1. Did the participant / subject have genetic testing performed?  Yes  No (STOP)  Unknown
   1. If Yes, did genetic testing determine the presence of a gene associated with headache?  Yes  No  Unknown
2. Was genetic testing performed in family members?

Yes

No

Unknown

* 1. If yes, specify reason for tests performed:

1. Indicate the source(s) of the genetic test results: (Choose all that apply)

Neurologist

Physician

Genetic counselor

Medical records

Other, specify:

1. Specify the type of genetic testing and the name of laboratory that performed the genetic testing:

 Gene-specific test (complete DNA Elements table):

Performed by laboratory:

 Genome-wide association study (GWAS) array:

Performed by laboratory (provide details on array type used):

 Whole Exome sequencing:

Performed by laboratory (provide details on array type used):

 Whole Genome sequencing:

Performed by laboratory (provide details on array type used):

Please complete the following table(s):

DNA Elements Table

| Gene (Test) | Test performed? | Mutation shown? | Unclassified variant shown? | Detection method, specify (Choose all that apply): | Comments |
| --- | --- | --- | --- | --- | --- |
| *CACNA1A* (FHM1) | Yes  No  Unknown | Yes, specify:  Nucleotide change:  Amino acid change:  No  Unknown | Yes, specify:  No  Unknown | Direct Sequencing (PCR)  DNA Microarray  Melting Curve Analysis  Restriction Enzyme Analysis  Sequenom Method  Single-strand Conformation Polymorphism (SSCP)  TaqMan Assay  Other, Specify: |  |
| *ATP1A2* (FHM2) | Yes  No  Unknown | Yes, specify:  Nucleotide change:  Amino acid change:  No  Unknown | Yes, specify:  No  Unknown | Direct Sequencing (PCR)  DNA Microarray  Melting Curve Analysis  Restriction Enzyme Analysis  Sequenom Method  Single-strand Conformation Polymorphism (SSCP)  TaqMan Assay  Other, Specify: |  |
| *SCN1A* (FHM3) | Yes  No  Unknown | Yes, specify:  Nucleotide change:  Amino acid change:  No  Unknown | Yes, specify:  No  Unknown | Direct Sequencing (PCR)  DNA Microarray  Melting Curve Analysis  Restriction Enzyme Analysis  Sequenom Method  Single-strand Conformation Polymorphism (SSCP)  TaqMan Assay  Other, Specify: |  |
| *NOTCH3* (CADASIL) | Yes  No  Unknown | Yes, specify:  Nucleotide change:  Amino acid change:  No  Unknown | Yes, specify:  No  Unknown | Direct Sequencing (PCR)  DNA Microarray  Melting Curve Analysis  Restriction Enzyme Analysis  Sequenom Method  Single-strand Conformation Polymorphism (SSCP)  TaqMan Assay  Other, Specify: |  |
| *TREX1* (RVCL-S) | Yes  No  Unknown | Yes, specify:  Nucleotide change:  Amino acid change:  No  Unknown | Yes, specify:  No  Unknown | Direct Sequencing (PCR)  DNA Microarray  Melting Curve Analysis  Restriction Enzyme Analysis  Sequenom Method  Single-strand Conformation Polymorphism (SSCP)  TaqMan Assay  Other, Specify: |  |
| Other | Yes, specify test:  No | Yes, specify:  Nucleotide change:  Amino acid change:  No  Unknown | Yes, specify:  No  Unknown | Direct Sequencing (PCR)  DNA Microarray  Melting Curve Analysis  Restriction Enzyme Analysis  Sequenom Method  Single-strand Conformation Polymorphism (SSCP)  TaqMan Assay  Other, Specify: |  |

General Instructions

This form contains data elements that are collected for DNA assays. This form should be completed by the study investigator or coordinator. The information provided in this form should be provided by the laboratory generating genetic information on a sample when a genetic variant/mutation was identified.

Important note: All data elements on this CRF are classified as Supplemental (should only be collected if the research team considers them appropriate for their study).

Specific Instructions

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

* Did the participant/subject have genetic testing performed? – If No, do not answer any other questions on this form. If Yes, move to next question.
* Did the genetic testing determine the presence of a gene associated with headache? – Complete the table if Yes or No is answered.
* Gene (Test) – No additional instructions.
* Test Performed – If the gene test listed was performed, choose Yes.
* Test Performed, other – If a gene test other than those listed was performed, choose Yes and specify the gene test performed.
* Mutation shown? – If there was a mutation shown, choose Yes and specify the nucleotide change and amino acid change.
* An unclassified variant was shown? – If there was an unclassified variant shown, choose Yes and specify.
* Detection Method – Specify the detection method used. Choose all that apply.
* Comment – Provide any additional comments pertinent to the gene test performed.
* Indicate the source(s) of the genetic test results – Choose the source(s) of the genetic test(s) results. Choose all that apply.
* Specify the type of genetic test and the name of laboratory that performed the genetic testing – No additional instructions.