Table 1. Personal Information

Variable	Value
1. Full Name	
2. Date of Birth	
3. Place of Birth	
4. Mobile Number	
5. Current Residence	
6. Education Level	
7. National ID	

Table 2. Past Medical History (PMH)

Item	Description
Surgical History	
Neurological Examination	☐ Normal / ☐ Abnormal: _____
Other Neurological Disorders	☐ Yes (Specify: Epilepsy, Stroke, etc.) / ☐ No

Table 3. Family History of Migraine

Relative	History of Migraine	Relative	History of Migraine
Father	☐ Yes / ☐ No	**Mother**	☐ Yes / ☐ No
Sister	☐ Yes / ☐ No	**Brother**	☐ Yes / ☐ No
Uncle (Paternal)	☐ Yes / ☐ No	**Aunt (Paternal)**	☐ Yes / ☐ No
Uncle (Maternal)	☐ Yes / ☐ No	**Aunt (Maternal)**	☐ Yes / ☐ No
Grandfather	☐ Yes / ☐ No	**Grandmother**	☐ Yes / ☐ No

Table 4. Headache Diagnosis

Category	Options
Initial Diagnosis	☐ Migraine / ☐ Tension / ☐ Cluster / ☐ Chronic / ☐ Migraine Variants
Final Diagnosis	☐ Migraine with Aura / ☐ Migraine without Aura / ☐ Tension / ☐ Cluster / ☐ Chronic / ☐ Migraine Variants

Table 5. Detailed Headache Characteristics (Baseline)

Feature	Options
1. Time of Onset	☐ < 6 months / ☐ 6–12 months / ☐ > 12 months
2. Pain Location	**Unilateral:** ☐ Frontal ☐ Parietal ☐ Occipital ☐ Temporal ☐ Generalized **Bilateral:** ☐ Frontal ☐ Parietal ☐ Occipital ☐ Temporal ☐ Generalized
3. Severity	☐ Mild / ☐ Moderate / ☐ Severe / ☐ Disabling
4. Nature of Pain	☐ Pressing / ☐ Stabbing / ☐ Burning / ☐ Pulsating / ☐ Vague
5. Duration of Attack	☐ Minutes / ☐ Hours / ☐ Days
6. Attack Frequency	☐ < 1 per month / ☐ 2–4 per month / ☐ 5–8 per month / ☐ > 9 per month
7. Diurnal Pattern	☐ Morning / ☐ Noon / ☐ Afternoon / ☐ Evening / ☐ Night / ☐ No difference
8. Seasonal Pattern	☐ Spring / ☐ Summer / ☐ Autumn / ☐ Winter / ☐ No difference
9. Aura Symptoms	☐ None / ☐ Visual / ☐ Auditory / ☐ Sensory / ☐ Brainstem symptoms
10. Warning Signs	☐ Mood changes / ☐ Personality changes / ☐ Appetite changes / ☐ Fatigue / ☐ Neck pain
11. Associated Symptoms	☐ Nausea / ☐ Vomiting / ☐ Dizziness / ☐ Tearfulness / ☐ Restlessness / ☐ Photophobia / ☐ Phonophobia
12. Relieving Factors	☐ Sleep / ☐ Rest in dark room / ☐ Exercise / ☐ Scalp massage / ☐ Bandaging / ☐ Cold/Warm compress
13. Impact on Function	☐ Normal / ☐ Mild effect / ☐ Severe effect / ☐ Disabling

Table 6. Diagnostic Results & Medications

Evaluation	Normal	Abnormal	Not Performed
Routine Lab Tests	☐	☐	☐
EEG	☐	☐	☐
Brain CT Scan	☐	☐	☐
Brain MRI	☐	☐	☐

Table 7. Medication History

Medication History	Details
Current Abortive Meds	
Prior Prophylactic Meds	