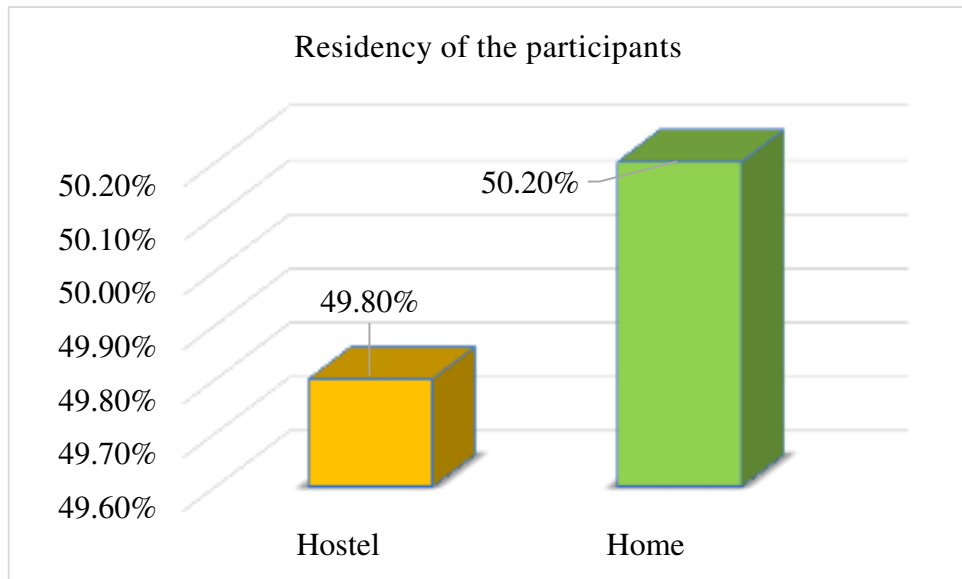


Figure No: 4 Residency of the participants.

About frequency distribution of the participants by residency, out of 303, 151 (49.80%) participants lived in hostel and 152 (50.20%) participants lived in home (Figure no.4).

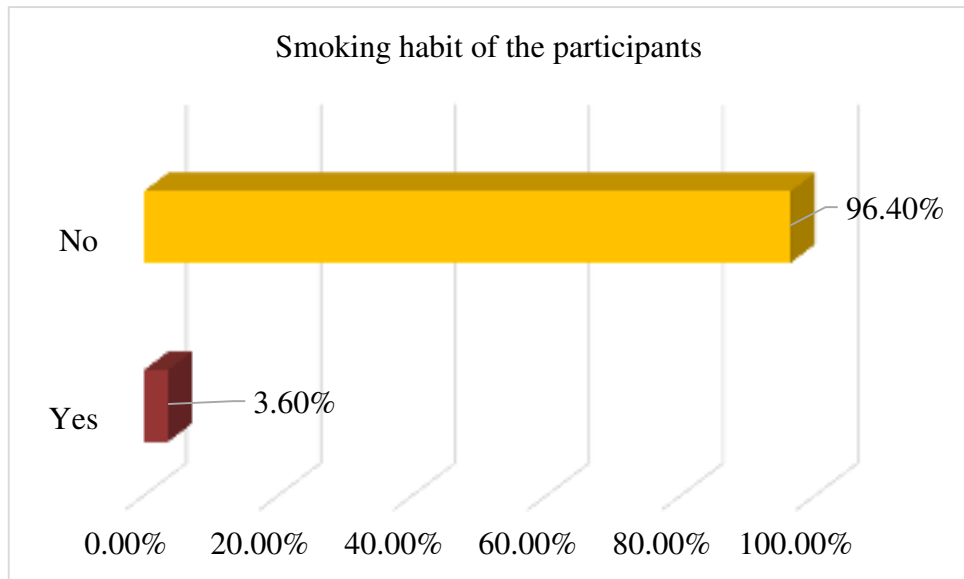


Figure No: 5 Smoking habit of the participants.

Regarding smoking habit of the participants, 11 (3.60%) participants were smoker and 292 (96.40%) participants were non-smoker (Figure no.5).

Table no: 6 Frequency distribution of student type of the participants.

Student type	Frequency	
	N	%
MBBS	41	13.50
Physiotherapy	111	36.60
Dental	32	10.60
Occupational therapy	8	2.60
Nursing	30	9.90
Ayurvedic	31	10.20
Lab-medicine	37	12.20
Radiology	13	4.30
Total	303	100

The study showed that there were 41(13.50%) MBBS students, 111 (36.60%) were physiotherapy students, 32 (10.60%) were dental students, 8 (2.60%) were students of occupational therapy, 30(9.90%) were nursing students, 31 (10.20%) students were ayurvedic, 37(12.20%) were lab medicine students (Table no.6).

4.2 General health related factor

Table no: 7 Frequency distribution of the Participants suffering from disease.

Disease	Frequency	
	N	%
Cardiovascular disease	2	0.70
Gastrointestinal disease	10	3.30
Neurological disease	5	1.70
Respiratory disease	14	4.60
Problem with vision	79	26.10
Reproductive disease	0	0
Unknown disease	7	2.30
Normal	201	66.30

The study revealed that out of 303, 2(0.70%), participants suffering from Cardiovascular disease, (3.30%) participants suffering from Gastrointestinal disease, 5 (1.70%), Participants suffering from Neurological disease, 14 (4.60%), participants suffering from Respiratory disease, 79 (26.10%), participants suffering from Eye disease, 7 (2.30%) participants suffering from Unknown disease. (Table no.7).

Table no: 8 Frequency distribution of the participants how long suffering from headache.

Period of suffering from headache	Frequency	
	N	%
1 month	39	12.90
6 month	27	8.90
1 year	38	12.50
>1 year	199	65.70
Total	303	100

Regarding frequency distribution of the respondents, it was found that 39 (12.90%) participants were suffering from headache from 1 month, 27(8.90%) participants suffering from headache from 6 month, 38 (12.50%) participants were suffering from headache from one year and 199 (65.70%) participants suffering from headache >1 year (Table no.8).

Table: 9 Frequency distribution of the participants by frequent of headache.

Frequent of Headache	Frequency	
	N	%
Every day	15	5.00
1 per week	80	26.40
2 - 3 per week	74	24.40
1 per month	134	44.20
Total	303	100

The study found the frequent of headache of the participants. Here 134 (44.20%) participants were suffering from headache once a month, 80 (26.40%) participants were suffering from headache once per week, 74 (24.40%) participants were suffering from headache 2-3 per week and 15 (5.00%) participants were suffering from headache in every day (Table no.9).

Table: 10 Frequency distribution of the severity of headache of the participants.

Severity of headache	Frequency	
	N	%
Mild	108	35.60
Moderate	151	49.80
Severe	44	14.50
Total	303	100

It was revealed that out of 303,108 (35.60%) participants had mild headache, 151 (49.80%) participants had moderate headache and 44 (14.50%) participants had severe headache (Table no.10).

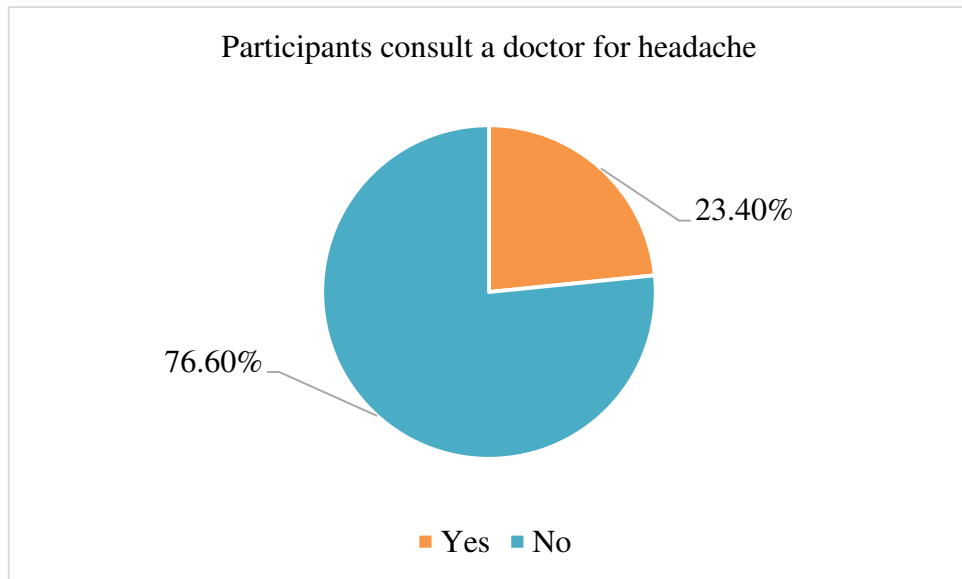


Figure No: 6 Participants consult a doctor for headache

About participants consults a doctor for headache it was found that 71 (23.40%) participants were consult a doctor for headache and 232 (76.60%) participants were not needed to consult a doctor for headache (Figure no.6).

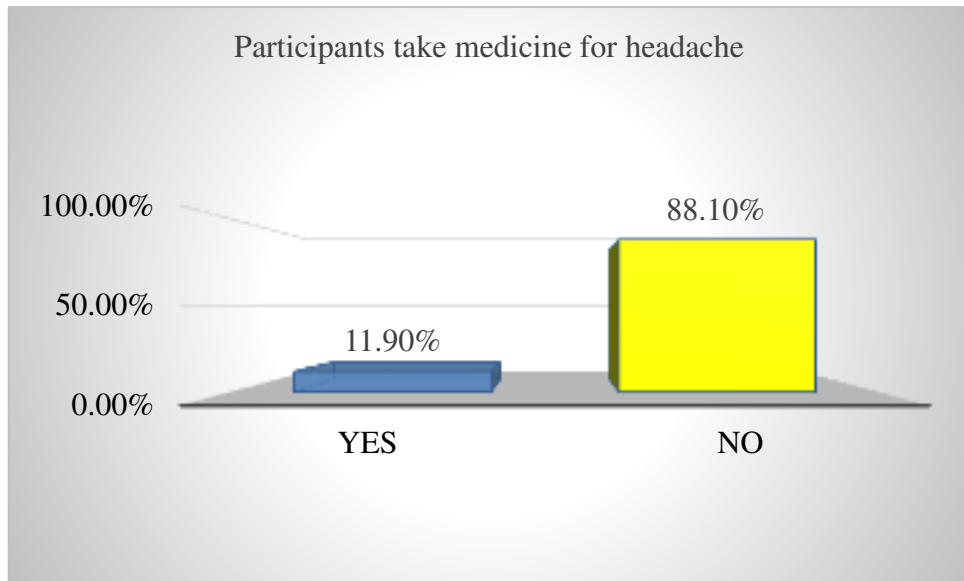


Figure No: 7 Participants take medicine for headache

The study revealed that out of 303, 36 (11.90%) participants take medicine for headache and 267 (88.10%) participants did not take medicine for headache (Figure no.7).

4.3 Headache disability index related factor

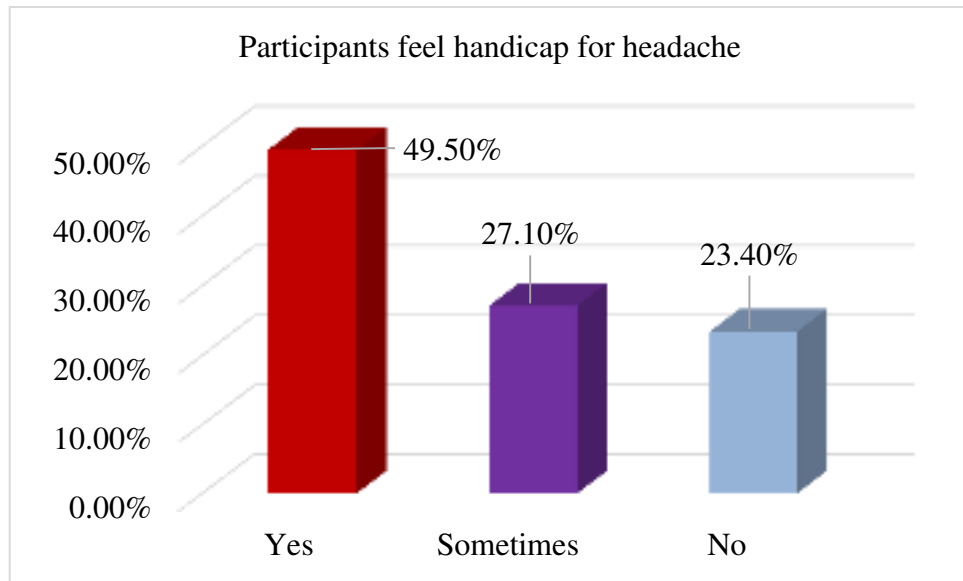


Figure No: 8 Participants feel handicap for headache

It was showed that out of 303, 150 (49.50%) participants feel handicap for headache. It was also found that 82 (27.10%) participants some time feel handicap because of headache and 71 (23.40%) did not feel handicap for headache (figure no.8).

