MAPP research network

COMPLEX MEDICAL SYMPTOMS INVENTORY
Current Migraine Symptoms (HIS 2nd edition criteria, 2004)
Research Coordinator administers to Patient at Baseline Contact, *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 <u>past 6 months</u>?

   ❏$_0$ 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

COMPLEX MEDICAL SYMPTOMS INVENTORY

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

Research Coordinator administers to Patient at Baseline Contact, *if needed.*

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

Migraine Diagnostic Criteria
Duration: yes to q1c and/or d,
Frequency: 2 attacks in last 12 mo is probable migraine} q2 1 or 2; q3 1
          5 or more attacks in last 12 mo is migraine} q2 2-4; q3 2 or 3
Symptoms and intensity:
(Probable) migraine w/o aura (G43.0):
yes to at least two of: 4e,f,l,n,p
at least one of: 4a or b OR 4c or d

(Probable) migraine w/Aura (G43.1):
meets above criteria for migraine w/o aura plus yes to: 4h,i and j

NOT migraine if: q1 0; q2 0; q3 0

==***Criteria above detailed in the checklist below:**==

Migraine Diagnostic Criteria

Duration: Yes to q1c and/or d,

Q.#1c = Yes	❏₁ Yes	❏₀ No
and/or		
Q.#1d = Yes	❏₁ Yes	❏₀ No

Frequency:

2 attacks in last 12 mo is probable migraine} q2 1 or 2; q3 1

Q.#2 = 1	❏₁ Yes	❏₀ No
or		
Q.#2 = 2	❏₁ Yes	❏₀ No
==**(and?/or?)**==		
Q.#3 = 1	❏₁ Yes	❏₀ No

5 or more attacks in last 12 mo is migraine} q2 2-4; q3 2 or 3

Q.#2 = 2-4	❏₁ Yes	❏₀ No
==**(and?/or?)**==		
Q.#3 = 2	❏₁ Yes	❏₀ No
or		
Q.#3 = 3	❏₁ Yes	❏₀ No

COMPLEX MEDICAL SYMPTOMS INVENTORY
Current Migraine Symptoms (HIS 2nd edition criteria, 2004)
Research Coordinator administers to Patient at Baseline Contact, *if needed.*

Symptoms and intensity:
(Probable) migraine w/o aura (G43.0):
Yes to at least two of: 4e,f,l,n,p

Q.#4e = Yes	❑₁ Yes	❑₀ No
Q.#4f = Yes	❑₁ Yes	❑₀ No
Q.#4l = Yes	❑₁ Yes	❑₀ No
Q.#4n = Yes	❑₁ Yes	❑₀ No
Q.#4p = Yes	❑₁ Yes	❑₀ No

(and?/or?)
at least one of: 4a or b OR 4c or d

Q.#4a = Yes	❑₁ Yes	❑₀ No
or		
Q.#4b = Yes	❑₁ Yes	❑₀ No
OR		
Q.#4c = Yes	❑₁ Yes	❑₀ No
or		
Q.#4d = Yes	❑₁ Yes	❑₀ No

(Probable) migraine w/Aura (G43.1):
meets above criteria for migraine w/o aura plus yes to: 4h,i and j

Q.#4h = Yes	❑₁ Yes	❑₀ No
Q.#4i = Yes	❑₁ Yes	❑₀ No
and		
Q.#4j = Yes	❑₁ Yes	❑₀ No

NOT migraine if: q1 0; q2 0; q3 0

Q.#1 = NULL	❑₁ Yes	❑₀ No
Q.#2 = 0	❑₁ Yes	❑₀ No
Q.#3 = 0	❑₁ Yes	❑₀ No