## Headache Self-Report

Do you have pressure at the base of your head? 1

[ ]  Yes [ ]  No

Does your pain radiate behind your eyes? 2

[ ]  Yes [ ]  No

Does your pain radiate to your neck or shoulders? 2

[ ]  Yes [ ]  No

Is the pain worsened by coughing, crying, laughing, sneezing, orgasms, bowel movements? 1

[ ]  Yes [ ]  No

Do you have general neck pain/stiffness? 2

[ ]  Yes [ ]  No

## Ocular Self-Report

Do you have pain or pressure behind your eyes? 3

[ ]  Yes [ ]  No

Are you sensitive to light? 3

[ ]  Yes [ ]  No

Do you have blurred vision? 3

[ ]  Yes [ ]  No

Do you have double vision? 3

[ ]  Yes [ ]  No

Are you missing a portion of your visual field when looking straight ahead (Field Cuts) with either or both eyes? 3

[ ]  Yes [ ]  No

## Otoneurological Self-Report

Do you have pressure in your ears? 3

[ ]  Yes [ ]  No

Do you have dizziness with position changes? 2

[ ]  Yes [ ]  No

Do you have feelings of unsteadiness when standing? 3

[ ]  Yes [ ]  No

Do you have feelings of unsteadiness when walking? 3

[ ]  Yes [ ]  No

Do you have high-pitched ringing in your ears? 3

[ ]  Yes [ ]  No

Do you have tremors? 3

[ ]  Yes [ ]  No

Do you have decreased hearing? 3

[ ]  Yes [ ]  No

Do you have very sensitive hearing? 3

[ ]  Yes [ ]  No

Do you have vertigo (feelings that you or the room are spinning)? 3

[ ]  Yes [ ]  No

## Cranial Nerve-Brainstem Self-Report

Do you have difficulty swallowing? 2

[ ]  Yes [ ]  No

Do you have throat tightness? 3

[ ]  Yes [ ]  No

Do you have difficulty speaking? 3

[ ]  Yes [ ]  No

Is your voice changing, becoming hoarse? 3

[ ]  Yes [ ]  No

Do you have sleep apnea? 2

[ ]  Yes [ ]  No

Do you snore? 3

[ ]  Yes [ ]  No

Have you ever “passed out”? 2

[ ]  Yes [ ]  No

Do you have palpitations? 3

[ ]  Yes [ ]  No

Do you ever have shortness of breath? 3

[ ]  Yes [ ]  No

Do you have frequent nausea? 3

[ ]  Yes [ ]  No

## Extracranial Self-Report

Do you suffer from prickling, tingling or numbness of your extremities? 2

[ ]  Yes [ ]  No

Do you have increased sensitivity to pain or touch? 2

[ ]  Yes [ ]  No

Do you have diminished sensitivity to pain? 2

[ ]  Yes [ ]  No

Do you have partial or complete loss of sensation in your extremities? 2

[ ]  Yes [ ]  No

Do you have an abnormal burning pain in your extremities? 2

[ ]  Yes [ ]  No

Do you have pain or decreased sensation over a specific portion of your extremities? 2

[ ]  Yes [ ]  No

Do you have any noticeable skin changes? 3

[ ]  Yes [ ]  No

If you close your eyes or are in the dark, do you have difficulty with your balance? 3

[ ]  Yes [ ]  No

Do you have weakness of your extremities? 2

[ ]  Yes [ ]  No

Do you have loss of muscle tone? 2

[ ]  Yes [ ]  No

Do you have difficulty picking up small objects with your fingers? 3

[ ]  Yes [ ]  No

Do you have stiffness of your arms or legs? 3

[ ]  Yes [ ]  No

## Urological Self-Report

Do you have difficulty controlling the urge to urinate? 3

[ ]  Yes [ ]  No

Do you have urinary incontinence (Have you accidentally leaked urine)? 3

[ ]  Yes [ ]  No

Do you have difficulty initiating your urine stream? 3

[ ]  Yes [ ]  No

Do you urinate more than 10 times per day? 3

[ ]  Yes [ ]  No

Do you go two or more times in succession before completely emptying your bladder? 3