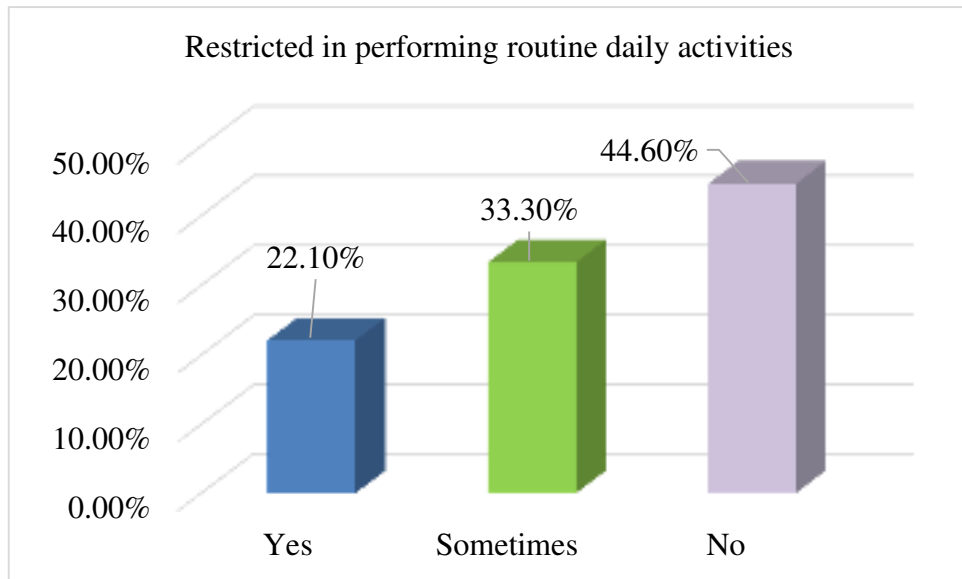


Figure No: 9 Restricted in performing their routine daily activities.

It was revealed that 67 (22.10%) medical students felt restricted in performing their routine daily activities because of headache, 101 (33.30%) participants said sometimes, and 135 (44.60%) participants did not feel it (Figure no. 9).

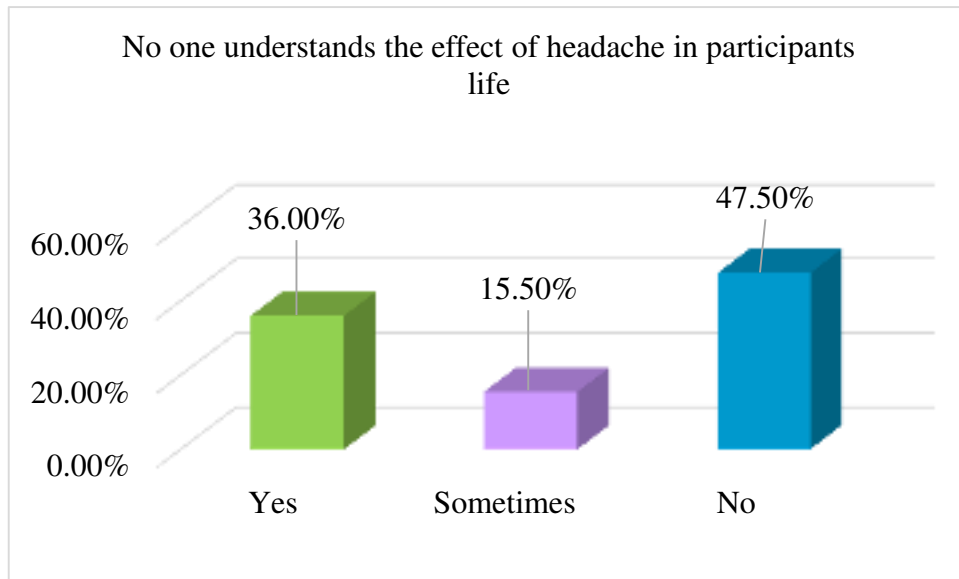


Figure No: 10 No one understand the effect of headache on their life.

The study showed that 109 (36.00%) participants said no one understand the effect of headache on participant's life, 50 (16.50%) participants said sometimes others understand and 144 (47.50%) participants said no (Figure no. 10).

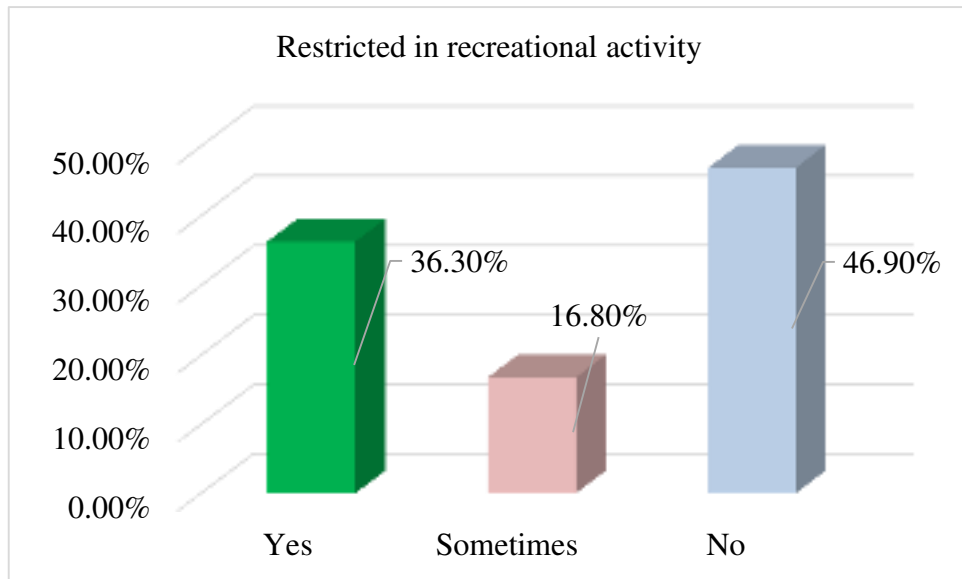


Figure No: 11 Participants restricted their recreational activities (e.g. sports, hobbies) because of their headache.

Regarding restriction of recreational activities by the participants due to headache, it was found that 110 (36.30%) participants said yes, 51 (16.80%) participants said sometimes and 142 (46.90%) participants said no (Figure no. 11).

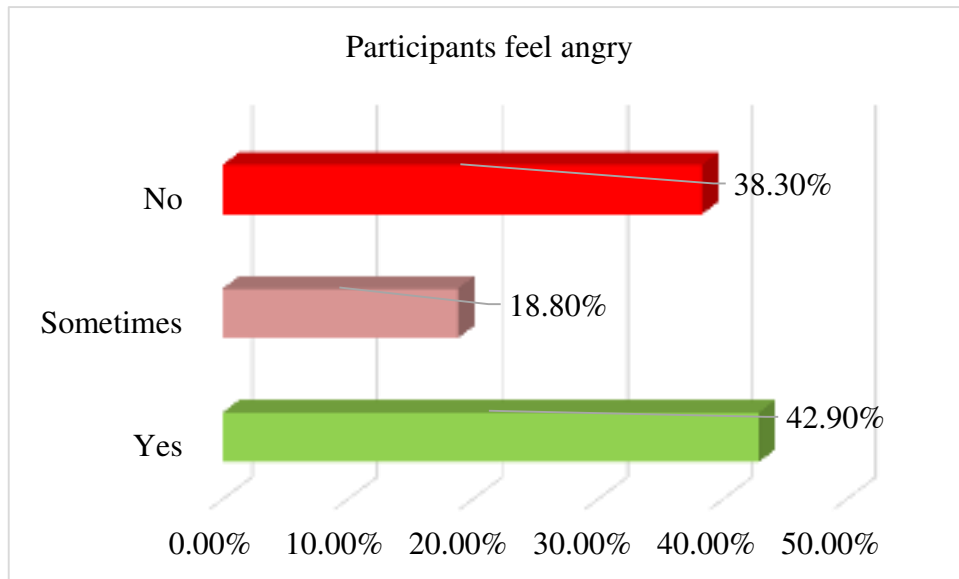


Figure No: 12 Headache make Participants angry.

About headache makes participant's angry, 130 (42.90%) participants said yes, 57 (18.80%) participants said sometimes and 116 (38.30%) participants said no (Figure no. 12).

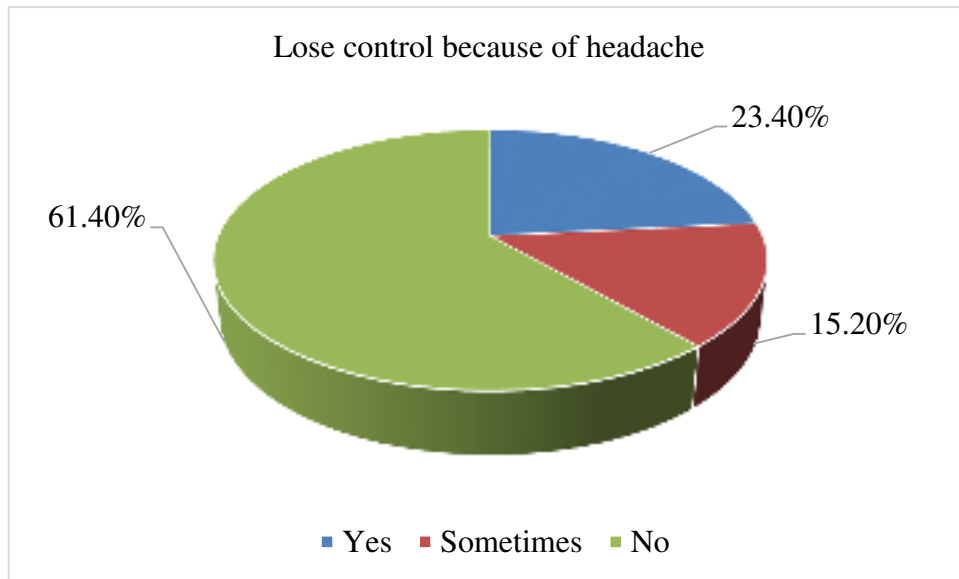


Figure no: 13 Sometimes participants feel that they are going to lose control because of headache

The study showed that 71 (23.40%) participants sometimes felt that they were going to lose control because of headache, 46 (15.20%) participants said sometimes and 186 (61.40%) participants said no (Figure no.14).

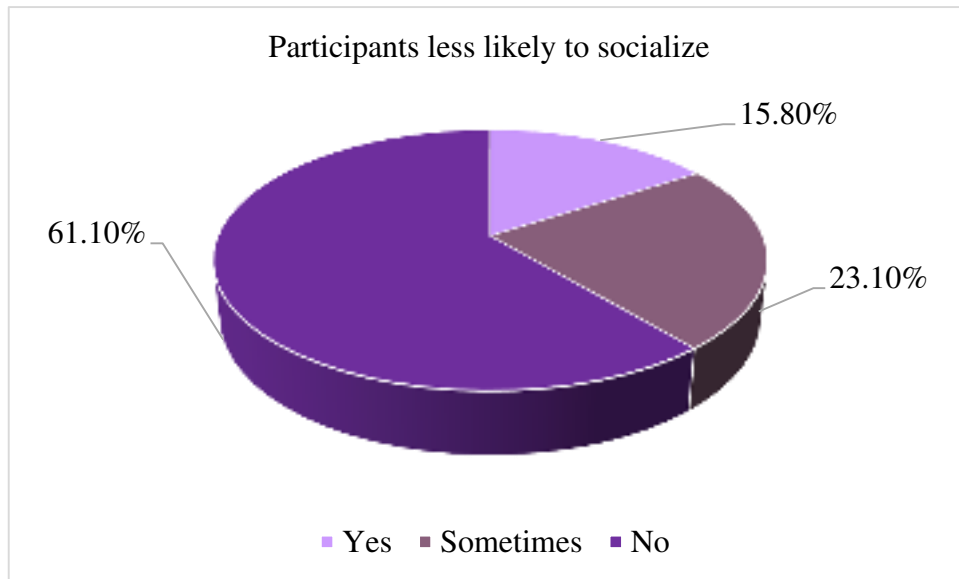


Figure No: 14 Because of participant's headache they are less likely to socialize

Regarding less socialization of the participants due to headache, it was found that 48 (15.80%) participants said yes, 70 (23.10%) participants said sometimes and 185 (61.10%) participants said no (Figure no.14).

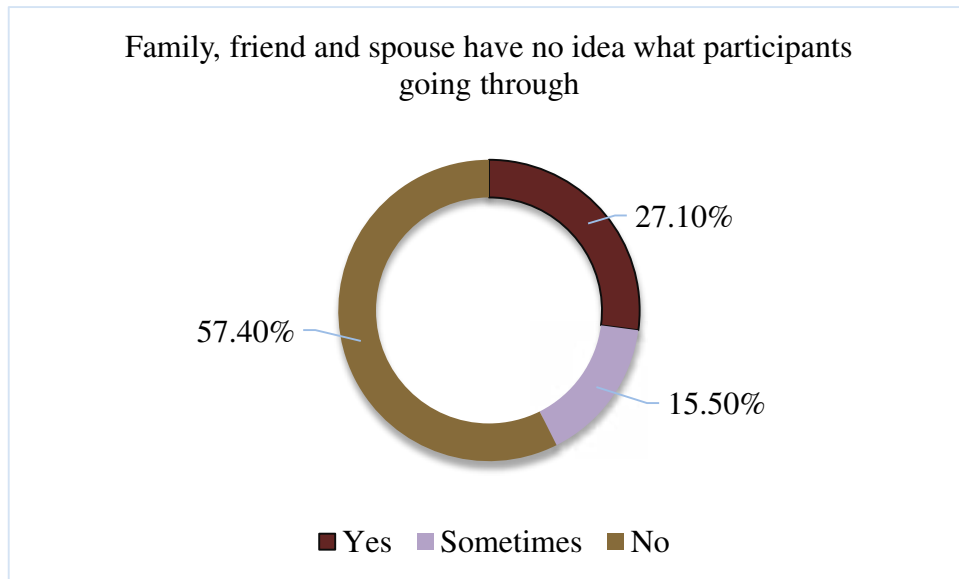


Figure No: 15 Participants spouse, family and friends have no idea what they are going through because of their headache.

