

Appendix 2:

Semi-structured interview for diagnosing headache and migraine. Adapted from a validated interview from the Danish Headache Center (last updated November 18, 2012) for the purpose of interviewing patients without a diagnosis of migraine.

Semi-Structured Migraine and Headache Interview**0. Headache****0.1 Have you been diagnosed with migraine**

Yes No

0.1.1 If yes, did anything happen in relation to debut of migraine?

Yes No

0.1.1.1 If yes – what happened

- Menarche
 Head trauma / Concussion
 Other _____

0.1.2 If NO:**0.1.2.1 Do you experience regular headaches?****0.1.2.1.1 If yes, how often (days per month) _____****0.1.2.1.2 Is the headache related to anything in particular**

Yes No

0.1.2.1.3 If yes, what? _____**For all patients:****Do you ever experience headaches that are:**

	Yes	No
a. Unilateral	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Pulsating	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Moderate/severe intensity	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Aggravation by physical activity	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Nausea	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Vomiting	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Photophobia	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Phonophobia	<input type="checkbox"/> 1	<input type="checkbox"/> 2
i. Osmophobia	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Duration of the headache without medication:

- < ½ h 1
 ½ - 4 h 2
 5 h – 23 h 3
 1 - 3 days 4
 4 – 7 days 5
 >7 days 6

1. MIGRAINE WITH AURA (MA)**a. Do you have migraine with aura?**

1 2

1.1 Visual aura

Yes No

a. Are there visual disturbances? 1 2

b. Unilateral 1 2

c. Gradually progressing 1 2

d. Scotoma 1 2

e. Zig-zag lines (fortification) 1 2

f. Flickering 1 2

g. Preserved central vision 1 2

h. Duration of gradual development _____min

j. Duration of visual aura _____min

1.2 Sensory aura

Yes No

a. Are there sensory disturbances? 1 2

b. Unilateral 1 2

c. Gradually progressing 1 2

Do the sensory disturbances involve:

d. The face 1 2

e. The tongue 1 2

f. The hand 1 2

g. The arm 1 2

h. The foot 1 2

i. The leg 1 2

j. The body 1 2

k. Duration of gradual development _____min

l. Duration of visual aura _____min

1.3 Motor aura

Yes No

a. Are there motor disturbances? 1 2

b. Unilateral 1 2

c. Gradually progressing 1 2

Do the motor disturbances involve:

d. The face 1 2

e. The tongue 1 2

f. The hand 1 2

g. The arm 1 2

h. The foot 1 2

i. The leg 1 2

j. The body 1 2

k. Duration of gradual development _____min

l. Duration of visual aura _____min

1.4 Aphasia/**Speech disturbances**

Yes No

a. Are there speech disturbances? 1 2

Are the speech impairments due to:

b. Problems articulating speech 1 2

c. Problems finding the right words 1 2

d. Problems understanding what people say 1 2

e. Problematic for other people to understand your speech 1 2

f. Duration of speech/aphasic disturbances _____min

1.5 Basilar-type aura Yes No

a. Are there basilar/occipital symptoms? 1 2

Are there:

b. Bilateral pareses/paresthesias 1 2

c. Bilateral visual symptoms 1 2

d. Dysarthria 1 2

e. Vertigo 1 2

f. Diplopia 1 2

g. Tinnitus 1 2

h. Hypacusia 1 2

i. Decreased level of consciousness 1 2

j. Ataxia 1 2

1.6 Succession of aura symptoms

a. If more than 1 aura type, is the succession of the auras:

Successive 1

Simultaneously 2

Not applicable (NA) 3

1.7 Aura with headache Yes No

a. Do you have aura with headache 1 2

b. Does the onset of the headache typically come:

Before the aura 1

After the aura 2

Simultaneously with the

aura 3

c. How long time before/after the aura _____min

1.8 Aura without headache Yes No

a. Do you have aura without headache 1 2

1.9 Migraine with aura over time

a. Age at onset _____years

b. Date of last attack _____

c. No. of attacks within last year:

