Supplemental material

Appendix Table 1. Bespoke grading system to illustrate where consensus was achieved in the Delphi Round 1 for reviewed domains.

Level of agreement between panel	Decision rule			
If in both panels the median rating is 9	Include domain in Round 2			
If in both panels ≥70% rate a domain ≥7	Include domain in Round 2			
If in both panels the median domain rating is ≥7	Include domain in Round 2 if either panel achieves a median score of 9 OR qualitative			
	evidence supports further consideration			
If the median rating for a domain is ≥7 in only one panel	Include domain in Round 2 if either panel achieves a median score of 9 OR qualitative			
	evidence supports further consideration			
If the median rating for the two panels combined is ≥4 and ≤6 and the median rating	No progression to Round 2 (unless qualitative evidence supports further			
for no single panel is ≤7	consideration)			
If the median rating for the two panels combined is ≥1 and ≤3 and the median rating	No progression to Round 2 (unless qualitative evidence supports further			
for no single panel is ≤7	consideration)			
	If in both panels the median rating is 9  If in both panels ≥70% rate a domain ≥7  If in both panels the median domain rating is ≥7  If the median rating for a domain is ≥7 in only one panel  If the median rating for the two panels combined is ≥4 and ≤6 and the median rating for no single panel is ≤7  If the median rating for the two panels combined is ≥1 and ≤3 and the median rating			

Footnote: 'both panels' refers to – patient panel and professionals panel

Appendix Table 2. Background of professional participants (expert panel) in the Delphi process (Round 1).

	Chronic round	Episodic round
Clinician	6	5
Neurologist	13	12
Neurologist specialist interest headache	10	11
GP specialist interest headache	1	0
Nurse specialist	4	3
Chiro/osteopath/	2	1
Health Economist	2	1
Clinical Academic	8	9
Other health professional academic	2	0
Clinical Trialist	9	8
Systematic reviewer	6	5
Measurement expert	7	8

Footnote: participants could identify as having more than one background

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## Appendix Table 3. Delphi Round 3: results of voting on sub-panel discrepancies.

Outcome to be voted on (R3)			EPISODIC MIGRAINE Voting			CHRONIC MIGRAINE Voting		
Discrepancies	Proposed Domain and definition	Q	Patient	HCPs	Combined	Patient	HCPs	Combined
(outcomes rated in top 50% by one sub-panel)			(n=23)	(n=21)	(n=44)	(n=29)	(n=23)	(n=52)
Ranked highly by healthcare professionals (HCPs)								
• HCP 9/27; Patients 20/27 (EM)	Satisfaction with Treatment	a.	65.2%	71.4%	68.2%	-	-	-
• HCP 8/27; Patients 25/27 (EM)	Vomiting and/ feelings of nausea	a.	60.9%	71.4%	65.9%	-	-	-
• HCP 12/27; Patients 18/27 (EM)	Type (potency) and dose (how much) of a medication when experiencing a migraine	a.				-	-	-
• HCP 10/31; Patients 20/31 (CM)	Stress – feelings of distress, frustration or irritation	a.	-	-	-	58.6%	47.8%	53.9%
• HCP 15/31; Patients 29/31 (CM)	Mortality (death)	a.	-	-	-	20.7%	17.4%	19.2%
Ranked highly by patients								
<ul> <li>Patients 10/27; HCPs 21/27 (EM)</li> <li>Patients 14/31; HCPs 31/31 (CM)</li> </ul>	Unpredictability of a migraine – uncertainty of being symptom-free or able to engage in activities	a.	82.6%	61.9%	72.7%	96.6%	69.6%	84.6%
• Patients 11/27; HCPs 23/27 (EM)	Physical fatigue – experiencing physical fatigue, tiredness, lacking in energy, feeling physically exhausted	a.	69.6%	52.4%	61.4%	-	-	-
• Patients 10/27; HCPs 21/27 (EM)	Depressive mood – feeling sad, feeling down, feeling sorry for oneself, or feeling depressed	a.	69.6%	42.9%	56.8%	-	-	-

Footnote: Panellists were asked to indicate (Yes/No): a. Should the following outcomes be included in a core set for studies of EM / CM (respectively)?