# [Migraine Without Aura](https://www.ichd-3.org/1-migraine/1-1-migraine-without-aura/)

1. At least five attacksfulfilling criteria B-D

[ ]  Yes

[ ]  No

1. Headache attacks lasting 4-72 hr (untreated or unsuccessfully treated)

[ ]  Yes

[ ]  No

1. Headache has at least two of the following four characteristics:

[ ]  Unilateral location
[ ]  Pulsating quality
[ ]  Moderate or severe pain intensity
[ ]  Aggravation by or causing avoidance of routine physical activity (e.g., walking or climbing stairs)

1. During headache at least one of the following:

[ ]  Nausea and/or vomiting
[ ]  Photophobia and phonophobia

1. Not better accounted for by another ICHD- III diagnosis

[ ]  Yes

[ ]  No

Does the participant meet the criteria of migraine without aura?

[ ]  Yes

[ ]  No

# [Migraine With Aura](https://www.ichd-3.org/1-migraine/1-2-migraine-with-aura/)

1. At least two attacks fulfilling criteria B and C

[ ]  Yes

[ ]  No

1. One or more of the following fully reversible aura symptoms:

[ ]  Visual
[ ]  Sensory
[ ]  Speech and/or Language
[ ]  Motor
[ ]  Brainstem
[ ]  Retinal

1. At least three of the following six characteristics:

[ ]  At least one aura symptom spreads gradually over ≥5 min

[ ] Two or more aura symptoms occur in succession
[ ]  Each individual aura symptom lasts 5-60 min
[ ]  At least one aura symptom is unilateral

[ ]  At least one aura symptom is positive
[ ]  The aura is accompanied, or followed within 60 min, by headache

1. Not better accounted for by another ICHD-III diagnosis

[ ]  Yes

[ ]  No

Does the participant meet the criteria for migraine with aura?

[ ]  Yes

[ ]  No

# [Chronic Migraine](https://www.ichd-3.org/1-migraine/1-3-chronic-migraine/)

1. Headache (tension-type-like and/or migraine-like) on ≥15 days per month for >3 months and fulfilling criteria B and C

[ ]  Yes

[ ]  No

1. Occurring in a patient who has had at least five attacks fulfilling criteria B-D for 1.1 Migraine without aura and/or criteria B and C for 1.2 Migraine with aura

[ ]  Yes

[ ]  No

1. On ≥8 days per month for >3 months, fulfilling any of the following:

[ ]  Criteria C and D for 1.1 Migraine without aura
[ ]  Criteria B and C for 1.2 Migraine with aura
[ ]  Believed by the patient to be migraine at onset and relieved by a triptan or ergot derivative

1. Not better accounted for by another ICHD-III diagnosis

[ ]  Yes

[ ]  No

Does the participant meet the criteria of chronic migraine?

[ ]  Yes

[ ]  No

**Frequency**

2. On average, how many days per month has the participant/subject had headaches in the past 3 months (based on a 30 day month)?

[ ]  0-4 days per month

[ ]  5-9 days per month

[ ]  10-14 days per month

[ ]  15-19 days per month

[ ]  >24 days per month

[ ]  Continuous/nearly continuous (essentially no headache-free time)

## GENERAL INSTRUCTIONS

This CRF Module is recommended for migraine studies. This questionnaire can be used to confirm diagnosis when appropriate. The information provided in this CRF should be completed and reviewed per the study requirements.

Please note that this instrument should be completed by the clinician, *not* the participant.

## SPECIFIC INSTRUCTIONS

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

REFERENCE

Headache Classification Committee of the International Headache Society (IHS).The International Classification of Headache Disorders, 3rd edition (beta version). Cephalalgia. 2013 Jul;33(9):629-808