MAPP research network MAPP II SPS	**Participant ID:** __ __ __ __ __ __	**Pin #** __ __ __ __
	Discovery Site: __ __	**Clinical Center** __ __
	CRF Date: __ __/__ __/__ __ __ __	**Visit #:** __ __

COMPLEX MEDICAL SYMPTOMS INVENTORY

Current Migraine Symptoms (HIS 2nd edition criteria, 2004)

RESEARCH COORDINATOR ADMINISTERS TO PARTICIPANT AT BASELINE WEEK 4
AND MONTHS 6, 18, & 36 CLINIC CONTACTS, *IF NEEDED.*

1. How long is your typical headache? ***(Choose all that apply)***
   - ❑1 Less than 30 Minutes
   - ❑1 Between 30 Minutes and 4 Hours
   - ❑1 Between 4 Hours and 3 Days? (untreated or unsuccessfully treated)
   - ❑1 Longer than 3 days

2. How often do you have these headaches?
   - ❑0 Never
   - ❑1 Once or twice a year
   - ❑2 Every few months
   - ❑3 Monthly
   - ❑4 Weekly

3. How many severe headaches (lasting more than 4 hours) have you had in the past 6 months?
   - ❑0 None
   - ❑1 1-2
   - ❑2 3-5
   - ❑3 More than 5

4. Do any of the following accompany your typical headache?

a.	Feeling sick to your stomach	❑1 Yes	❑0 No
b.	Vomiting	❑1 Yes	❑0 No
c.	More sensitive to light	❑1 Yes	❑0 No
d.	More sensitive to sound	❑1 Yes	❑0 No
e.	A throbbing feeling in your head	❑1 Yes	❑0 No
f.	Pain on only one side of your head	❑1 Yes	❑0 No
g.	Pain on both sides of your head	❑1 Yes	❑0 No
h.	A preceding warning such as problems with vision, speech, hearing, swallowing, strength or sensation	❑1 Yes	❑0 No ***(If No, skip to Q#4k)***
i.	Does this warning last less than 60 minutes?	❑1 Yes	❑0 No
j.	Do you have a headache less than 60 minutes following the warning?	❑1 Yes	❑0 No
k.	A decrease in your normal daily activity	❑1 Yes	❑0 No
l.	A pressing or tightening feeling	❑1 Yes	❑0 No
m.	Aggravated by routine physical activity	❑1 Yes	❑0 No
n.	Not aggravated by routine physical activity	❑1 Yes	❑0 No
o.	Is the headache pain mild to moderate in intensity?	❑1 Yes	❑0 No
p.	Is the headache pain moderate to severe in intensity?	❑1 Yes	❑0 No