Migraine
IDGN-MIG-AO8

I. INCLUSION AND EXCLUSION CRITERIA

INCLUSION CRITERIA

	Yes	No
1. Subject is diagnosed with Migraine according to the 1988 International Headache Society "Classification and Diagnostic Criteria for Headache Disorders, Cranial Neuralgia and Facial Pain" except Familial hemiplegic migraine headache.	☐	☐
2. All 4 grandparents are of Ashkenazi Jewish origin as declared by the Subject.	☐	☐
3. Subject or subject's legal representative has signed the informed consent form.	☐	☐

EXCLUSION CRITERIA

	Yes	No
1. Subject is diagnosed with: a. Non-migraineous headache: tension-type headache; cluster headache; chronic paroxysmal or non-paroxysmal hemicrania. b. Familial hemiplegic migraine headache. c. Headache due to other etiologies: depression; tumour; collagen vascular diseases (e.g. SLE, APLA syndrome); hypertension; arteriovascular malformation; post traumatic stress disorder; epilepsy; drugs.	☐	☐
2. Subject is a known carrier of a blood transmitted infectious disease or suffers from conditions in which phlebotomy is contra-indicated.	☐	☐

Subject is eligible for the study, if all INCLUSION criteria are YES and all EXCLUSION criteria are NO.

INVESTIGATOR'S STATEMENT

I have verified the data entered in the Case Report Form and have determined that it is complete, accurate and compatible with the source documents.

Investigator's name (printed)	Investigator's signature	Day	Month	Year
_____	_____	☐☐ /	☐☐ /	☐☐

Where appropriate mark like this ☒ (not like this √)

SUBJECT BARCODE STICKER

II. DEMOGRAPHICS

1. Sex: ☐ **Male** ☐ **Female**

2. Year of birth: ☐☐☐☐

3. Country of birth: _____

4. Year of immigration: ☐☐☐☐

5. Height*: ☐☐☐ cm

6. Weight*: ☐☐☐ kg

* If measurements cannot be carried out, subject declaration is sufficient.

III. FAMILY HISTORY

1. Mother	Country of birth	**2. Father**	Country of birth
1.1 Mother:	_____	2.1 Father:	_____
1.2 Grandfather:	_____	2.2 Grandfather:	_____
1.3 Grandmother:	_____	2.3 Grandmother:	_____

3. Blood relatives:

3.1 Specify total number of siblings (including patient): ☐☐

3.2 For close relatives **known to suffer from Migraine**, mark gender and age at onset :

	Gender		
	M	**F**	**Age of onset**
Mother			☐☐
Father			☐☐
Sib. 1	☐	☐	☐☐
Sib. 2	☐	☐	☐☐
Sib. 3	☐	☐	☐☐
Child 1	☐	☐	☐☐
Child 2	☐	☐	☐☐

SUBJECT BARCODE STICKER

IV. MEDICAL HISTORY

1. Age at onset of migraine: ☐☐

2. Migraine type (choose one):

- a. With aura ☐
- b. Without aura ☐
- c. Both with and without aura ☐
- d. Other migrainous disorder ☐ **Specify:** _____

3. Do the following provoke a headache?	**Sometimes**	**Never**	**Unknown**
a. Sustained exertion	☐	☐	☐
b. Food / odors / stress / weather change	☐	☐	☐
c. **For women:** Perimenstrual / periovulation time / oral contraceptives	☐	☐	☐

4. Do the following ameliorate the headache?			
a. Sleep	☐	☐	☐
b. **For women:** pregnancy	☐	☐	☐

5. Specify migraine attack frequency over last year (choose one):

- a. Less than 6 / year ☐
- b. 6 –12 / year ☐
- c. More than 1 / month ☐

6. During last year, was the patient under preventive therapy when he / she suffered most of his / her attacks?	**Yes**	**No**
	☐	☐

7. Specify other chronic diseases: _____

_____

_____

_____

SUBJECT BARCODE STICKER

V. MEDICATIONS

For acute treatment:	Was the drug effective[1]?			Specify the relevant adverse reactions if they mandated drug discontinuation				
	Yes	Partially	No	Pain/pressure sensations[2]	Atypical sensation[3]	GI intolerance[4]	Neurological[5]	Other
Sumatriptan	☐	☐	☐	☐	☐	☐	☐	☐
Rizatriptan	☐	☐	☐	☐	☐	☐	☐	☐
Naratriptan	☐	☐	☐	☐	☐	☐	☐	☐
Zolmitriptan	☐	☐	☐	☐	☐	☐	☐	☐
An oral Ergotamine	☐	☐	☐	☐	☐	☐	☐	☐
Dipyrone / NSAIDS[6]	☐	☐	☐	☐	☐	☐	☐	☐

[1] Significant relief of pain two hours after taking medication in most attacks (and at least on two occasions).
[2] Pain or pressure or heaviness in chest / neck / jaw.
[3] Numbness, paresthesia, sensation of warm / cold.
[4] Nausea, vomiting, diarrhea, dry mouth.
[5] Dizziness, somnolence, vertigo.
[6] Non steroidal anti-inflammatory drugs.

For prophylaxis:	Was the drug effective[1]?			Specify the drug adverse reaction if it caused drug discontinuation			
	Yes	Partially	No	Cardio-vascular[2]	Psychiatric[3]	Neurological[4]	Other
Beta-blockers	☐	☐	☐	☐	☐	☐	☐
Verapamil	☐	☐	☐	☐	☐	☐	☐
Valproic acid	☐	☐	☐	☐	☐	☐	☐
Pizotifen	☐	☐	☐	☐	☐	☐	☐
Amitriptyline / Nortriptyline	☐	☐	☐	☐	☐	☐	☐
Imipramine	☐	☐	☐	☐	☐	☐	☐
Fluoxetine / Venlafaxine / Fluvoxamine / Paroxetine	☐	☐	☐	☐	☐	☐	☐

[1] Above 50% reduction in frequency of attacks.
[2] Arrhythmia, hypotention, syncope.
[3] Mania, depression, psychosis.
[4] Headache, dizziness, somnolence.

SUBJECT BARCODE STICKER