## Headache/Migraine Diagnosis

Indicate whether the participant/subject or his/her first- or second-degree blood relatives have a history of the following diagnosis (choose all that apply). Use the relationship to participant codes listed below to complete the table.

## Relationship of Family Member to Participant/Subject Codes

1First-Degree Relatives

1 = Biological Mother

2 = Biological Father

3 = Sibling Male

4 = Sibling Female

5 = Non-identical or dizygotic twin Male

6 = Non-identical or dizygotic twin Female

7 = Identical twin Male

8 = Identical twin Female

9 = Full biologic child Male

10 = Full biologic child Female

2Second-Degree Relatives

11 = Half-Sibling Male

12 = Half-Sibling Female

13 = Maternal Grandmother

14 = Maternal Grandfather

15= Paternal Grandmother

16 = Paternal Grandfather

17 = Maternal Aunt

18 = Maternal Uncle

19 = Paternal Aunt

20 = Paternal Uncle

21 = Grandchild Male

22 = Grandchild Female

23 = Nephew

24 = Niece

Table 1: Medical and Family History of Migraine Headache Table

| Condition  Migraine Headache | Participant/ subject diagnosed? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | 1Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | 2Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Migraine with aura | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site |
| Migraine without aura | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site |
| Chronic migraine | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site |
| Hemiplegic migraine | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site |
| Menstrual headache | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site |

Table 2: Medical and Family History of Tension Headache Table

| Condition  Tension Headache | Participant/ subject diagnosed? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Tension type headache | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | #affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Episodic tension type | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | #affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Chronic tension type | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | #affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |

Table 3: Medical and Family History of Trigeminal Automatic Cephalgias (TACS) Table

| Condition  Trigeminal Automomic Cephalgias (TACS) | Participant/ subject diagnosed? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cluster headache | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | #affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Trigeminal headache | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Other TAC type, specify: | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |

Table 4: Medical and Family History of Other Headache Types Table

| Condition  Other Headache Type | Participant/ subject diagnosed? | Physician diagnosis or medical documentation supporting diagnosis? | Participant affected by condition? | Relative affected (first and second-degree relatives ONLY)? | Number of first-degree relatives (# affected/ # with physician diagnosis) | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Number of second-degree relatives (# affected/ # with physician diagnosis) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Other primary type headache, specify type: | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |
| Secondary head ache, specify type: | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | Yes  No  Unknown | # affected:  # with physician diagnosis: | Data to be entered by site. | # affected:  # with physician diagnosis: | Data to be entered by site. |

Additional Comments:

## General Instructions

Information on each disease is gathered for blood relatives based on self-report from the participant/subject or family member. All items on the CRF are classified as Supplemental.

## Specific Instructions

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

* Participant/ subject diagnosed? – If the participant/subject has a history of this condition, indicate yes.
* First/Second degree relatives (number affected/ with physician diagnosis) – If there is a history of this condition in the family, indicate the total number of relatives with a history of the condition, the number of relatives affected (patient reported diagnosis), and if the number of relatives that were diagnosed by a physician. Please use codes provided.
* Headache Diagnosis – The lisitng provided is not an exhaustive listing of ICHD-II headache criteria. If other type of headache is diagnosed and is not included in the listing, please include headache type diagnosed in the appropriate ’Other specify’ field(s).
  + Other Headache type– Secondary headache – For studies involving multiple secondary headaches add lines as necessary
* Additional Comments – Record any pertinent information regarding the participant/subject, and/or family in the comments fields.