0 1

1-5 2

6-12 3

13-24 4

25-36 5

>36 6

d. No. of lifetime attacks:

1 1

2-4 2

5-9 3

10-49 4

50-100 5

>100 6

2. MIGRAINE WITHOUT AURA (MO)

a. Do you have migraine without aura? Yes No
 1 2

2.1 Migraine without aura over time

a. Age at onset _____years

b. Date of last attack _____

c. No. of attacks within last year:

0 1

1-5 2

6-12 3

13-24 4

25-36 5

>36 6

d. No. of lifetime attacks:

1 1

2-4 2

5-9 3

10-49 4

50-100 5

>100 6

3. Migraine triggers

a. Are there factors that can trigger a migraine attack? Yes No NA
 1 2 3

b. What type of migraine? MO MA MA+MO
 1 2 3

3.1. Can these factors trigger a migraine attack:

Yes No

a. Physical activity 1 2

b. Light 1 2

c. Stress 1 2

d. Menstruation 1 2

e. Alcohol 1 2

f. Strong smells 1 2

g. Lack of/too much sleep 1 2

h. Other factors: _____

4. Chronic migraine (MA+MO)

During the past 3 successive months, have you had:

a. Headache at least 15 days a month Yes No
 1 2

b. Migraine at least 8 days a month 1 2

5. Tension-type headache

Do you have tension-type headaches

	Yes	No
	<input type="checkbox"/> 1	<input type="checkbox"/> 2

5.1 Headache characteristics

	Yes	No
a. Bilateral	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Pressing	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Mild/moderate intensity	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Aggravation by physical activity	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Nausea	<input type="checkbox"/> 1	<input type="checkbox"/> 2
f. Vomiting	<input type="checkbox"/> 1	<input type="checkbox"/> 2
g. Photophobia	<input type="checkbox"/> 1	<input type="checkbox"/> 2
h. Phonophobia	<input type="checkbox"/> 1	<input type="checkbox"/> 2

5.2 Duration of headache

< ½ h 1
 ½ - 4 h 2
 5 h - 23 h 3
 1 - 3 days 4
 4 - 7 days 5
 >7 days 6

5.3 Tension-type headache over time

a. Headache days within last year:

0 1
 1-7 2
 8-14 3
 15-30 4
 31-179 5
 ≥180 6

b. No. of tension-type headache days during the three last months: _____ days

c. If ≥45 headache days, are the days evenly spaced out

Yes	No
<input type="checkbox"/> 1	<input type="checkbox"/> 2

6. MIGRAINE TREATMENT (MA+ MO)**6.1 Treatment of migraine attacks**

	Yes	No	NA
a. Triptans are efficient	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Regular painkillers (NSAID, Paracetamol etc.) are efficient	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Ergotamine drugs are efficient	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Other drug(s) _____			

6.2 Use of medication

a. No. of days of triptan-use per month _____
 b. No. of days of regular painkiller-use per month _____

6.3 Prophylactic treatment of migraine

	Yes	No	NA
a. Beta-blockers are efficient	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Ca ²⁺ -antagonists are efficient	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

c. Angiotensin II receptor blockers are efficient 1 2 3d. ACE-inhibitors are efficient 1 2 3e. Anti-epilepsy drugs are efficient 1 2 3f. Antidepressive medication (mirtazapine) is efficient 1 2 3g. Hormone treatment is efficient 1 2 3

h. Other drug(s) _____

g. Are you currently receiving prophylactic treatment(s) for migraine 1 2

8. SECONDARY HEADACHES? Yes 1 No 2

If yes, specify: _____

11. Migraine within the family

	Yes	No
a. Mother has/had migraine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Father has/had migraine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Siblings have/had migraine	<input type="checkbox"/> 1	<input type="checkbox"/> 2
e. Children have/had migraine	<input type="checkbox"/> 1	<input type="checkbox"/> 2

Interview conducted by: _____