It was revealed that 82 (27.10%) participants said spouse, family and friends have no idea what participants are going through because of headache, 47 (15.50%) participants said sometimes and 174 (57.40%) participants said no (Figure no.15).

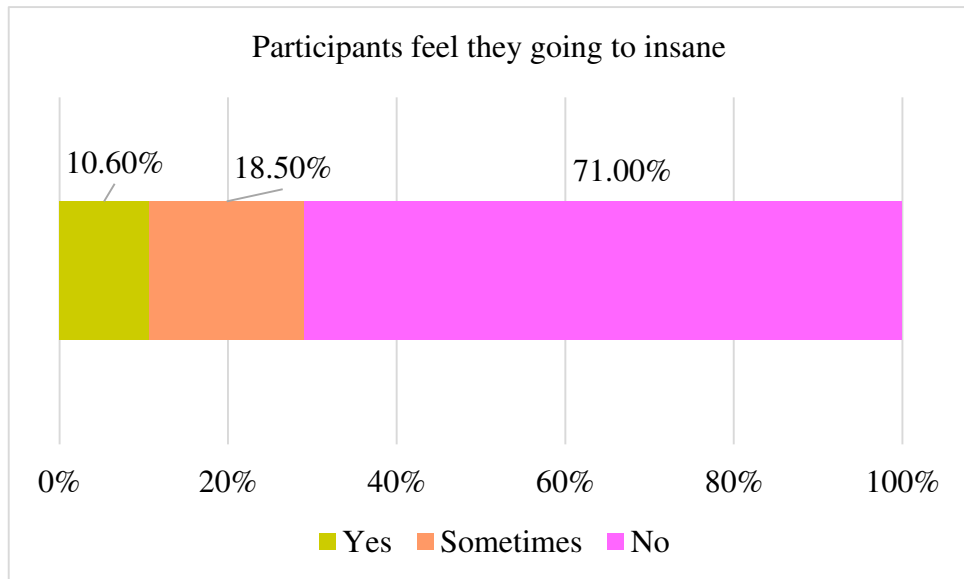


Figure No: 16 Participants headache are so bad that they are going to go insane.

It was revealed that, 32 (10.60%) students told headache was so bad that they were going to go insane, 56 (18.50%) participants said sometimes and 215 (71.00%) participants had no such complain (Figure no. 16).

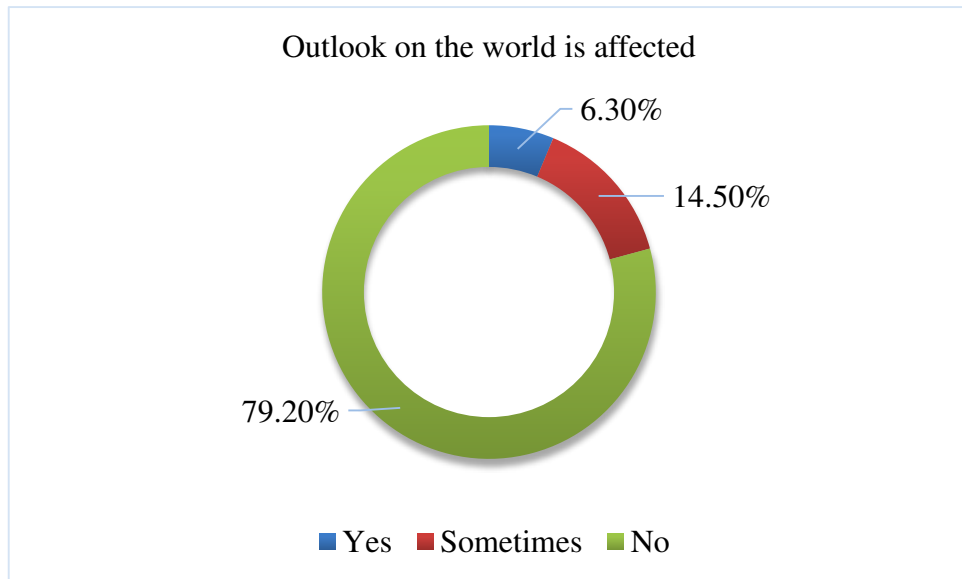


Figure No: 17 Participants outlook on the world is affected by their headache.

About participants' outlook on the world is affected by their headache, out of 303, 19 (6.30%) participants said yes, 44 (14.50%) participants said sometimes and 240 (79.20%) participants said no (Figure no.17).

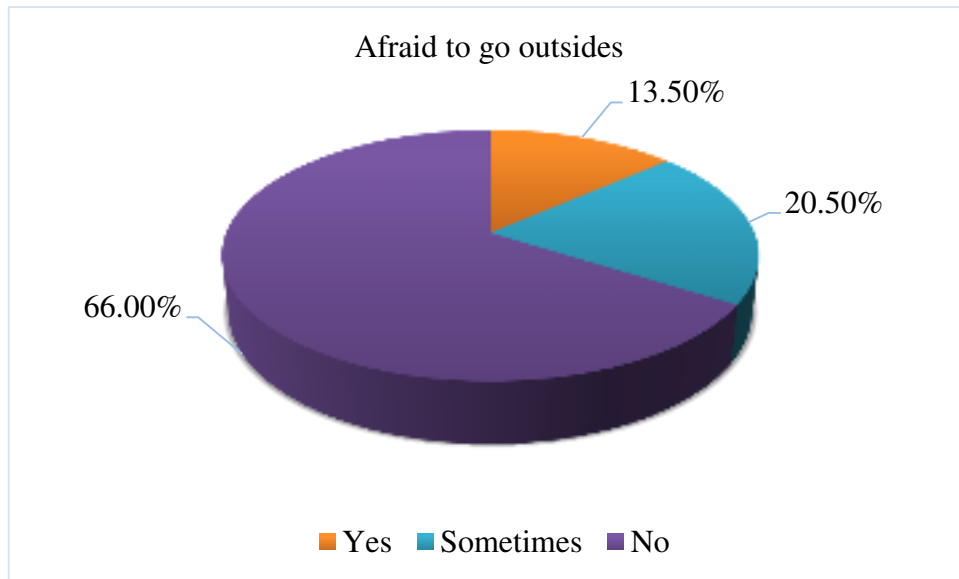


Figure No: 18 Participants are afraid to go outside when they feel a headache is starting

It was found that out of 303 participants, 41 (13.50%) participants were afraid to go outside when they feel a headache was starting, 62 (20.50%) participants said sometimes they were afraid to go outside and 200 (66.00%) participants said no (Figure no.18).

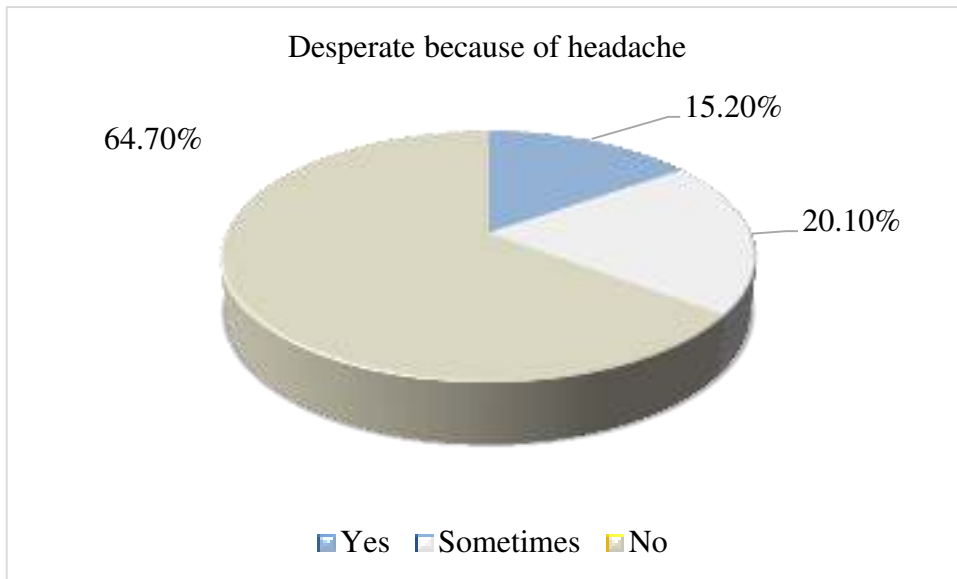


Figure No: 19 Participants feel desperate because of their headache.

The study showed that 46 (15.20%) participants feel desperate because of their headache. students said yes, 61(20.10%) students said sometimes and 196 (64.7%) students said not desperate (Figure no.19).

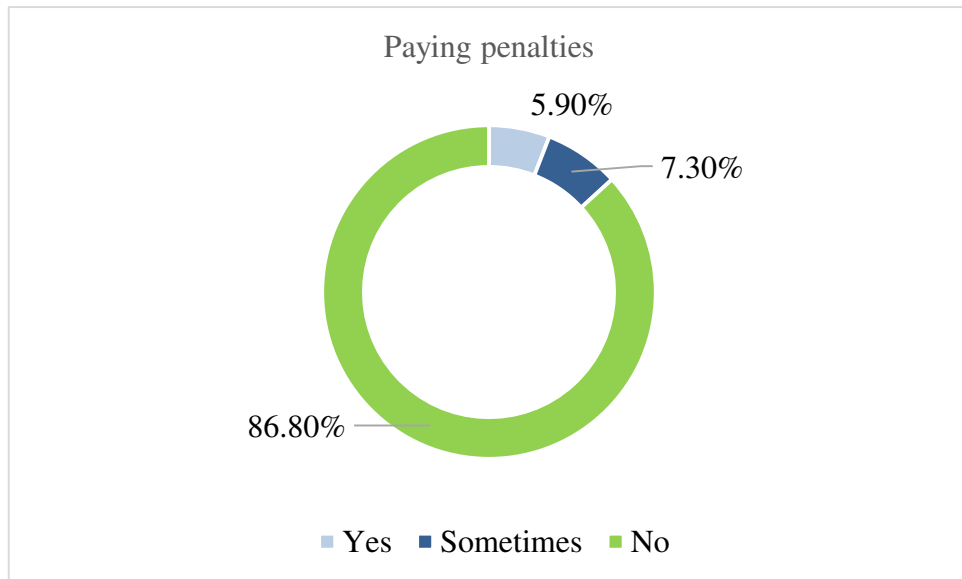


Figure No: 20 Participants are concerned that they are paying penalties at work or at home because of their headache.

Participants were concerned that they were paying penalties at work or at home because of headache, in this regard 18(5.90%) participants said yes, 22 (7.30%) participants said sometimes and 263 (86.80%) participants said no (Figure no. 20).



Figure No: 21 Place stress on participants relationships with family or friends.

The study found that, 32 (10.60%) participants said headache place stress on their relationships with family or friends, 35 (11.60%) participants said sometimes and 236 (77.90%) participants said no (Figure no. 21).

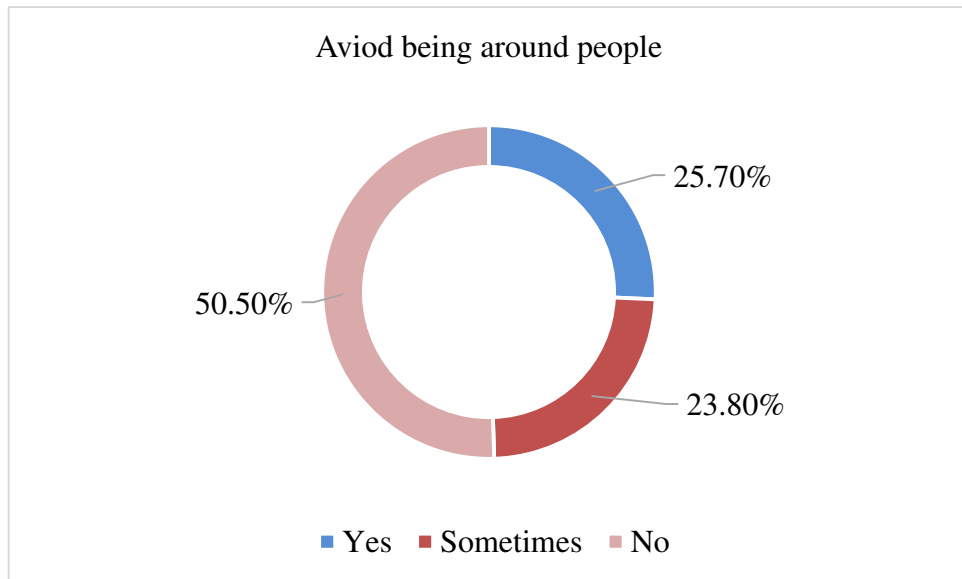


Figure No: 22 Participants avoid being around people when they have a headache.

The study showed that out of 303 respondent, 78 (25.70%) participants told that they avoid being around people when they have a headache, 72 (23.80%) said sometimes avoid and 153 (50.50%) said no such avoidance (Figure no.22).

