**Note:** This form is to be completed by trained study personnel, *not* by the participant.

**Traumatic Brain Injury (TBI) History:**

Number of previous TBIs (concussions) not including the TBI (concussion) that led to current post-traumatic headache: \_\_\_\_

 *(Example: 0= no prior TBIs; 1= one prior TBI)*

If patient had a history of prior TBIs, did patient suffer PTH in the past (*check one*): [ ]  Yes [ ]  No

If ‘Yes’, how long ago did you suffer from PTH? \_\_\_ *(Indicate number of days, months or years)*

[ ]  Days [ ]  Months [ ]  Years

**TBI that led to current PTH:**

Date of TBI that led to current PTH: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Date that PTH started: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

How long after TBI did headaches begin

[ ]  Immediately [ ]  Not immediately, but within 24 hours of the TBI [ ]  between 24-72 hours

[ ] 72 hours to 7 days [ ]  after 7 days

Did patient have pre-existing headaches? [ ]  Yes [ ]  No

If yes, how long after TBI did headaches begin to worsen

[ ]  Immediately [ ]  Not immediately, but within 24 hours of the TBI [ ]  between 24-72 hours

[ ] 72 hours to 7 days [ ]  after 7 days

**PTH**

Have headaches been continuous (i.e., 24/7) since onset? (*check one*):

[ ]  Yes [ ]  No

*If ‘yes’ is checked, then the headache ratio is automatically 100%. Please skip the headache ratio calculation and move to the section “For all patients with PTH to complete”.*

**For patients who have had PTH for fewer than 30 days, calculate headache ratio as follows:**

How many days do you have a headache of any duration (minutes or hours) of any kind of severity (mild, moderate or severe)? \_\_\_ (a)

Number of days passed since onset of PTH: \_\_\_ (b)

\*Headache Ratio calculation (a/b) x100\_\_\_

*Example: If patient describes having 10 headache days since onset of PTH and is being tested on day 20 post onset of PTH then (10/20) x 100 = 50%*

**For patients who have had PTH for at least 30 days:**

Average *monthly* headache frequency of any kind with mild severity: \_\_\_/30

Average *monthly* headache frequency of any kind with moderate severity: \_\_\_/30

Average *monthly* headache frequency of any kind with severe severity: \_\_\_/30

Average days *per month* of complete headache freedom: \_\_\_/30

\*Headache Ratio calculation (average number of days with mild, moderate, severe headache/30 days) x 100 =\_\_\_ % of days with headache.

Headache frequency since TBI (*check one*):

[ ]  increasing in frequency [ ]  decreasing in frequency [ ]  stable

Headache intensity since TBI (*check one*):

[ ]  increasing in intensity [ ]  decreasing in intensity [ ]  stable

**For patients with less than one month of PTH:**

Headache days per week:

Week 1: [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7

Week 2: [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7

Week 3: [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7

Week 4: [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  6 [ ]  7

**For patients with greater than one month to 6 months of PTH:**

Headache days per month (30 days):

Month 1: \_\_\_\_

Month 2: \_\_\_\_

Month 3: \_\_\_\_

Month 4: \_\_\_\_

Month 5: \_\_\_\_

Month 6: \_\_\_\_

**For all patients with PTH to complete:**

How long do headaches last if untreated/inadequately treated?

(*HH:MM*) \_\_\_\_\_\_

Where are the headaches usually located? (*check all that apply*):

 [ ]  Right [ ]  Left [ ]  Front [ ]  Back [ ]  Side/Temples [ ] Top

What side(s) are the headache(s) usually on? (*check all that apply*)

 [ ]  Right only [ ]  Left only [ ]  Both sides [ ]  Alternating sides

Quality (*check all that apply*):

 [ ]  Pulsating/Throbbing [ ]  Pressure/Aching [ ]  Stabbing [ ]  Burning

Intensity (*check one*):

 [ ]  Mild [ ]  Moderate [ ]  Severe

Typical headache pain intensity: 0 (no pain) to 10 (most severe pain) scale: \_\_\_\_/10

Maximum headache pain intensity: 0 (no pain) to 10 (most severe pain) scale: \_\_\_\_/10

Current headache pain level: 0 (no pain) to 10 (most severe pain) scale: \_\_\_/10

Headaches worse with physical activity:…………………………………………[ ]  Yes ………[ ]  No

Headaches worse with neck movements:…………………………………………[ ]  Yes [ ]  No

Headaches worse with mental activity (e.g., reading, concentration):……………[ ]  Yes [ ]  No

Does the individual experience the following symptoms during headache:

 Nausea: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

 Vomiting: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

 Sensitivity to light: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

 Sensitivity to sound: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

Neck Pain/Stiffness: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

Dizziness and/or vertigo: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

Gait and/or

postural imbalance: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

Difficulty with

memory/concentration: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

|  |  |  |  |
| --- | --- | --- | --- |
| **Headache Symptom** | **Is Symptom Present?** | **If ‘Yes’, is Symptom Unilateral or Bilateral?** | **If ‘Unilateral’, is Symptom Present on Same Side to Headache?** |
| Conjunctival Injection (i.e., white of eye gets red) | [ ]  Yes [ ]  No | [ ]  Unilateral[ ]  Bilateral | [ ]  Yes[ ]  No |
| Tearing | [ ]  Yes [ ]  No | [ ]  Unilateral[ ]  Bilateral | [ ]  Yes[ ]  No |
| Nasal congestion | [ ]  Yes [ ]  No | [ ]  Unilateral[ ]  Bilateral | [ ]  Yes[ ]  No |
| Eyelid swelling | [ ]  Yes [ ]  No | [ ]  Unilateral[ ]  Bilateral | [ ]  Yes[ ]  No |
| Eyelid drooping | [ ]  Yes [ ]  No | [ ]  Unilateral[ ]  Bilateral | [ ]  Yes[ ]  No |
| Miosis (i.e., excessive constriction of the pupil of the eye) | [ ]  Yes [ ]  No | [ ]  Unilateral[ ]  Bilateral | [ ]  Yes[ ]  No |
| Aural fullness (i.e., stuffy ears or fluid in the ears) | [ ]  Yes [ ]  No | [ ]  Unilateral[ ]  Bilateral | [ ]  Yes[ ]  No |
| Facial sweating | [ ]  Yes [ ]  No | [ ]  Unilateral[ ]  Bilateral | [ ]  Yes[ ]  No |

