**Protocol title**

* Clinical Characteristics and Associated factors of Trigeminal Neuralgia in Addis Ababa, Ethiopia: Experience from Addis Ababa, Ethiopia

|  |
| --- |
| **PART I: Socio Demographic Data** |
| 1. I-CARE Number
 |
| 1. Gender A. Male B. Female
 |
| 1. Age
 |
| 1. Duration of illness
 |
| 1. Classification of TN A. Classical TN B. Secondary TN
 |
| **PART II: Trigeminal neuropathy related clinical characteristics**  |
| 1. Which branch of Trigeminal Nerve is involved?
 | 1) Ophthalmic (V1) 2) Maxillary (V2) 3) Mandibular (V3)4) V2 + V3 5) V1 + V2 + V3 |
| 1. Cranial nerve examination finding
 | Neurological examinationa) Normal b) Abnormal, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_C) Other neurologic examination findings\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1. Quality of pain

 (patients could have more than one) | 1) Feeling of being injected with red hot needle 2) Burning 3) Sharpe and shooting 4) pulling type 5) Electric shock like6) Mixed quality6) Others……………… |
| 1. Is there any trigger zone?
 | 1)Yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. No |
| 1. Is there a triggering factor?

(Patients could have more than one) | 1) Talking 6) Washing 2) Swallowing 7) Shaving 3) Touching 8) Laughing 4) Cold wind blowing 9) Chewing 5) Mouth opening 10) Drinking hot or cold drinks11) Mixed factors  |
| 1. Is there any autonomic phenomenon during attack?
 | [0] No[1] Yes, which one among the following? 1) Lacrimation 2) Conjunctival hyperemia  3) Rhinorrhea 4) Ptosis |
| 1. Did you ever experience attack during sleep?
 |  1. Yes 2. No |
| 1. Does the pain worsen during particular seasons?
 | 1. No 2. Yes. Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. List of medications patients is taking (including dose)
 | 1)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Treatment satisfaction
 | 1) No satisfaction2) Mild3) Prominent satisfaction (moderate + good) |
| 1. Past dental extraction history for the pain management?
 | 1.No2.Yes, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Brain MRI or CT scan
 | 1. No
2. Yes, if yes specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. Family history of Trigeminal neuralgia?
 | 1. Yes 2. No |