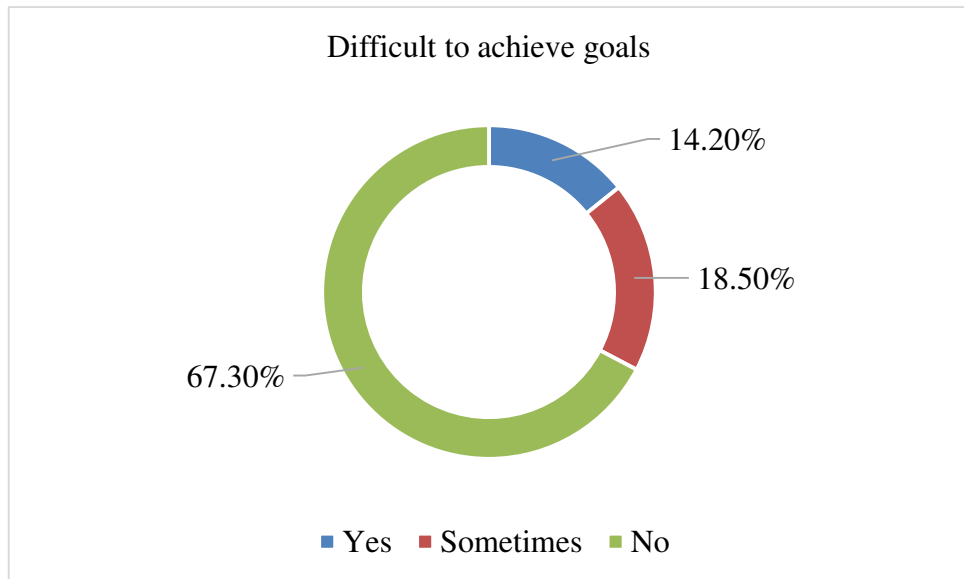


Figure No: 23 Headache making difficult for participants to achieve goals in life.

Regarding headache making difficult for participants to achieve goals in life, out of 303, 43 (14.20%) participants said yes, and 56 (18.50%) participants said sometimes and 204 (67.30%) said no (Figure no.23).

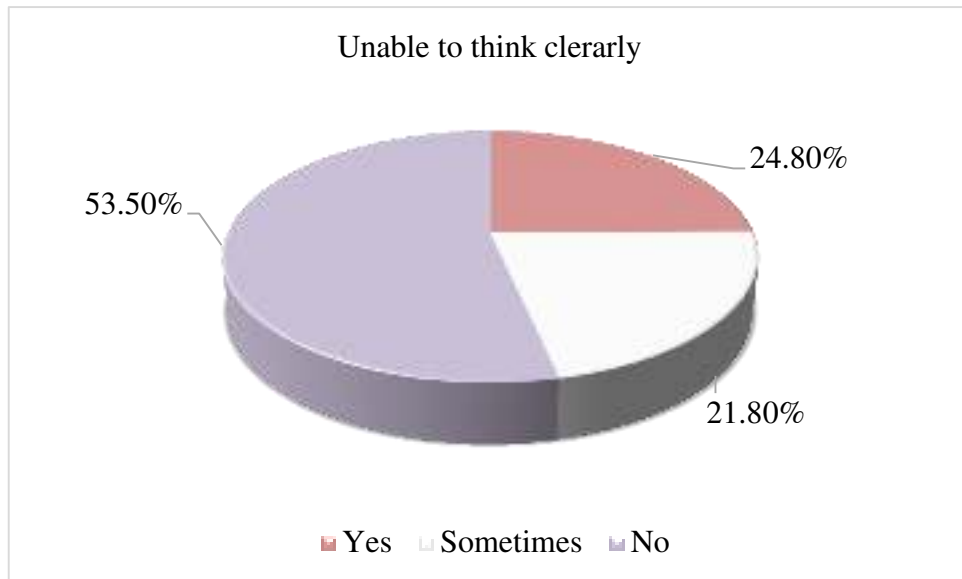


Figure No: 24 Participants unable to think clearly because of headache.

They study revealed that out of 303 participants, 75 (24.80%) said they were unable to think clearly because of headache. It was 66 (21.80%) participants said they sometimes were unable and 162 (53.50%) said no such event (Figure no.24).

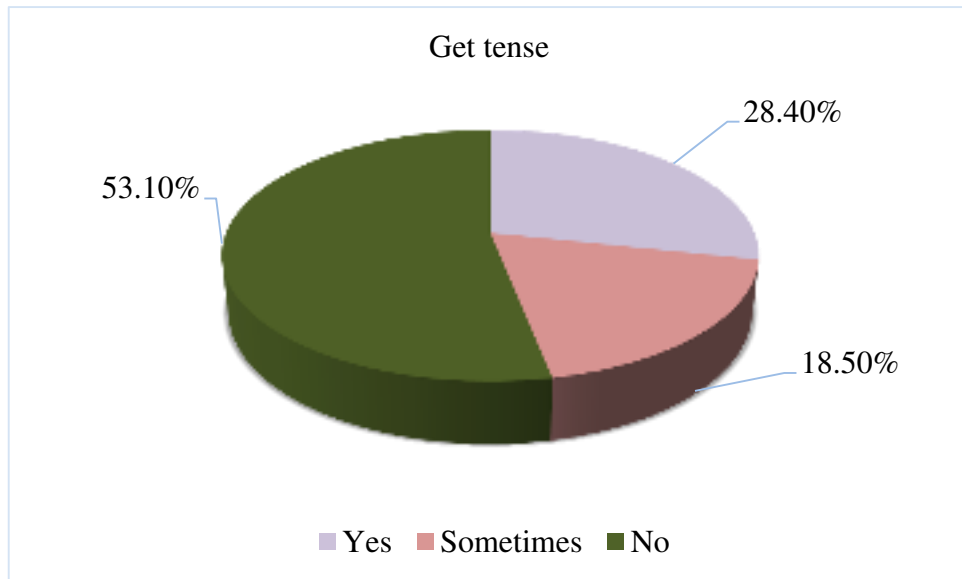


Figure No: 25 Participants gets tense because of headache.

About participants get tense because of headache, the study showed that 86 (28.40%) participants said yes, 56 (18.50%) said sometimes and 161 (53.10%) said no (Figure no.25).

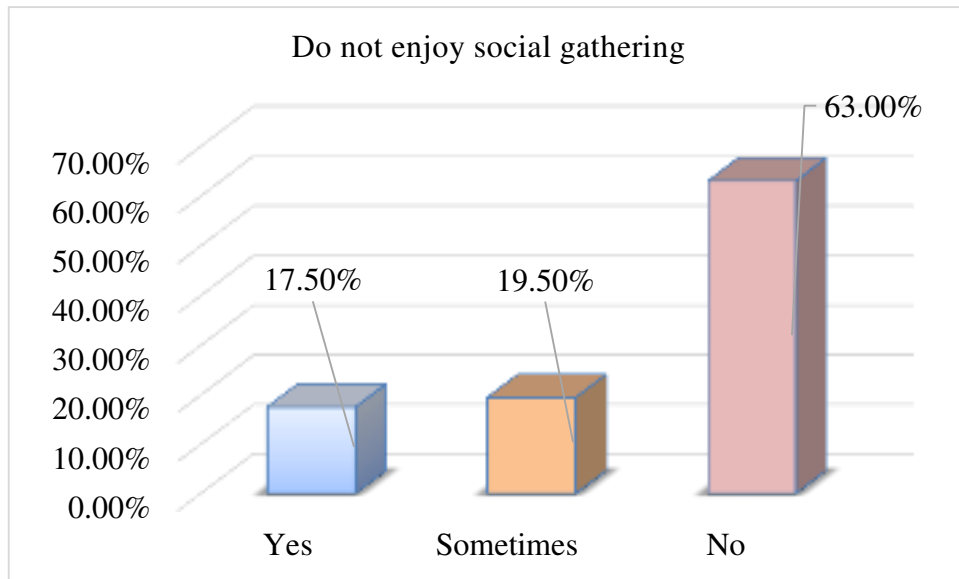


Figure No: 26 Participants do not enjoy social gatherings because of headache.

Out of 303 participants, 53 (17.50%) participants said they did not enjoy social gatherings because of headache, 59 (19.50%) students said sometimes and 191 (63.00%) students said no (Figure no.26).

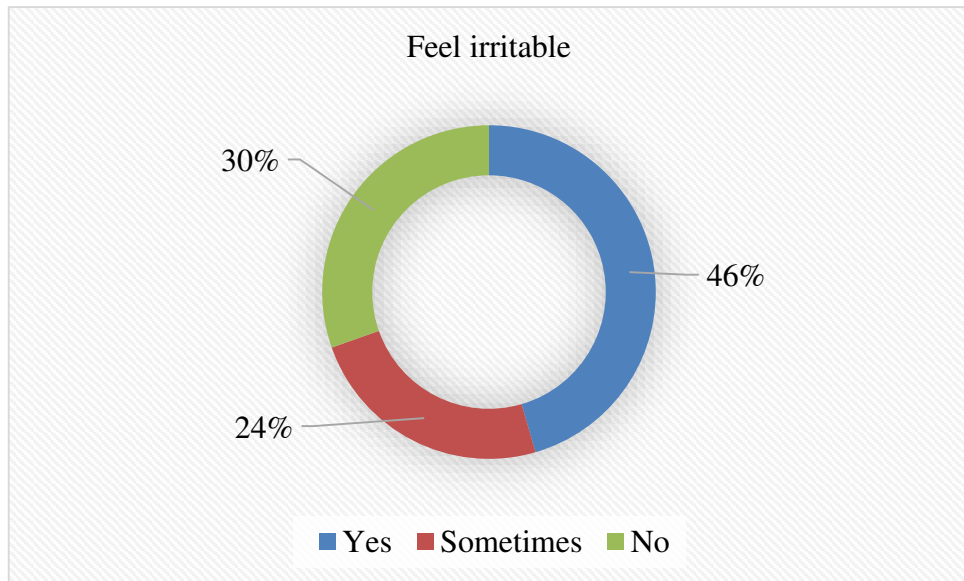


Figure No: 27 Participants feel irritable because of headache.

The study found that participants feel irritable because of headache 138 (45.50%) participants feel irritable because of headache, 73 (24.10%) respondents said sometimes and 92 (30.40%) respondent said they were not felt irritable (Figure no.27).

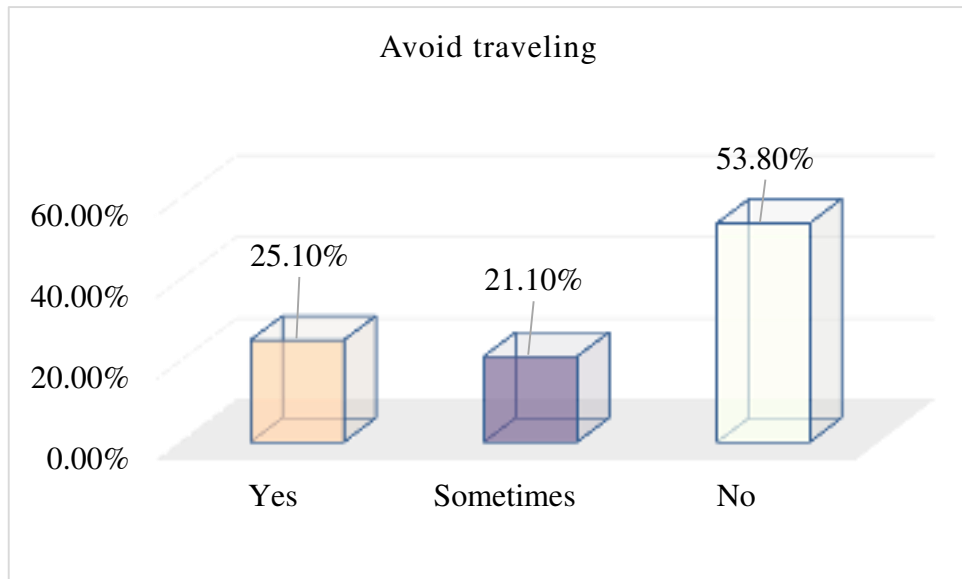


Figure No: 28 Participants avoid traveling because of headache.

The study revealed that participants avoid traveling because of headache. 76 (25.10%) students said yes, 64 (21.10%) students said sometimes they avoid traveling and 163 (53.80%) students said no (Figure no. 28).

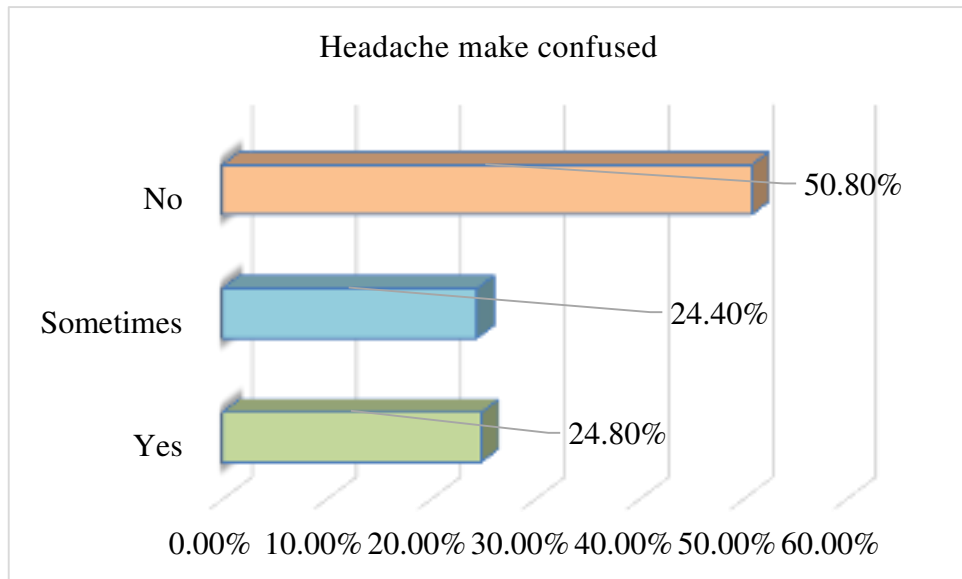


Figure No: 29 Headache make participants confused.

