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This supplementary material has been provided by the authors to give readers additional information about their work.
**eBox 1. Diagnostic International Headache Society Criteria for Migraine Without Aura, Migraine With Aura, and Tension-Type Headache**

**Migraine without aura**

A. At least 5 attacks fulfilling criteria B-D
B. Headache attacks lasting 4-72 hours (untreated or unsuccessfully treated). In children, attacks may last 1-72 hours.
C. Headache has at least two of the following characteristics:
   1. unilateral location (commonly bilateral in young children)
   2. pulsating quality
   3. moderate or severe pain intensity
   4. aggravation by or causing avoidance of routine physical activity
D. During headache at least one of the following:
   1. nausea and/or vomiting
   2. photophobia and phonophobia
E. Not attributed to another disorder

**Migraine with typical aura**

A. At least 2 attacks fulfilling criteria B-D
B. Aura consisting of at least one of the following, but no motor weakness:
   1. fully reversible visual symptoms including positive features (e.g., flickering lights, spots or lines) and/or negative features (i.e., loss of vision)
   2. fully reversible sensory symptoms including positive features (i.e., pins and needles) and/or negative features (i.e., numbness)
   3. fully reversible dysphasic speech disturbance
C. At least two of the following:
   1. homonymous visual symptoms and/or unilateral sensory symptoms
   2. at least one aura symptom develops gradually over ≥5 minutes and/or different aura symptoms occur in succession over ≥5 minutes
   3. each symptom lasts ≥5 and ≤60 minutes
D. Headache fulfilling criteria B-D for Migraine without aura begins during the aura or follows aura within 60 minutes
E. Not attributed to another disorder

**Tension-type headache**

A. At least 10 episodes occurring on <1 day per month on average (<12 days per year) and fulfilling criteria B-D
B. Headache lasting from 30 minutes to 7 days
C. Headache has at least two of the following characteristics:
   1. bilateral location
   2. pressing/tightening (non-pulsating) quality
   3. mild or moderate intensity
   4. not aggravated by routine physical activity such as walking or climbing stairs
D. Both of the following:
   1. no nausea or vomiting (anorexia may occur)
   2. no more than one of photophobia or phonophobia
E. Not attributed to another disorder

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eBox 2. English Version of the Questionnaire for Cases and Controls

PATIENTS Initials
Enrolling center:
Date of interview (dd-mm-yyyy)

Thank you for agreeing to participate in this interview. Please try your best to answer the questions. We know that some questions will be difficult to answer, but we would like for you to give us your best guess.

Date of birth:
Gender:
O Patient with primary headaches O Control

1. Is the child accompanied by his/her O father O mother O both or O someone else (please specify)?
2. Are the parents consanguineous? O Yes O No. If yes, please specify.
3. Any chronic medical diseases in first-degree relatives? O Yes O No. If yes, please specify the relative(s) and the diagnoses.
4. Does any first-degree relative suffer from primary headaches? O Yes O No. If yes, please specify the relative(s) and the headache diagnoses.
5. Does any first-degree relative suffer from recurrent joint or leg pain? O Yes O No. If yes, please specify the relative(s) and the diagnoses.
6. Did any first-degree relative suffer from infant colic during the first months of life? O Yes O No. If yes, please specify the relative(s).
7. Has any first-degree relative suffered from recurrent abdominal pain later in life? O Yes O No. If yes, please specify the relative(s) and the diagnoses.
8. Do any first-degree relatives suffer from other forms of chronic pain? O Yes O No. If yes, please specify the relative(s) and the specific diagnosis.
9. Is the child's national health booklet available? O Yes O No
10. Any medical problems recorded during pregnancy? O Yes O No. If yes, please specify.
11. Any medical problems recorded for delivery? O Yes O No. If yes, please specify. Please indicate:

12. Gestational age at birth (weeks):
13. Birth weight (grams):
14. Birth length (cm):
15. Occipito-frontal circumference at birth (cm):
16. Was your child: O breastfeed O formula-feed O mixed (breastfeed + formula)?
17. Did your child have an abnormal head shape (flattening of the head) as an infant?
18. Did your child have an umbilical hernia (protrusion of the abdominal contents through the belly button) as an infant?
19. Let's discuss pain. Did your child cry and fuss during the first months of life? O Yes O No
20. If yes, was the duration of each episode more than 3 hours per day? O Yes O No
21. If yes, was the frequency more than 3 days per week? O Yes O No
22. If yes, did these episodes last more than 3 weeks? O Yes O No