Auras with headaches: [ ]  Yes [ ]  No

(Please refer to the ICHD3 document for descriptions of the aura type)

Does the individual experience the following aura types with headaches:

 Visual: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

 Sensory: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

 Speech and/or language: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

 Motor: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

 Brainstem: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

 Retinal: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

Other, specify: \_\_\_\_\_\_\_\_\_\_\_ [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

Percentage of headaches experienced with auras: \_\_\_\_\_\_%

Does the individual experience the following symptoms on days without headache:

 Nausea: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

 Vomiting: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

 Sensitivity to light: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

 Sensitivity to sound: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

 Neck Pain/Stiffness: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

Dizziness and/or vertigo: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

Gait and/or

postural imbalance: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

 Difficulty with

memory/concentration: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

 Aura without headache: [ ]  Never [ ]  Almost never [ ]  Sometimes [ ]  Often [ ]  Almost Always

Post-traumatic headache phenotype (*check all that apply*):

[ ]  Migraine with aura

[ ]  Migraine without aura

[ ]  Chronic migraine

[ ]  Episodic cluster headache

[ ]  Chronic cluster headache

[ ]  Cervicogenic headache

[ ]  Infrequent episodic tension-type headache

[ ]  Frequent episodic tension-type headache

[ ]  Chronic tension-type headache

[ ]  Other, Specify: \_\_\_\_\_\_\_\_

Headache Family History

Indicate whether the participant or their first-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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Headache Type | Family History of Headache Type? | First Degree Biological Relative? | Relationship of first-degree relative(s) to participant/subject (Separate multiple codes with comma) | Relationship of second-degree relative(s) to participant/subject (Separate multiple codes with comma) |
| Migraine | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No | Data to be entered by site. | Data to be entered by site. |
| Post TraumaticHeadache | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No | Data to be entered by site. | Data to be entered by site. |
| Other HeadacheType | [ ]  Yes[ ]  No[ ]  Unknown | [ ]  Yes[ ]  No | Data to be entered by site. | Data to be entered by site. |

Relationship of Family Member to Participant/Subject Codes

|  |  |
| --- | --- |
| **First-Degree Relatives** | **Second-Degree Relatives** |
| 1 = Biological Mother2 = Biological Father3 = Sibling Male4 = Sibling Female5 = Non-identical or dizygotic twin Male6 = Non-identical or dizygotic twin Female7 = Identical twin Male8 = Identical twin Female9 = Full biologic child Male10 = Full biologic child Female | 11 = Half-Sibling Male12 = Half-Sibling Female13 = Maternal Grandmother14 = Maternal Grandfather15= Paternal Grandmother16 = Paternal Grandfather17 = Maternal Aunt18 = Maternal Uncle19 = Paternal Aunt20 = Paternal Uncle21 = Grandchild Male22 = Grandchild Female23 = Nephew24 = Niece |

##

## GENERAL INSTRUCTIONS

This CRF Module is recommended for post-traumatic headache studies. The information provided in this CRF should be completed and reviewed per the study requirements. All data elements included on this CRF Module are classified as Supplemental - Highly Recommended (i.e., essential information for specified conditions, study types, or designs). Please see the Data Dictionary for element classifications.

Please note that this form should be completed by trained study personnel, *not* by the participant.

## SPECIFIC INSTRUCTIONS

Please consider using these additional Case Report Forms for [Headache](https://www.commondataelements.ninds.nih.gov/headache):

* Medical and Family history of Headache/Migraine (History of Disease/Injury Event).
* Headache Calendar (Patient Reported Outcomes).
* Headache Diary-Acute Therapies (Patient Reported Outcomes).
* Headache Diary-Preventive Therapies (Patient Reported Outcomes).
* Migraine Disability Assessment Test (Outcomes and Endpoints/Activities of Daily Living).

Please consider using these additional Case Report Forms for [Traumatic Brain Injury](https://www.commondataelements.ninds.nih.gov/Traumatic%20Brain%20Injury):

* Type, Place, Cause and Mechanism of Injury (History of Disease/Injury Event).
* Neurological Assessment LOC, PTA, and AOC (Physical/Neurological Examination).
* Neurological assessment TBI Symptoms and Signs (Physical/Neurological Examination).
* Definition of Traumatic Brain Injury
* Ohio State University TBI Identification Method (History of Disease/Injury Event).

Please consider using the Allodynia symptom checklist (ASC-12) (Lipton et al., 2008) for assessing headache-related allodynia.

Dysautonomia is a common symptom following TBI. Please consider using questionnaires that assess autonomic function.

REFERENCES

Headache Classification Committee of the International Headache Society (IHS) The International Classification of Headache Disorders, 3rd edition. Cephalalgia. 2018 Jan;38(1):1-211.

Lipton RB, Bigal ME, Ashina S, Burstein R, Silberstein S, Reed ML, Serrano D, Stewart WF; American Migraine Prevalence Prevention Advisory Group. Cutaneous allodynia in the migraine population. Ann Neurol. 2008 Feb;63(2):148-58.