Regarding headache make participants confused. Out of 303, 75 (24.8%) participants said yes, 74 (24.4%) said sometimes and 154 (50.8%) said no (Figure no. 29)

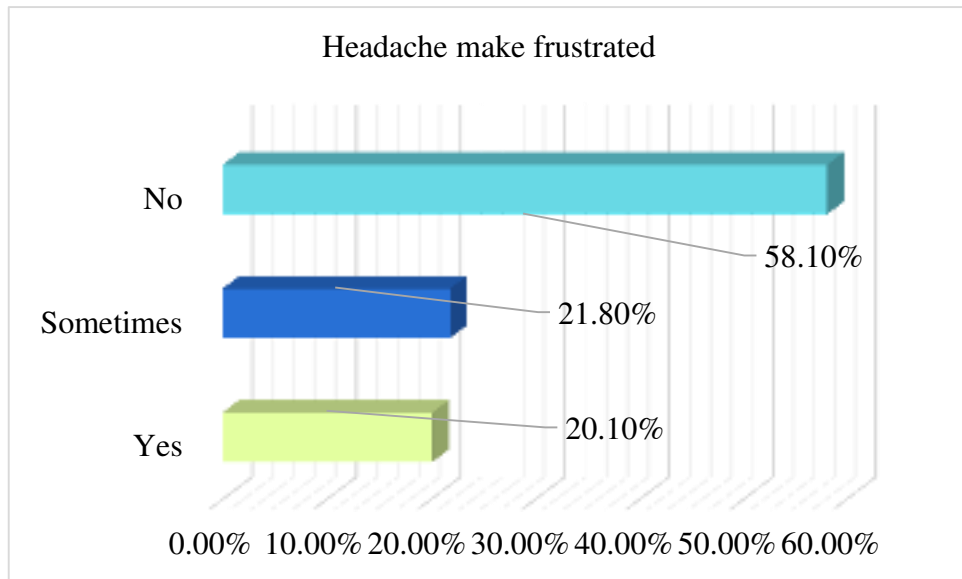


Figure No: 30 Headache make participants frustrated.

The study showed that participants feel frustrated because of headache. 61 (20.1%) participants said they feel frustrated, 66 (21.8%) participants said sometimes and 176 (58.10%) participants said no (Figure no.30).

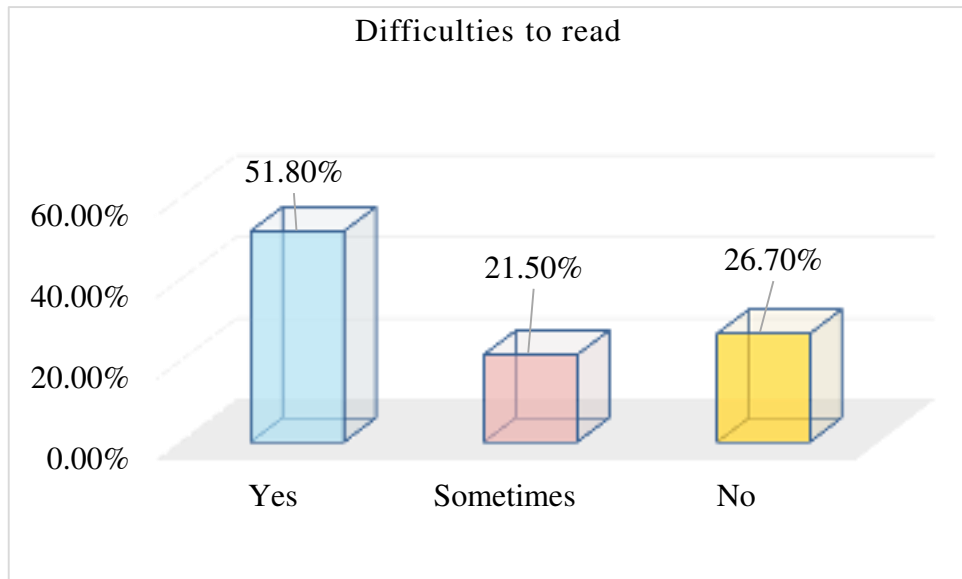


Figure No: 31 Participants find difficulties to read because of headache.

Regarding headache participants find difficult to read. Out of 303 participants 157 (51.80%) participants said yes, 65 (21.50%) participants said sometimes and 81 (26.70%) participants said no (Figure no. 31).

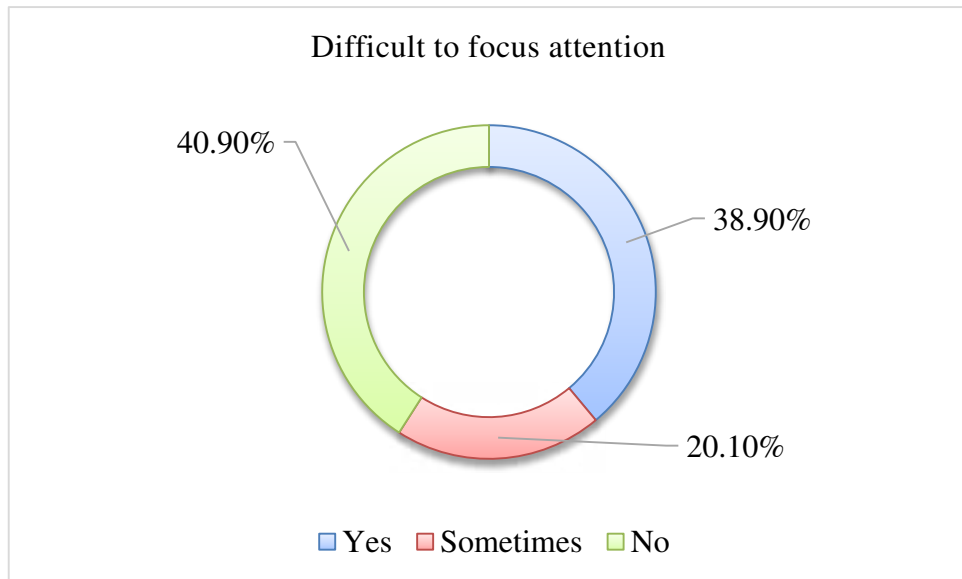


Figure No: 32 Participants find difficult to focus attention away from other things because of headache.

The study showed that out of 303, 118 (38.90%) medical students find difficult to focus attention away from other things because of headache, 61 (20.10%) medical students said sometimes and 124 (40.90%) medical students said no (Figure no. 32).

Table no: 11 Frequency distribution of the participants by types of disability.

Disability	Frequency	
	N	%
Normal	75	24.80
Mild disability	66	21.80
Moderate disability	68	22.40
Sever disability	55	18.20
Complete disability	39	12.90
Total	303	100.00
Mean±SD	35.02 ± 26.690	

The study revealed the type disability of the participants. Here out of 303 75 (24.80%) participants had no disability due to headache. 66 (21.80%) participants had mild disability, 68 (22.40%) participants had moderate disability, 55(18.20%) participants had severe disability, 39 (12.90%) participants had complete disability. In this table showed that the mean was 35.02 and the standard deviation was 26.690 (Table no. 11).

Table no: 12 Frequency distribution of the participants by gender and severity of headache.

Gender of the participants	Severity of headache			Total	
	Mild	Moderate	Severe	N	%
Male	54 (45.76%)	56 (47.45%)	8 (6.77%)	118	38.94
Female	54 (29.18%)	95(51.35%)	36 (19.45%)	185	61.06
Total	108 (35.64%)	151 (49.83%)	44 (14.52%)	303	100

$$\chi^2 = 13.748, df = 2, p = .001$$

About frequency distribution of the participants by gender and severity of headache, it was found that 118 (38.94%) were male. Among them 54 (45.76%) male participants had mild headache and 56 (47.45%) participants had moderate headache. In case of female participants, it was found that 54 (29.18%) participants had mild headache and 95(51.35%) participants had moderate headache. The association between gender of the participants and the severity of headache was statistically highly significant ($\chi^2 = 13.748, df = 2, p = .001$) [Table no.12].

Table no: 13 Frequency distribution of the participants by gender of the participants and disability of the participant

Disability of the participants	Gender of the participants		Total	
	Male	Female	N	%
Normal	42(56.00%)	33(44.00%)	75	24.75
Mild Disability	26(39.39%)	40(60.60%)	66	21.78
Moderate Disability	28(41.17%)	40(58.82%)	68	22.44
Severe Disability	12(21.81%)	43(78.18%)	55	18.15
Complete Disability	10(25.64%)	29(74.35%)	39	12.87
Total	118(38.94%)	185(61.05%)	303	100

$\chi^2=19.011, df = 4, p =.001$

Regarding frequency distribution of the participants by gender and disability, it was found that out of 118 male participants, 26 (39.39%) male participants had mild disability, 28 (41.17%) participants had moderate disability and 12(21.81%) had severe disability due to headache. In case of female, 40 (58.82%) had moderate disability and 43(78.18%) had severe disability. The association between gender of the participants and disability was found statistically highly significant ($\chi^2=19.011, df = 4, p=.001$) [Table no.13].

Table no: 14 Frequency distribution of the participants by student type and disability.

Student type	Type of disability of the participants					Total	
	Normal	Mild Disability	Moderate Disability	Severe Disability	Complete Disability	N	%
MBBS	13 (31.70%)	11 (26.82%)	9 (21.95%)	4 (9.75%)	4 (9.75%)	41	13.53
Physiotherapy	31 (27.92%)	20 (18.01%)	25 (22.52%)	21 (18.91%)	14 (12.61%)	111	36.63
Dental	15 (46.87%)	5 (15.62%)	5 (15.62%)	4 (12.5%)	3 (9.375%)	32	10.56
Occupational therapy	1 (12.5%)	4 (50.00%)	1 (12.5%)	1 (12.5%)	1 (12.5%)	8	2.64
Nursing	2 (6.66%)	5 (16.66%)	7 (23.33%)	10 (33.33%)	6 (20.00%)	30	9.90
Ayurvedic	9 (29.03%)	9 (29.03%)	10 (32.25%)	3 (9.67%)	0	31	10.23
Lab-Medicine	4 (10.81%)	9 (24.32%)	9 (24.32%)	8 (21.62%)	7 (18.91%)	37	12.21
Radiology	0	3 (23.07%)	2 (15.38%)	4 (30.76%)	4 (30.76%)	13	4.29
Total	75 (24.75%)	66 (21.78%)	68 (22.44%)	55 (18.15%)	39 (12.87%)	303	100

$$\chi^2 = 45.836, df = 28, p = 0.018$$

About frequency distribution of the participants by student type and disability 11(26.82%) MBBS students had mild headache. 20 (18.01%) physiotherapy students had mild headache and 14 (12.61%) physiotherapy students had complete headache. 10 (33.33%) nursing students had severe headache. The observed Chi-square value was 45.836 and p value was .018 so, the result was statistically significant ($\chi^2 = 45.836, df = 28, p = 0.018$) [Table no.14].

Table no: 15 Association between severity of headache of the participants and disability of the participants.

Severity of the headache	Type of disability of the participants					Total	
	Normal	Mild Disability	Moderate Disability	Severe Disability	Complete Disability	N	%
Mild	52 (48.14%)	22 (20.37%)	18 (16.6%)	10 (9.25%)	6 (5.55%)	108	35.64
Moderate	20 (13.24%)	39 (25.82%)	38 (25.16%)	29 (19.20%)	25 (16.55%)	151	49.83
Severe	3 (6.81%)	5 (11.36%)	12 (27.27%)	16 (36.36%)	8 (18.18%)	44	14.52
Total	75 (24.75%)	66 (21.78%)	68 (22.44%)	55 (18.15%)	39 (12.87%)	303	100

$$\chi^2 = 63.551, df = 8, p = .000$$

The frequency distribution of the participants the general health related factor (severity of headache) with disability (48.14%) had no disability. 16 (36.36%) participants had severe disability and 18 (18.18%) participants had complete disability due to severe headache. It was revealed that the observed Chi-square value was 63.551 and p value was .000 so, the result was highly significant indicates association between severity of headache of the participants and disability of the participants ($\chi^2=63.551, df=8, p=.000$) [Table no.15].

The objective of the study was to determine the types of disability due to headache among undergraduate medical students. A self-administered questionnaire was used to collect data from 303 participants. Data were analyzed by SPSS 25 program. The discussion part of the research has been presented in the following section.

Out of 303 participants, 39.9% students were male and 61.1% students were female. The proportion of female students were higher than that of male students. About age of the respondents, it was found that 57.80% participants belonged to the age group of 18 - 22 years, 39.30% participants were in the age group of 23 - 27 years. The mean age was 22.35 years and standard deviation (SD) was 0.555 (Table no.1). Sajjad, and Sajjad and Asma, conducted a study with 430 medical students in Karachi. In that study 86.5% participants were female and 13.4% participants were male. The mean age and SD of the participants were 20.64 years and 1.68 respectively (Sajjad, and Asma 2016).