For the physician: if the answer is yes for all questions 19-20-21-22, the baby is diagnosed as having suffered from infant colic. If this is the case, please ask the parents whether there were accompanying symptoms and what therapies were tried (free text).
23. Is a diagnosis of infant colic recorded in the health booklet? O Yes O No
24. Did your child cry when you started food diversification? If yes, at what age? What was the food(s) you think he/she did not like?
25. Did you child cry during the first few days that he/she started walking alone? O Yes O No. If yes, at what age (months)? Was the crying only due to falling to the ground? O Yes O No
26. Did your child experience painful pronation of the elbow? O Yes O No. If yes, at what age (months)?
27. Did your child ever suffer from pain in the legs either late in the day or in the middle of the night (growing pains)? O Yes O No. If yes, when (more recent)?
28. Did your child ever suffer from constipation for more than 3 consecutive days? O Yes O No. If yes, was this episode painful? O Yes O No
29. Did your child ever suffer from diarrhea for more than 7 days? O Yes O No. If yes, when (more recent)? Was the most recent episode painful? O Yes O No
30. Has your child ever had Henoch-Schonlein purpura (small hemorrhages of the skin on lower legs and buttocks)? O Yes O No. If yes, when (age in years)? Did he/she suffer from abdominal pain? O Yes O No Did he/she suffer from joint pain? O Yes O No
31. Is a diagnosis of Henoch-Schonlein purpura recorded in the health booklet? O Yes O No
32. Has your child ever had an illness with fever and mouth ulcers (stomatitis)? O Yes O No. If yes, when (age in years)? Was the most recent episode painful? O Yes O No
33. Is a diagnosis of stomatitis recorded in the health booklet? O Yes O No
34. Has your child ever had a urinary tract infection? O Yes O No. If yes, when (age in years)? Was this infection painful? O Yes O No
35. Is a diagnosis of urinary tract infection recorded in the health booklet? O Yes O No
36. Does your child suffer from a chronic medical disease? O Yes O No. If yes, please report the diagnosis and the age at first diagnosis of the chronic illness. Please also check the booklet for reported diagnoses.
37. Does your child sleep well? O Yes O No. If no, please specify the signs and symptoms, and refer to the DSM-IV-TR criteria for sleep disorders to determine the final diagnosis.
38. Is a diagnosis of a sleep disorder reported in the health booklet? O Yes O No. If yes, please specify.
39. Do you consider your child to be anxious? O Yes O No.
40. Has your child repeated a grade at school? O Yes O No. If yes, how many times?

Thank you for your patience and cooperation.
**eTable 1.** Multivariable Odds Ratios (ORs) of Migraine Without Aura and Migraine With Aura With 95% Confidence Intervals (CIs), Considering Diagnosis of Infant Colic From the Health Booklet

<table>
<thead>
<tr>
<th>Variable</th>
<th>Migraine without aura</th>
<th>Migraine with aura</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>O.R. [95% CI]</td>
<td>O.R. [95% CI]</td>
</tr>
<tr>
<td></td>
<td>N=142</td>
<td>N=66</td>
</tr>
<tr>
<td>Presence of infantile colic</td>
<td>7.01 [4.43 - 11.09]</td>
<td>5.73 [3.07 - 10.73]</td>
</tr>
<tr>
<td></td>
<td>N=105</td>
<td>N=46</td>
</tr>
<tr>
<td>Primary headache in first-degree relatives</td>
<td>5.38 [3.35 - 8.66]</td>
<td>11.89 [5.5 - 25.73]</td>
</tr>
<tr>
<td></td>
<td>N=108</td>
<td>N=57</td>
</tr>
<tr>
<td>Mixed/formula feeding</td>
<td>1.42 [0.91 - 2.23]</td>
<td>2.37 [1.31 - 4.31]</td>
</tr>
<tr>
<td></td>
<td>N=65</td>
<td>N=37</td>
</tr>
<tr>
<td>Gestational age at birth (per 1 week)</td>
<td>1 [0.8 - 1.24]</td>
<td>1.34 [0.95 - 1.88]</td>
</tr>
<tr>
<td></td>
<td>N=36</td>
<td>N=17</td>
</tr>
<tr>
<td>Infantile colic in first-degree relatives</td>
<td>1.17 [0.66 - 2.07]</td>
<td>0.99 [0.48 - 2.05]</td>
</tr>
<tr>
<td></td>
<td>N=36</td>
<td>N=17</td>
</tr>
</tbody>
</table>

N= number of patients with the event for each variable.
eTable 2. Multivariable Odds Ratios (ORs) of Migraine With 95% Confidence Intervals (CIs) Considering Parent Interview as the Primary Source for the Diagnosis of Infantile Colic, Stratified for the Age (6 to 12 Years and 12 to 18 Years)

<table>
<thead>
<tr>
<th>Variable</th>
<th>OUTCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Children aged 6 to 12 years</td>
</tr>
<tr>
<td></td>
<td>Migraine O.R. [95% CI]</td>
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<tr>
<td></td>
<td>N=129</td>
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<tr>
<td>Presence of infantile colic</td>
<td>6.09 [3.69 -10.06]</td>
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<tr>
<td></td>
<td>N=93</td>
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<tr>
<td>Primary headache in first-degree relatives</td>
<td>6.68 [3.93 – 11.37]</td>
</tr>
<tr>
<td></td>
<td>N=103</td>
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<tr>
<td>Mixed/formula feeding</td>
<td>1.93 [1.19 – 3.15]</td>
</tr>
<tr>
<td></td>
<td>N=67</td>
</tr>
<tr>
<td>Infantile colic in first-degree relatives</td>
<td>0.93 [0.49 – 1.77]</td>
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<td></td>
<td>N=29</td>
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<tr>
<td></td>
<td>Children aged 12 to 18 years</td>
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<td></td>
<td>Migraine O.R. [95% CI]</td>
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<td>N=79</td>
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<tr>
<td>Presence of infantile colic</td>
<td>8.47 [4.05 – 17.7]</td>
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<td></td>
<td>N=58</td>
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<tr>
<td>Primary headache in first-degree relatives</td>
<td>5.47 [2.2 – 13.58]</td>
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<td>N=62</td>
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<td>Mixed/formula feeding</td>
<td>1.33 [0.64 – 2.76]</td>
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<td>N=35</td>
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<tr>
<td>Infantile colic in first-degree relatives</td>
<td>1.55 [0.64 – 3.8]</td>
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<tr>
<td></td>
<td>N=24</td>
</tr>
</tbody>
</table>

N= Number of patients with the event for each variable.