# [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