The study showed that 13.50% participants were MBBS students, 36.60% were Physiotherapy students, 10.60% participants were dental students, 2.60% participants were Occupational therapy students, 9.90% participants were Nursing students, 10.20% participants were Ayurvedic students, 12.20% participants were Lab-medicine students, and 4.3% participants were radiology students (Table no.6). It indicated that majority of the participants were physiotherapy students.

The study revealed that, 26.10% medical students suffering from Eye disease (Table no.7). A study on headache, 12.7% participants reported concomitant diseases and the frequency of some diseases, such as psychological disorders and anemia were increased in students with headache (Ghorbani, et al., 2013).

About living area of the participants, it was revealed that 98.0% respondents lived urban area, 1.3% lived in semi urban area and 0.70% lived in rural area (Table no. 3). Another research found that 33% participants living in rural areas and 67% participants lived in urban areas (Rastenyte et al., 2017).

Regarding frequency distribution of the participants by residency, 49.80% participants lived in hostel and 50.20% participants lived at home (Figure no.4).

About marital status it was found that 88.10% participants were unmarried and 11.90% participants were married (Figure no. 3). Another research found that, the majority 71.0% of all the participants were married and 24% married participants said that they had lost their jobs totally or in part cause of the cluster headache in the past ten years (Petersen, et al., 2022).

Regarding smoking habit of the participants, 3.60% participants were smoker and 96.40% participants were non-smoker (Figure no.5). The study revealed that 11.90% participants take medicine for headache and 88.10% participants did not take medicine for headache (Figure no.7).

It was found that 12.90% participants were suffering from headache for 1 month, 8.90% participants suffering from headache for 6 month, 12.50% participants were suffering from headache for one year and 65.70% participants suffering from headache more than 1 year (Table no.8). Almeida et al, found in their study 93.5% participants reported had a headache over the past 3 months. About 28.5% participants suffered pain at least once a week and 7.4% participants suffered from headache 2-4 times a week. 65% of the students described the duration of their headache as between 30 minutes and 4 hours (Almeida et al., 2015).

It was revealed that 35.60% participants had mild headache, 49.80% participants had moderate headache and 14.50% participants had severe headache (Table no.10). A cross sectional study, students from two Karachi medical institutions, the most common headache characteristics were unilateral 65.9%, transient 82.3% and moderate intensity 57.4% (Noor, Sajjad, and Asma, 2016).

About this research a total 303 participants had headache. HDI evaluation score 30-70, with higher score suggesting a more extreme level of disability. Thiagarajan et al did research with Malaysian medical students total of 374 medical students were involved, and 42% of them reported had headaches. The generally available of HIT-6 functional disability evaluation scores were 36 to 78, with higher scores suggesting a more extreme level of disability (Thiagarajan et al., 2022).

The study found that, 10.60% participants said headache caused interference the relationship between family and friends (Figure no. 21). Regarding headache 51.80% participants find difficult to read. 21.50% participants said sometimes (Figure no. 31). A recent study was done on psychological factors associated with headache. 26.0% participants had lack of satisfaction with studies, 12.3% participants had

dissatisfaction with family life, 16.3% participants faced poor financial situation, 48.0% participants had work stress, 62.60%, participants had sleep disturbance, 29.5% participants had depression, 23.0% participants had anxiety and 45.8% participants had irritability (Lebedeva et al., 2017).

Regarding less socialization of the participants due to headache, it was found that 15.80% participants said yes, 23.10% participants said sometimes and 61.10% participants said no (Figure no.14).The capacity to carry out regular home tasks was diminished by 87% during a cluster headache attack, and involvement in family social activities was typically diminished. (Petersen, et al., 2022).

It was showed that 49.50% participants feel handicap for headache. It was also found that 27.10% participants some time feel handicap because of headache and 23.40% did not feel handicap for headache (Figure no.8). Author evaluated in their study 55% of the kids with migraines had a significant handicap (Chahine, Wanna and Salameh, 2022).

The study showed that participants feel frustrated because of headache. 20.1% participants said they feel frustrated, 21.8% participants said sometimes and 176 58.10% participants said no (Figure no. 30). Author mention that 32.5% participants goes through depression due to migraine headache. (Desouky, Zaid and Taha, 2019).

The study showed that 15.20% participants felt desperate because of their headache. 20.10% students sometimes felt desperate due to headache.64.7% students said did not felt desperate (Figure no.19).

The study found that, (45.50%) participants felt irritable because of headache, 24.10% respondents said sometimes and 30.40% respondent said they were not felt irritable (Figure no. 27). A recent study found that, 23.0%, participants had anxiety and 45.8% participants felt irritability due to tension type headache (Lebedeva et al., 2017).

The study showed that 23.40% participants sometimes felt that they were going to lose control because of headache, 15.20% participants said sometimes and 61.40% participants said no (Figure no.14). The result showed that majority of the participants had control themselves.

Regarding headache making difficult for participants to achieve goals in life, 14.20% participants said yes, and 18.50% participants said sometimes and 67.30% said they did not face difficulty due to headache (Figure no.23). It indicated that the majority of the participants did not face difficulty to achieved goals in their life.

6.1 Conclusion

A headache is just a pain in the head that may start in the back of the head, on each side of the head, in the front of the head, or only in the area around the eyes. A generalized headache was one in which the pain was felt throughout the entire head.

Headache among undergraduate medical students is known due to their study pressure or to academic activities, stress, and inadequate sleep. Due to headache participants face various types of disability, such as lack of concentration, loss of interest in daily activities. Author mention that, Headache were the second leading cause of disability globally.

The principal aim of the study was to assess the type of disability due to headache among undergraduate medical students in Dhaka city. From the study, it was revealed that disability due to headache were common in undergraduate medical students. 21.80%, participants suffered from mild disability, 22.40% participants suffered from moderate disability, 18.20% participants suffer from severe disability and 12.90% participants suffered from complete disability.

The study showed that 36.60% participants were physiotherapy students and 13.50% participants were MBBS students. About living, 49.80% participants were lived in hostel and 50.20% participants lived in home. It was found that 96.40% participants were nonsmokers and 3.60% participants were smokers. About disease, 3.30%, participants suffered from gastrointestinal disease, 26.10% participants suffered from eye disease. It was found that 12.90% participants had been suffering from headache for 1 month, 8.90% suffered from headache for 6 months, 65.70% suffered from headache for more than 1 year. Frequent of headache of the participation, 44.20% participants 1 per month, 1 per week 26.10%, 2-3 per week 24.40%, 5.00% every day. 23.40% participants consult a doctor for headache and 11.90% take medicine for headache.

Because of headache 49.50% participants feel handicap, 22.10% participants were restricted in performing routine daily activity, 36.00% participants revealed that no one understand the effect of headache on their life. Due to headache 36.30% participants restricted their recreational activities, 42.90% participants feel angry, and

23.40% participants sometimes feel that they were going to lose control because of headache. About social activities, 15.80% participants less likely to socialize, 27.10% participant's spouse, family and friends had no idea what they were going through because of headache. About 10.60% participants think they were going to insane, 6.30% participants outlook on the world is affected by their headache. It was revealed that 13.50% participants afraid to go outside, 15.20% participants feel desperate, 5.90% participant's concern that they paying penalties at work or at home, 10.60% participants had stress on participants relationship, 25.70% participants avoid being around people, 14.20% participants had difficulty to achieve goals, 24.80% participants unable to think clearly, 28.40% participants get tense, 17.50% participants did not enjoy social gathering, 45.50% participants feel irritable because of headache, 25.10% participants avoid traveling, 24.80% participants were confused, 20.10% participants were frustrated, 51.80% participants find difficulties to read because of headache.

Out of 303 participants, more than 70% participants were found to be disable due to headache. Among them 21.80%, participants suffered from mild disability, 22.40% participants suffered from moderate disability, 18.20% participants suffer from severe disability and 12.90% participants suffered from complete disability. So, in this result found that majority of the participants suffered from mild disability due to headache in Dhaka city.

6.2 Recommendations:

The following recommendations have been made on the basis of the findings of the study.

1. The study showed that out of 303 participants, more than 70% participants were disable due to headache. Among them 21.80%, participants suffered from mild disability, 22.40% participants had moderate disability, 18.20% participants suffered from severe. The factors related to headache should be identified to prevent the condition among the students.
2. It was found that headache causes a number of problems among the students, such as 49.50% participants feel handicap, 22.10% participants were restricted in performing routine daily activity, 42.90% participants feel angry, and 23.40% participants were going to lose control. So, headache should be considered a major health issue in related to students' physical and mental health condition.
3. Further research should be conducted to acquire knowledge on the factors related to headache and disability. It will help to prevent the disabilities among the students due to headache.
4. A well designed research should be carried out to get real picture of the situation covering more study areas.
5. Random sampling should be applied to select the participants for ensuring the representativeness of the population.
6. Time for the present study was short. The researcher collected data from the participants for seven days. It was not sufficient for the study. The time for data collection should be two months would be effective for quality study.

REFERENCES

Albalawi, M.F., Alanazi, W.L., Albalawi, H.S., Alghannami, S.S., Albalawi, A.F., Albalawi, M.F. and Albalawi, A.F.A., 2023. Prevalence of Migraine Headache in Saudi Arabia: A Systematic Review and Meta-Analysis. *Cureus*, 15(4).

Almeida, C.M.O.D., Lima, P.A.M.D.S., Stabenow, R., Mota, R.S.D.S., Boechat, A.L. and Takatani, M., 2015. Headache-related disability among medical students in Amazon: a cross-sectional study. *Arquivos de neuro-psiquiatria*, 73, pp.1009-1013.

Almeida, C.M.O.D., Lima, P.A.M.D.S., Stabenow, R., Mota, R.S.D.S., Boechat, A.L. and Takatani, M., 2015. Headache-related disability among medical students in Amazon: a cross-sectional study. *Arquivos de neuro-psiquiatria*, 73, pp.1009-1013.

Almesned, I.S., Alqahtani, N.G., Alarifi, J.A., Alsaawy, T.N., Agha, S., And Alhumaid, M.A., 2018. Prevalence of primary headache among medical students at king saud bin Abdulaziz University. *Journal of family medicine and primary care*, 7(6), p.1193.

Altman, B.M., 2014. Definitions, concepts, and measures of disability. *Annals of epidemiology*, 24(1), pp.2-7.

Chahine, S., Wanna, S. and Salameh, P., 2022. Migraine attacks among Lebanese university medical students. *Journal of Clinical Neuroscience*, 100, pp.1-6.

Craske, M.G., Meuret, A.E., Ritz, T., Treanor, M. and Dour, H.J., 2016. Treatment for anhedonia: A neuroscience driven approach. *Depression and anxiety*, 33(10), pp.927-938.

Desouky, D.E., Zaid, H.A. and Taha, A.A., 2019. Migraine, tension-type headache, and depression among Saudi female students in Taif University. *Journal of the Egyptian Public Health Association*, 94(1), pp.1-9.

Desouky, D.E., Zaid, H.A., and Taha, A.A., 2019. Migraine, tension-type, and depression among Saudi female students in Taif University. *Journal of the Egyptian Public Health Association*, 94(1), pp.1-9.

Digre, k.B., 2012. Headaches and other head pain. In *Goldman's Cecil Medicine* (pp.2246-2252).

Dosi, Claudia, Mariagrazia Figura, Raffaele, Ferri., and Oliviero Bruni. Sleep and headache 2015. In *Seminars in Pediatric Neurology*. Vol. 22, no.2, pp. 105-112.

Ghorbani, A., Abtahi, S.M., Fereidan-Esfahani, M., Abtahi, S.H., Shemshaki, H., Akbari, M., and Mehrabi-Koushki, A., 2013. Prevalence and clinical characteristics of headache among medical students. *Iran. Journal of research in medical science*, 18(suppl 1), p.S24.

Ghorbani, A., Abtahi, S.M., Fereidan-Esfahani, M., Abtahi, S.H., Shemshaki, H., Akbari, M., and Mehrabi-Koushki, A., 2013. Prevalence and clinical characteristics of headache among medical students. *Iran. Journal of research in medical science*, 18(suppl 1), p.S24.

Gofshteyn, J.S., and STEPHENSON, D.J., 2016. Diagnosis and management of childhood headache. *Current problems in Pediatric and Adolescent Health Care*, 46(2), pp.36-51.

Hainer, B.L., and Matheson, E.M., 2013. Approach to acute headache in adults. *American family physician*, 87(10), pp.682-687. Jensen, R.H., 2018. Tension-type headache-the normal and most prevalent headache. *The journal of head and Face pain*, 58(2), pp.339-345.

Hainer, B.L., and Matheson, E.M., 2013. Approach to acute headache in adults. *American family physician*, 87(10), pp.682-687. Jensen, R.H., 2018. Tension-type headache-the normal and most prevalent headache. *The journal of head and Face pain*, 58(2), pp.339-345.

Jabbari, S., Salahzadeh, Z., Sarbakhsh, P., Rezaei, M., Farhoudi, M. and Ghodrati, M., 2021. Validity and Reliability of Persian Version of Henry Ford Hospital Headache Disability Inventory Questionnaire. *Archives of Iranian Medicine*, 24(10), pp.752-758.