[ ]  Yes [ ]  No

Do you awaken from sleep two or more times to urinate? 3

[ ]  Yes [ ]  No

Do you have a history of recurring urinary bladder or kidney infections? 3

[ ]  Yes [ ]  No

Have you ever been diagnosed with interstitial cystitis? 3

[ ]  Yes [ ]  No

Have you ever been diagnosed with a urethral stricture or prostate problems? 3

[ ]  Yes [ ]  No

## Gastrointestinal Self-Report

Do you have constipation? 3

[ ]  Yes [ ]  No

Do you suffer from diarrhea? 3

[ ]  Yes [ ]  No

Have you had occasional incontinence for stools (fecal soiling)? 3

[ ]  Yes [ ]  No

Have you ever been diagnosed with irritable bowel syndrome (IBS)? 3

[ ]  Yes [ ]  No

Have you ever been diagnosed with celiac disease or gluten sensitivity? 3

[ ]  Yes [ ]  No

Have you ever been diagnosed with Crohn's disease or colitis? 3

[ ]  Yes [ ]  No

## Sexual Self-Report

Do you have a decreased interest in sex (reduced libido)? 3

[ ]  Yes [ ]  No

Do you have difficulty maintaining arousal? 3

[ ]  Yes [ ]  No

Do you have difficulty reaching orgasm? 3

[ ]  Yes [ ]  No

Have you lost the ability to reach an orgasm, sustain an erection, or ejaculate properly? 3

[ ]  Yes [ ]  No

Have you experienced a decrease or loss of sensation in your pelvic (or genital) area? 3

[ ]  Yes [ ]  No

## Cognitive Self-Report

Do you suffer from short-term memory loss? 3

[ ]  Yes [ ]  No

Do you suffer from long-term memory loss? 3

[ ]  Yes [ ]  No

Do you have difficulty making decisions? 3

[ ]  Yes [ ]  No

Do you have word finding problems? 3

[ ]  Yes [ ]  No

Do you suffer from depression? 3

[ ]  Yes [ ]  No

Do you suffer from irritability? 3

[ ]  Yes [ ]  No

## Systemic Self-Report

Do you suffer from chronic fatigue? 3

[ ]  Yes [ ]  No

Do you have nipple discharge? 4

[ ]  Yes [ ]  No

Do you have joint hypermobility? 2

[ ]  Yes [ ]  No

Do you have wound healing problems? 3

[ ]  Yes [ ]  No

Have you been diagnosed with thyroid problems? 3

[ ]  Yes [ ]  No

Have you been diagnosed with any pituitary problems? 3

[ ]  Yes [ ]  No

Have you experienced any bleeding or blood clotting disorders? 3

[ ]  Yes [ ]  No

Women: Do you have irregular periods? 3

[ ]  Yes [ ]  No

Women: Do you have unexpected milk production at the breast? 3

[ ]  Yes [ ]  No

## Precipitating Causes

Neurologic testing

MRI Brain 1

[ ]  Yes [ ]  No Date of test/image:

Cine MRI (CSF flow study) 2

[ ]  Yes [ ]  No Date of test/image:

MRI Cervical Spine 2

[ ]  Yes [ ]  No Date of test/image:

MRI Thoracic Spine 2

[ ]  Yes [ ]  No Date of test/image:

MRI Lumbar Spine 2

[ ]  Yes [ ]  No Date of test/image:

CT Head 3

[ ]  Yes [ ]  No Date of test/image:

CT Cervical Spine 3

[ ]  Yes [ ]  No Date of test/image:

CT Thoracic Spine 3

[ ]  Yes [ ]  No Date of test/image

CT Lumbar Spine 3

[ ]  Yes [ ]  No Date of test/image:

CT Myelogram 3

[ ]  Yes [ ]  No Date of test/image:

X-ray Skull 3

[ ]  Yes [ ]  No Date of test/image:

X-ray Shunt Series 3

[ ]  Yes [ ]  No Date of test/image:

X-ray Cervical Spine 3

[ ]  Yes [ ]  No Date of test/image:

X-ray Thoracic Spine 3

[ ]  Yes [ ]  No Date of test/image:

