

Environmental Factors Survey Results



1. Are your migraine headaches triggered by environmental factors?

Yes		259	85%
No		46	15%
Total		305	100%

2. Which of the following environmental factors trigger a migraine headache for you? Please check all that apply.

High humidity		84	28%
Temperature changes		116	38%
Altitude or barometric pressure changes		174	57%
High winds		46	15%
Bright or flickering lights		158	52%
Extreme heat		105	34%
Loud sounds		104	34%
Intense smells/vapors		173	57%
Change in routine		86	28%
Other, Please Specify		62	20%

3. What type of everyday activities do you avoid not to cause the onset of an environmental migraine headache? Please check all that apply.

Outdoor activities during extreme humid or cold weather		84	32%
Flying in an airplane		27	10%
Traveling in a car, train, boat		22	8%
Visiting high level elevations		34	13%
Watching television or movies in a darkened room		55	21%
Working on a computer		35	13%
Being in public spaces which are smoke-filled or poorly ventilated		166	64%
Unable to wear perfumes		111	43%

Changes to daily routine (diet, sleep, job/school)		120	46%
Other, Please Specify		40	15%

4. Have environmental factors affected your job choices such as not working in an environment where there are strong odors or perfumes or irregular schedules related to shift work?

Yes		104	35%
No		190	65%
Total		294	100%

5. Have environmental factors, such as high altitudes or hot, windy conditions, affected your vacation decisions?

Yes		78	27%
No		216	73%
Total		294	100%

6. Do you experience motion sickness when traveling in a car, boat, plane or train?

Yes		146	50%
No		145	50%
Total		291	100%

7. Do you ever treat your migraine headaches with any of the following alternative treatments? If yes, check all that apply.

Acupuncture		53	26%
Acupressure		27	14%
Aromatherapy		40	20%
Biofeedback		30	15%
Chiropractic		91	46%
Diaphragmatic Breathing		36	18%
Hypnotherapy		7	4%
Massage		132	66%
Visualization/Guided Imagery		32	16%
Other, Please Specify		45	22%

8. Tell us how environmental factors influence your migraine headaches and what you do to avoid them.

141 Responses

9. What type of headache do you experience most frequently?

Migraine		174	58%
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Tension-type headache		12	4%
Chronic daily headache		34	11%
Cluster headache		17	6%
Sinus headache		20	7%
Allergy headache		3	1%
Not sure		27	9%
Other, Please Specify		14	5%
Total		301	100%

10. How long have you experienced headaches?

1-5 years		57	19%
6-10 years		57	19%
11-15 years		43	14%
16-20 years		40	13%
More than 20 years		101	34%
Total		298	100%

11. Tell us about yourself by checking the appropriate boxes, select all that apply:

Male		32	11%
Female		236	79%
Under 20		8	3%
Age 20 - 35		108	36%
Age 36 - 50		121	40%
Over 50		51	17%

12. At what age did you first experience headache?

Less than 10 years old		50	17%
10-15 years old		87	29%
16-20 years old		70	23%
21-30 years old		54	18%
31-40 years old		26	9%
After age 40		12	4%
Total		299	100%

13. Are you a member of the National Headache Foundation?

Yes		27	9%
No		272	91%
Total		299	100%

14. How did you learn about the National Headache Foundation?

Physician		27	9%
Friend		13	4%
Employer/Manager		1	0%
Internet		202	68%
Newspaper		6	2%
Magazine		17	6%
TV		6	2%
Radio		1	0%
Other, Please Specify		33	11%



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