Kaplan, D., 1999. The definition of disability: Perspective of the disability community. *J. Health Care L. & Pol'y*, 3, p.352.

Khilji, M., Mufti, R., Shakeel, A., Ali, W., Ishfaq, H. and Jan, M.B.A., 2019. Frequency of cervicogenic headache among students of Rehman Medical Institute Peshawar Khyber Pakhtunkhwa. *Rehman Journal of Health Sciences*, 1(1), pp.6-8.

Lebedeva, E.R., Kobzeva, N.R., Gilev, D.V., Kislyak, N.V. and Olesen, J., 2017. Psychosocial factors associated with migraine and tension-type headache in medical students. *Cephalalgia*, 37(13), pp.1264-1271.

Lehmann, S., Midle-Busch, A., Straube, A., Von Kries, R., and Heinen, F., 2013. How specific are risk factors for headache in adolescents. *Neuropediatrics*, 44(01), pp.046-054
Slavin-Spenny, O., Lumley, M.A., Thakur, E.R., Nevedal, D.C., and Hizaji, A.M., 2013. Effects of anger awareness and expression training versus relaxation training on headache. *Annals of Behavioral medicine*, 46(2), pp. 181-192.

May, A., Schwedt, T.J., Magis, D., Pozo-Rosich, P., Evers, S. and Wang, S.J., 2018. Cluster headache. *Nature reviews Disease primers*, 4(1), pp.1-17.

Micieli, G., Frediani, F., Cavallini, A., Rossi, F., Bussone, G., Merli, S. and Nappi, G., 2012. Quantification of headache disability: a diagnostic-based approach. *Headache: The Journal of Head and Face Pain*, 35(3), pp.131-137

Mohamed, A.A.B., 2021. Characteristics of headache disorders, according to ICHD-III in an outpatient headache clinic in Sohag Governorate, Egypt. *The Egyptian Journal of Neurology, Psychiatry and Neurosurgery*, 57(1), pp.1-9.

Nguyen, E., Inger, H., Jordan, C., and Rogers, D., 2021. Ocular causes for headache. In *Seminars in Pediatric Neurology* (vol.40, p.100925).

Nielsen, K.E., 2012. *A disability history of the United States* (Vol. 2). Beacon Press.

Noor, T., Sajjad, A., and Asma, A., 2016. Frequency, character and predisposing factor of headache among students of medical college of Karachi. *J Pak Med Assoc*, 66(2), pp. 159-164.

Okora, C.A., Hollis, N.D., Cyrus, A.C. and Griffin-Blake, S., 2018. Prevalence of disability and health care access by disability status and type among adults. *Morbidity and Mortality Weekly Report*, 67(32), p.882.

Petersen, A.S., Lund, N., Snoer, A., Jensen, R.H. and Barloese, M., 2022. The economic and personal burden of cluster headache. *The Journal of Headache and Pain*, 23(1), pp.1-11.

Philipp, J., Zeiler, M., Wober, C., Wagner, G., Karwautz, A.F., Steiner, T.J., and Wober-Bingol, C., 2019. Prevalence and burden of headache in children and adolescents in Austria. *The journal of headache and pain*, 20(1), pp.1-12.

Rastenyte, D., Mickeviciene, D., Stovner, L.J., Thomas, H., ANDREE, C., and Steiner, T.J., 2017. Prevalence and burden of headache disorders in Lithuania and their public-health and policy implications. *The journal of headache and pain*, 18(1), pp.1-10.

Rastenyte, D., Mickeviciene, D., Stovner, L.J., Thomas, H., ANDREE, C., and Steiner, T.J., 2017. Prevalence and burden of headache disorders in Lithuania and their public-health and policy implications. *The journal of headache and pain*, 18(1), pp.1-10.

Steiner, T.J., Stovner, L.J., and Vos, T., 2016. GBD 2015. Migraine is the third cause of disability in under 50s. *The journal of headache and pain*, 17(1), pp. 1-4.

Steiner, T.J., Birbeck, G.L., Jensen, R.H., Katsarava, Z., Stovner, L.J., and Martelletti, P., 2015. Headache disorders are third cause of disability worldwide. *The journal of headache and pain*, 16(1), pp.1-3.

Sultan, Z., 2010. Agony of persons with disability. p.212.

Thiagarajan, A., Aziz, N.A., Tan, C.E. and Muhammad, N.A., 2022. The profile of headaches and migraine amongst medical students and its association to stress level, disability and self-management practices. *Malaysian Family Physician*, 17(2). <https://doi.org/10.51866/oa1370>.

Thiagarajan, A., Aziz, N.A., Tan, C.E. and Muhammad, N.A., 2022. The profile of headaches and migraine amongst medical students and its association to stress level, disability and self-management practices. *Malaysian Family Physician: the Official Journal of the Academy of Family Physicians of Malaysia*, 17(2), p.81.

Yang, F.C., Chou, K.H., Kuo, C.Y., Lin, Y.Y., Lin, C.P. and Wang, S.J., 2018. The pathophysiology of episodic cluster headache: insights from recent neuroimaging research. *Cephalalgia*, 38(5), pp.970-983.

Zarshenas, M.M., petramfar, p., Firoozabadi, A., Moein, M.R., and Mohagheghzadeh, A., 2013. Types of headache and those remedies in traditional Persian medicine. *Pharmacognosy review*, 7(13), p.17.

Zarshenas, M.M., petramfar, p., Firoozabadi, A., Moein, M.R., and Mohagheghzadeh, A., 2013. Types of headache and those remedies in traditional Persian medicine. *Pharmacognosy review*, 7(13), p.17.

Appendix - A

Institutional Review Board (IRB) Permission Letter

 **SAIC COLLEGE OF MEDICAL SCIENCE AND TECHNOLOGY**
Approved by Ministry of Health and Family Welfare
Affiliated with Dhaka University

Ref: Date:

Ref.No: SCMST/PT/ERB-2617-15/1-2023/16

3rd January 2023

To
Auika Nusrat
4th Professional B.Sc. in Physiotherapy
Saic College of Medical Science and Technology (SCMST)
Mirpur-14, Dhaka-1216.

Sub: Permission to collect data.

Dear Nusrat,

Ethical review board (ERB) of SCMST pleased to inform you that your proposal has been reviewed by ERB of SCMST and we are giving you the permission to conduct study entitled "Identify the disability due to headache among undergraduate medical students" and for successful completion of this study you can start data collection from now.

Wishing you all the best.

Thanking You,


11.01.23
Head of ERB
Ethical Review Board
Saic College of Medical Science and Technology


11.01.23
Principal
Saic College of Medical Science and Technology
Mirpur-14, Dhaka-1216

Address: Saic Tower, M-1/6, Mirpur-14, Dhaka-1216. Mobile: 01936005804
E-mail: sim1140@gmail.com, Web: www.saicmedical.edu.bd



SAIC COLLEGE OF MEDICAL SCIENCE AND TECHNOLOGY

Approved by Ministry of Health and Family Welfare
Affiliated with Dhaka University

Ref. No: SCMS/PP/ERB-2017-18/1-2633/16

Date :

13th February 2023
To
The Principal
Dhaka Community Medical College
Bara Vaghbazar, Dhaka-1217.

Sub: Permission to collect data

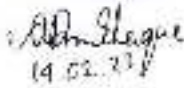
Dear Sir/Mam,

Ethical review board (ERB) of SCMST pleased to inform you that Aulika Nusra: of final year B.Sc. in Physiotherapy student from Saic College of Medical Science and Technology doing a thesis entitle of "Identify the disability due to headache among undergraduate medical students" which has been reviewed by ERB of SCMST and we are giving permission to her to conduct this study. Her data collection area is in Dhaka, so she wants to take data from your department.

I hope you will give kind permission to her to collect data to complete her study successfully and oblige thereby.

Thanking You,


Head of ERB
Ethical Review Board
Saic College of Medical Science and Technology


14.02.23
Principal
Saic College of Medical Science and Technology
Mirpur-14, Dhaka-1216


15/02/2023
Prof. Dr. A.S.M. Monirul Alam
Principal
Dhaka Community Medical College

Address: Saic Tower, M-1/6, Mirpur-14, Dhaka-1206. Mobile: 01936005804
E-mail: simt140@gmail.com, Web: www.saicmedical.edu.bd

Appendix - C

সম্মতি পত্র

আসসালামু আলাইকুম/ নমস্কার,

আমি আউফিকা নুসরাত, সাইক কলেজ অব মেডিকেল সাইন্স অ্যান্ড টেনোলজি এর বিএসসি ইন ফিজিওথেরাপি বিভাগের শেষ বর্ষের ছাত্রী। আমি আমার শেষ বর্ষের পড়াশোনা শেষ করার জন্য একটি গবেষণা করছি যার শিরনাম হচ্ছে “স্বাস্থ্য পেশার স্নাতক শিক্ষার্থীদের মধ্যে মাথা ব্যথার কারণে অক্ষমতা শনাক্ত করন”। এটা আমার অধ্যয়নের একটা অংশ। উল্লেখ্য অধ্যয়ন পরিচালনার জন্য প্রয়োজনীয় কিছু প্রশ্নের তালিকা নিচে দেওয়া আছে। আপনাকে আমার গবেষণার জন্য নির্বাচন করা হয়েছে। এই গবেষণার জন্য আপনাকে কিছু প্রশ্ন করা হবে, যা ৭-১০ মিনিটের মত লাগবে। আমার গবেষণার নাম হচ্ছে “স্বাস্থ্য পেশার স্নাতক শিক্ষার্থীদের মধ্যে মাথা ব্যথার কারণে অক্ষমতা শনাক্ত করন”।

সাক্ষাৎকার নেওয়ার সময় যদি আপনি কোন মানসিক অশান্তি, সামাজিক ও অর্থনৈতিক ঝুঁকি অথবা অন্যকোন শারীরিক সমস্যা বোধ করেন তাহলে আমাকে বলবেন, আমি তাৎক্ষনিক সাক্ষাৎকার বন্ধ করে দিবো। আমি প্রতিশ্রুতি দিচ্ছি যে এইটা আপনার জন্য কোন ক্ষতি বা ঝুঁকির কারণ হবে না। এই সাক্ষাৎকারে আপনার অংশ গ্রহন হচ্ছে আপনার নিজের ইচ্ছায় এবং আপনি যে কোন সময় চাইলে এইটা বন্ধ করতে পারবেন। সাক্ষাৎকার চলাকালীন সময় যদি আপনার কোন প্রশ্নের উত্তর দিতে ইচ্ছা না করে তাহলে আপনি সেটা বাদ দিতে পারবেন। সাক্ষাৎকার বিষয়ে আপনার কোনকিছু জানার থাকলে আপনি আমার সুপারভাইজার সহকারী অধ্যাপক রেজওয়ান গনি মজুমদার এর সাথে যোগাযোগ করতে পারবেন মিরপুর, ঢাকা। সাক্ষাৎকার শুরু করার আগে কি আপনার কোন প্রশ্ন আছে?

হ্যাঁ

না

গবেষকের স্বাক্ষর.....

তারিখ.....

অংশগ্রহণ কারীর স্বাক্ষর

তারিখ.....

মোবাইলনাম্বর.....

Consent form (English)

Responded ID NO:

--	--	--

Assalamu Alaikum/Nomoskar,

I am Aufika Nusrat, Student of B. Sc. In physiotherapy program in the department of saic collage of medical science & technology, which is affiliated Dhaka University. I am conducting a study entitled “Identify the disability due to headache among undergraduate students of health profession.” It is a part of my B.Sc. in physiotherapy degree. Note that the following is a list of question paper required to conduct the study. This list has been selected to give you information about this study. I would like to give you a description of this study and answer any of your questions. It is about 7-10 minutes.

My project is **“Identify the disability due to headache among undergraduate students of health profession.”**

During the interview period if you fell any emotional disturbance, social and economic risk and any other discomfort physical risk please tell me, I will stop the interview immediately. I am committed that the study will not harmful or risk for you. Your participation in this study is voluntary and you may withdraw yourself at any time during this study without any negative consequences. You also have the right not to answer a particular question that you don’t like or do not want to answer during interview. If you have any query about the study or your right as a participant, you may contact with me or my supervisor Asst. Prof. Rejwan Gani Majumdar. Mirpur, Dhaka. Do you have any questions before I start?

So, may I have your consent to proceed with the interview?

YES

NO

Signature of the researcher: Date:

Signature of the Participant: Date:

Mobile No:

Appendix - D

প্রশ্নপত্র (বাংলা)

স্বাস্থ্য পেশার স্নাতক শিক্ষার্থীদের মধ্যে মাথা ব্যথার কারণে অক্ষমতা শনাক্ত করন

কোড নম্বরঃ

--	--	--

তারিখঃ.....

অংশগ্রহনকারীর নামঃ.....

ঠিকানাঃ.....

মোবাইলঃ.....

