

Supplementary Figure S3: English version of the form used for the Visual – Somatosensory Mapping Study. (French version available from the author on request: franw@yorku.ca). Visual Aura Question 4 and Headache Question 3 were added to the questionnaire as the study was in progress when it became clear that some participants could not map the visual aura in the same episode that they were mapping a somatosensory aura.

MIGRAINE RESEARCH PROJECT - MCGILL UNIVERSITY Migraine Aura Observation Form	
Date: _____	Subject #: _____
***** FILL THIS FORM OUT ONLY DURING A MIGRAINE *****	
<u>VISUAL AURA</u>	
1. On which side do you see the visual aura? left _____ right _____ both _____	
2. Time at beginning of visual aura: _____ Time at end of visual aura: _____	
3. Attach map to folder or wall. Use the string to position your eyes at correct distance (this is very important). While fixating central cross: - Mark the position where you first see the aura. - At 5 min intervals, mark position of aura and write time beside mark (always fixate cross while marking position).	
4. Is this visual aura like those you have had previously? yes _____ no _____ Describe your aura very briefly on the back of this form (dots, zig-zags, flicker/movement, blurred areas etc) noting any unusual features.	
<u>SENSORY AURA</u>	
1. On which side of your body do you feel the sensory aura? left _____ right _____ both _____	
2. Time at beginning of sensory aura: _____ Time at end of sensory aura: _____	
3. On the sensory aura map, indicate where you feel numbness, tingling or other bodily sensations. - Note on the map where you initially feel these sensations. - At 5 min intervals, note the location of the aura and write the time below each observation (use more than one form if necessary).	
<u>HEADACHE</u> (please fill in <u>while</u> experiencing the headache)	
1. Do you have a headache? yes _____ no _____	
2. If so, on which side? left _____ right _____ both _____	
3. When did it start? _____ How long did it last? _____ _____	
If there was anything striking or unusual about your migraine episode please make a note of this on the back of this form.	
PLEASE MAIL THIS FORM BACK AS SOON AS POSSIBLE	