



Participant ID: _____

Pin # _____

Discovery Site: _____

Clinical Center _____

CRF Date: ___/___/___

Visit #: _____

COMPLEX MEDICAL SYMPTOMS INVENTORY - Migraine

MODULE	DIAGNOSIS CRITERIA CITATION	SYMPTOM QUESTION	SUPPORTING SYMPTOMS/ QUALIFIERS	PHYSICAL EXAM	NOTES
M: MI	Migraine Headache Classification Committee of the IHS (1988) Classification and diagnostic criteria for headache disorders, cranial neuralgias and facial pain. Cephalalgia. 8 (suppl 7): 1-96.	(Sx 36) Pulsating and/or one-sided headache pain or migraines	Criterion 1 • Headache attacks last for 4-72 hours (untreated or unsuccessfully treated) Criterion 2 • Unilateral pain • Pulsating quality • Moderate or severe intensity which inhibits or prohibits normal daily activities • Aggravation by walking stairs or similar routine physical activity Criterion 3 • Nausea and/or vomiting during the headach attack • Photophobia and phonophobia	N/A	Must have < 5 attacks which meet the following criteria: • Criterion 1 • YES to > 2/4 symptoms from Criterion 2 • YES to > 1/2 symptoms from Criterion 3 which occur during the headache The following must be ruled out or, the first migraine attack did not occur in close temporal relation to the disorder • Headache (HA) associated with head trauma • HA associated with vascular disorders • HA associated with non-vascular intracranial disorder • HA associated with substances or their withdrawal • HA associated with non-cephalic infection • HA associated with metabolic disorder • HA or facial pain associated with disorder of the cranium, neck, eyes, ears, nose, sinuses, teeth, mouth, or other facial or cranial structures

- ₁ Yes ₀ No 5A **Criterion 1** = headache attacks last for 4-72 hours (untreated or unsuccessfully treated)
- ₁ Yes ₀ No 5B Unilateral pain
- ₁ Yes ₀ No 5C Pulsating quality to the pain
- ₁ Yes ₀ No 5D Moderate to severe intensity which inhibits or prohibits normal daily activities
- ₁ Yes ₀ No 5E Aggravation by walking up stairs, or similar routine physical activity
- ₁ Yes ₀ No 5F **Criterion 2** ≥ 2/4 symptoms from 5B-5E
- ₁ Yes ₀ No 5G Nausea and/or vomiting during the headache attack
- ₁ Yes ₀ No 5H Photophobia and phonophobia
- ₁ Yes ₀ No 5I **Criterion 3** ≥ 1/2 symptoms from 5G-5H

Rule out: Must answer all NOs to meet the diagnostic criteria for M:MI (migraine headache):



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- | | | | |
|--------------------------|--------------------------|------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 5J | Headache (HA) associated with head trauma |
| <input type="checkbox"/> | <input type="checkbox"/> | 5K | HA associated with vascular disorders |
| <input type="checkbox"/> | <input type="checkbox"/> | 5L | HA associated with non-vascular intracranial disorders |
| <input type="checkbox"/> | <input type="checkbox"/> | 5M | HA associated with substances or withdrawal |
| <input type="checkbox"/> | <input type="checkbox"/> | 5N | HA associated with non-cephalic infection |
| <input type="checkbox"/> | <input type="checkbox"/> | 5O | HA associated with metabolic disorder |
| <input type="checkbox"/> | <input type="checkbox"/> | 5P | HA or facial pain associated with disorder of the cranium, neck , eyes, ears, nose, sinuses, teeth, mouth, or other facial or cranial structure |
| <input type="checkbox"/> | <input type="checkbox"/> | 5Q | Criterion 4: Must answer all NO to 5J – 5P |
| <input type="checkbox"/> | <input type="checkbox"/> | M:MI | Diagnosis: YES to 5A, 5F, 5I and 5Q |