বিভাগঃ ১ সামাজিক জীবন সংক্রান্ত তথ্য (দয়া করে উত্তর এ √ টিক দিন)

সিরিয়াল নাম্বার	প্রশ্ন	উত্তর
১	আপনার বয়স কতো?	<input type="text"/>
২	আপনার লিঙ্গ কি? ১। পুরুষ ২। মহিলা ৩। অনন্যা	<input type="text"/>
৩	ওজন (কিলোগ্রাম)	<input type="text"/>
৪	উচ্চতা (ফিট)	<input type="text"/>
৫	বিএমআই	<input type="text"/>
৬	আপনি কোথায় বসবাস করেন? ১। শহর ২। মফস্বল	<input type="text"/>

	৩। গ্রামিন	
৭	আপনার পরিবারের ধরন কি? ১। একক ২। যুক্ত ৩। অন্যান্য	<input type="checkbox"/>
৮	আপনার বৈবাহিক অবস্থা কি? ১। বিবাহিত ২। অবিবাহিত ৩। তালাক প্রাপ্ত ৪। বিধবা / বিপত্তি	<input type="checkbox"/>
৯	আপনার ধর্ম কি? ১। ইসলাম ২। সনাতন ৩। বৌদ্ধ ৪। খ্রিস্টান ৫। অন্যান্য	<input type="checkbox"/>
১০	মাসিক আয় কত? (টাকা)	
১১	আপনি কোথায় থাকেন? ১। হোস্টেল ২। মেস ৩। নিজবাসায়	<input type="checkbox"/>
১২	আপনি কি ধূমপান করেন? ১। হ্যাঁ ২। না	<input type="checkbox"/>
১৩	শিক্ষার্থীর ধরন? 1. এমবিবিএস 2. ফিজিওথেরাপি 3. ডেন্টাল 4. অকুপেশনাল থেরাপি 5. নার্সিং	<input type="checkbox"/>

	6. আয়ুর্বেদিক 7. প্যাথলজি 8. রেডিওলজি	
--	--	--

বিভাগঃ ২ সাধারণ স্বাস্থ্য সম্পর্কিত তথ্য

সিরিয়াল নাম্বার	প্রশ্ন	উত্তর
১৩	নিম্নে উল্লেখিত কোন রোগ কি আপনার মধ্যে আছে? ১। হৃদরোগ ২। পাকতন্ত্রের রোগ ৩। স্নায়বিক রোগ ৪। শ্বাসযন্ত্রের রোগ ৫। চোখের রোগ ৬। প্রজনন রোগ ৭। অজানা কোন রোগ	<input type="checkbox"/>
১৪	আপনি কি মাথা ব্যথায় ভুগছেন? ১। হ্যাঁ ২। না	<input type="checkbox"/>
	যদি উত্তর হ্যাঁ হয় তাহলে নিচের প্রশ্নের উত্তর দিন। ক। কতদিন যাবত? ১। ১ মাস ২। ৬ মাস ৩। ১ বছর ৪। >১ বছর	<input type="checkbox"/>

	<p>খ। কতদিন পর পর আপনার মাথা ব্যথা হয়?</p> <p>১। প্রতি মাসে ১ বার</p> <p>২। প্রতি সপ্তাহে ১ বার</p> <p>৩। প্রতি সপ্তাহে ২-৩ বার</p> <p>৪। প্রতিদিন</p>	<input type="checkbox"/>
	<p>গ। আপনার মাথা ব্যথা কতটা তীব্র?</p> <p>১। হালকা</p> <p>২। মধ্যপস্থি</p> <p>৩। প্রচণ্ড</p>	<input type="checkbox"/>
	<p>ঘ। আপনার মাথা ব্যথার জন্য কি আপনার ডাক্তারের সাথে পরামর্শ করা দরকার হয়?</p> <p>১। হ্যাঁ</p> <p>২। না</p>	<input type="checkbox"/>
	<p>ঙ। আপনি কি মাথাব্যথার জন্য নিয়মিত ওষুধ খান?</p> <p>১। হ্যাঁ</p> <p>২। না</p>	<input type="checkbox"/>

বিভাগঃ ৩ মাথাব্যথা সম্পর্কিত প্রশ্নাবলি

নির্দেশনাঃ অনুগ্রহ করে সঠিক উত্তরটি চিহ্নিত করুনঃ

● আমার মাথাব্যথা আছেঃ [১] প্রতিমাসে ১ বার [২] প্রতিমাসে ৪ বারের বেশি [৩] প্রতিসপ্তাহে ১ বারের বেশি।

● আমার মাথাব্যথা হলঃ [১] হালকা [২] মদ্রপস্থি [৩] গুরুতর।

স্কেলটির উদ্দেশ্য হল আপনার মাথাব্যথার কারণে আপনি যে অসুবিধাগুলি অনুভব করছেন তা চিহ্নিত করা। অনুগ্রহ কর প্রতিটি প্রশ্নে ‘হ্যাঁ’, ‘মাঝে মাঝে’ অথবা ‘না’ তে (√) টিক চিহ্নিত করুন।

নম্বর		হ্যাঁ	মাঝে মাঝে	না
১	আমার মাথাব্যথার কারণে আমি অস্বস্থি বোধ করি।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
২	মাথাব্যথার কারণে আমি আমি আমার দৈনন্দিন কাজ কর্ম করতে পারি না।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
৩	কেউ বুঝতে পারে না মাথাব্যথার কারণে আমার উপর কি প্রভাব পরছে।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
৪	মাথাব্যথার কারণে আমার বিনোদন মূলক কার্যকলাপ (যেমনঃ খেলাধুলা, শখ) বাধাগ্রস্থ হয়।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
৫	মাথাব্যথা আমাকে রাগান্বিত করে।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
৬	মাঝে মাঝে আমার মনেহয় মাথাব্যথার কারণে আমি আমার নিয়ন্ত্রন হারিয়ে ফেলছি।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
৭	মাথাব্যথার কারণে আমার সামাজিকিকরনের প্রতি অনিহা দেখা দিয়েছে।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
৮	আমার স্ত্রী/স্বামী, পরিবার অথবা বন্ধুদের কোন ধারণাই নেই মাথাব্যথার কারণে আমার কতটুকু হচ্ছে।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
৯	আমার মাথাব্যথা এতটাই খারাপ যে আমার মনেহয় আমি পাগল হয়ে যাচ্ছি।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
১০	পৃথিবীর প্রতি আমার দৃষ্টি ভঙ্গি মাথাব্যথার কারণে বদলে যাচ্ছে।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

১১	মাথাব্যথা শুরু হলে আমি ঘরের বাহিরে যেতে ভয় করি।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
১২	আমার মাথাব্যথার কারণে আমি হতাশ হয়ে পরছি।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
১৩	আমি চিন্তিত কারণ আমি জরিমানা দিচ্ছি আমার কর্মক্ষেত্রে মাথাব্যথার কারণে।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
১৪	মাথাব্যথার কারণে আমার পরিবার বা বন্ধুদের সম্পর্কের উপর চাপ সৃষ্টি হচ্ছে।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
১৫	মাথাব্যথা হলে আমি মানুষের থেকে দূরে থাকি।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
১৬	আমি মনেকরি মাথাব্যথা আমার জীবনের লক্ষ্য অর্জন করা কঠিন করে তুলেছে।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
১৭	মাথাব্যথার কারণে আমি সুন্দরভাবে চিন্তা করতে পারছি না।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
১৮	মাথাব্যথার কারণে আমি চাপ অনুভব করি (যেমনঃ মাংস পেশিতে)।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
১৯	মাথাব্যথার কারণে আমি সামাজিক কার্যকলাপ করতে পাড়ি না।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
২০	মাথাব্যথার কারণে আমি বিরক্ত বোধ করি।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
২১	মাথাব্যথার কারণে আমি ভ্রমন এড়িয়ে যাই।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
২২	মাথাব্যথার কারণে আমি বিভ্রান্ত বোধ করি।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
২৩	মাথাব্যথা আমাকে হতাশ করে তোলে।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
২৪	মাথাব্যথার কারণে আমার পড়তে অসুবিধা হয়।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
২৫	মাথাব্যথার কারণে আমার অন্য কাজের প্রতি মনোযোগ দেয়া কঠিন হয়ে পরেছে।	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

স্কোরিং নির্দেশাবলী: হ্যাঁ = ৪ পয়েন্ট, কখনও কখনও = ২, না = ০। এই সিস্টেমটি ব্যবহার করে, ১০-২৮ এর মোট স্কোর হালকা অক্ষমতা নির্দেশ করার জন্য বিবেচনা করা হয়; ৩০-৪৮ হল মাঝারি অক্ষমতা; ৫০-৬৮ গুরুতর অক্ষমতা; ৭০ বা তার বেশি সম্পূর্ণ অক্ষমতা।

English Questionnaire

Identify the disability due to headache among undergraduate students of health profession.

Code no:

--	--	--

Participant name:.....

Date:.....

Participant address:.....

Mobile number:.....

Section: 1. Socio-demographic information (kindly tick✓ to the answer)

Q.N	Question	Ans.
1.	What is your age?(years)	<input style="width: 80%; height: 20px;" type="text"/>
2.	What is your gender? 1.Male 2.Female 3.Others	<input style="width: 80%; height: 20px;" type="text"/>
3.	Weight (KG)	<input style="width: 80%; height: 20px;" type="text"/>
4.	Height (Feet)	<input style="width: 80%; height: 20px;" type="text"/>
5.	BMI	<input style="width: 80%; height: 20px;" type="text"/>
6.	Where do you live in? 1.Urban 2.Semiurban 3.Rural	<input style="width: 80%; height: 20px;" type="text"/>
7.	Type of your family? 1.Nuclear 2. Joint 3.Others	<input style="width: 80%; height: 20px;" type="text"/>

8.	Marital Status? 1.Married 2.Un-married 3.Divorced 4.widow	<input type="text"/>
9.	What is your religion? 1.Islam 2.Hindu 3.Buddist 4.Christian 5.Others	<input type="text"/>
10.	Monthly income (Taka)	<input type="text"/>
11.	What is your residency? 1.Hostel 2. Home	<input type="text"/>
12.	Do you smoke? 1.Yes 2.No	<input type="text"/>
13	Student type? 1. MBBS 2. Physiotherapy 3. Dental 4. Occupational Therapy 5. Nursing 6. Ayurvedic 7. Lab-Medicine 8. Radiology	<input type="text"/>

Section: 2. General health information

Q.N	Question	Answer
13.	Do you suffering from any of the following diseases? 1. Cardiovascular disease 2. Gastrointestinal disease 3. Neurological disease 4. Respiratory disease 5. Eye disease 6. Reproductive disease 7. Unknown disease 8. Normal	<input data-bbox="1249 331 1390 389" type="text"/>
14.	Are you suffering from headache? 1. Yes 2. No	<input data-bbox="1249 831 1390 889" type="text"/>
	If yes, then please answer the next question. 14.1. For how long 1. 1 month 2. 6 month 3. 1 year 4. >1 year	<input data-bbox="1249 999 1390 1057" type="text"/>
	14.2. How frequent are your headache? 1. 1 per month 2. 1 per week 3. 2-3 per week 4. Everyday	<input data-bbox="1249 1328 1390 1386" type="text"/>
	14.3. How severe is your headache? 1. Mild 2. Moderate 3. Sever	<input data-bbox="1249 1606 1390 1664" type="text"/>
	14.4. Do you need to consult a doctor for your headache? 1. Yes 2. No	<input data-bbox="1249 1825 1390 1883" type="text"/>

	14.5. Do you regularly take medication for headache? 1. Yes 2. No	<input data-bbox="1249 197 1385 250" type="checkbox"/> <input data-bbox="1249 250 1385 349" type="checkbox"/>
--	---	--

Section: 3. HEADACHE RELATED QUESTIONNAIRE

Instructions: please CIRCLE the correct response:

● I have headache: [1] 1 per month [2] more than 4 per month [3] more than 1 per week

● My headache is: [1] mild [2] moderate [3] severe

The purpose of the scale is to identify difficulties that you may be experiencing because of your headache. Please check off “YES”, “SOMETIMES”, or “NO” to each item.

NO:		YES	SOMETIMES	NO
1	Because of my headaches I feel handicapped.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Because of my headaches I feel restricted in performing my routine daily activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	No one understands the effect my headaches have on my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I restrict my recreational activities (e.g. sports, hobbies) because of my headaches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	My headaches make me angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Sometimes I feel that I am going to lose control because of my headaches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Because of my headaches I am less likely to socialize.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	My spouse/significant other, or family and friends have no idea what I am going through because of my headaches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	My headaches are so bad that I feel I am going to go insane.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	My outlook on the world is affected by my headaches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I am afraid to go outside when I feel a headache is starting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12	I feel desperate because of my headaches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	I am concerned that I am paying penalties at work or at home because of my headaches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	My headaches place stress on my relationships with family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	I avoid being around people when I have a headache.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	I believe my headaches are making it difficult for me to achieve my goals in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	I am unable to think clearly because of my headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	I get tense (e.g. muscle tension) because of my headaches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	I do not enjoy social gatherings because of my headaches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	I feel irritable because of my headaches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	I avoid traveling because of my headaches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	My headaches make me feel confused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	My headaches make me feel frustrated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	I find it difficult to read because of my headaches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	I find it difficult to focus my attention away from my headaches and on other things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SCORING INSTRUCTIONS: Yes = 4 points, Sometimes = 2, No = 0. Using this system, a total score of 10-28 is considered to indicate mild disability; 30-48 is moderate disability; 50-68 is severe disability; 70 or more is complete disability.



Gantt Chart

Activities	July 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	April 23	May 23	Jun 23
Proposal Presentation												
Introduction												
Literature Review												
Methodology												
Data Collection												
Data Analysis												
Result												
1st progress Presentation												
Discussion												
Conclusion And Recommendation												
2nd progress Presentation												
Communication With Supervisor												
Final Submission												