X-ray Lumbar Spine 3

[ ]  Yes [ ]  No Date of test/image:

PET Scan: Brain 3

[ ]  Yes [ ]  No Date of test/image:

Lumbar Puncture 3

[ ]  Yes [ ]  No Date of test/image:

Stellate Ganglion Block 3

[ ]  Yes [ ]  No Date of test/image:

Other: 4

Date of test/image:

Misc. Testing

Vestibular Function Testing 3

[ ]  Yes [ ]  No Date of test/image:

Tilt Table 3

[ ]  Yes [ ]  No Date of test/image:

Holter Monitor 3

[ ]  Yes [ ]  No Date of test/image:

Barium Swallow 3

[ ]  Yes [ ]  No Date of test/image:

Sleep Apnea Monitoring 3

[ ]  Yes [ ]  No Date of test/image:

Sleep EEG Monitoring 3

[ ]  Yes [ ]  No Date of test/image:

Pulmonary Function Tests 3

[ ]  Yes [ ]  No Date of test/image:

Other: 3

Date of test/image:

Laboratory

Pituitary Hormone Profile 3

[ ]  Yes [ ]  No Date of test/image:

Lyme Titer 3

[ ]  Yes [ ]  No Date of test/image:

Rheumatology Panel 3

[ ]  Yes [ ]  No Date of test/image:

Other: 3

Date of test/image:

Consultations

Pain Management 3

[ ]  Yes [ ]  No Date of test/image:

Neurology 1

[ ]  Yes [ ]  No Date of test/image:

Neuropsychology 3

[ ]  Yes [ ]  No Date of test/image:

Cardiology 3

[ ]  Yes [ ]  No Date of test/image:

Rheumatology 3

[ ]  Yes [ ]  No Date of test/image:

Allergist 3

[ ]  Yes [ ]  No Date of test/image:

Nutritional Assessment 3

[ ]  Yes [ ]  No Date of test/image:

Coagulation/Hematology 3

[ ]  Yes [ ]  No Date of test/image:

ENT/Otolaryngology 3

[ ]  Yes [ ]  No Date of test/image:

Orthopedics 3

[ ]  Yes [ ]  No Date of test/image:

Endocrinology 3

[ ]  Yes [ ]  No Date of test/image:

Genetics 2

[ ]  Yes [ ]  No Date of test/image:

Urology 3

[ ]  Yes [ ]  No Date of test/image:

Other: 4

Date of test/image:

## Instructions

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

### Specific Module Instructions:

Headache Symptoms:

There are Core and Supplemental–Highly Recommended data elements in this module.

Ocular Symptoms:

There are no Core or Supplemental–Highly Recommended data elements in this module. All data elements are Supplemental and could be collected on clinical studies only if research team considers them appropriate for their study.

Otoneurological Symptoms:

There is one Supplemental–Highly Recommended data element in this module. All other data elements are Supplemental and could be collected on clinical studies only if research team considers them appropriate for their study.

Cranial Nerve-Brainstem Symptoms:

There are Supplemental–Highly Recommended data elements in this module.

Extracranial Symptoms:

There are Supplemental–Highly Recommended data elements in this module.

Urological Symptoms:

There are no Core or Supplemental–Highly Recommended data elements. All data elements are Supplemental and could be collected on clinical studies only if research team considers them appropriate for their study.

GI Symptoms:

There are no Core or Supplemental–Highly Recommended data elements in this module. All data elements are Supplemental and could be collected on clinical studies only if research team considers them appropriate for their study.

Sexual Symptoms:

There are no Core or Supplemental–Highly Recommended data elements in this module. All data elements are Supplemental and could be collected on clinical studies only if research team considers them appropriate for their study.

Cognitive Symptoms:

There are no Core or Supplemental–Highly Recommended data elements in this module. All data elements are Supplemental and could be collected on clinical studies only if research team considers them appropriate for their study.

Systemic Symptoms:

There is one Supplemental–Highly Recommended and one Exploratory data element in this module.

Precipitating Causes:

There are Core, Supplemental–Highly Recommended, and Exploratory data elements in this module.