

Tell us what you know about migraine prevention

Survey Results



1. Has your healthcare provider ever discussed prevention as a treatment option for migraine?

Yes		151	73%
No		55	27%
Total		206	100%

2. Do you believe that taking a daily medication can actually prevent migraines from occurring?

Yes		151	74%
No		52	26%
Total		203	100%

3. If yes, what percentage of headaches do you believe can be prevented?

10%-29%		30	18%
30%-49%		47	29%
50%-79%		67	41%
80%-100%		19	12%
Total		163	100%

4. Would you be willing to take a daily medication to help prevent your migraines?

Yes		174	87%
No		25	13%
Total		199	100%

5. Are you currently taking a migraine prevention medication?


Yes		94	47%
No		106	53%
Total		200	100%

6. If yes, how many of your migraines are prevented?

Most		30	29%
Half		23	22%
		50	49%

Fewer than half			
		Total	103
			100%

7. If no, why don't you take a medication for prevention?

Healthcare provider did not offer as a treatment option		25	22%
Don't want to take a daily medication		12	11%
Side effects of preventive medication		24	21%
Cost of preventive medication		9	8%
Other, Please Specify		42	38%
		Total	112
			100%



8. Do you use an acute medication for break-through migraines?

Yes		134	67%
No		65	33%
		Total	199
			100%



9. Do you believe that taking an acute medication (for example, a triptan) when a migraine occurs and the headache does not progress to a full-blown attack is a form of prevention?

Yes		94	49%
No		98	51%
		Total	192
			100%

10. Does the fear of future headaches keep you from planning activities such as vacations, getting together with friends and family events?



Yes		100	50%
No		101	50%
		Total	201
			100%

11. Do you keep a headache diary to identify your headache triggers?

Yes		78	39%
No		123	61%
		Total	201
			100%

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




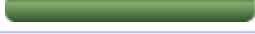

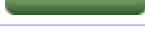
Migraine		131	64%
Tension-type headache		11	5%

Chronic daily headache		22	11%
Cluster headache		5	2%
Sinus headache		10	5%
Allergy headache		0	0%
Not sure		11	5%
Other, Please Specify		14	7%
Total		204	100%

13. How long have you experienced headaches?

1-5 years		40	20%
6-10 years		26	13%
11-15 years		34	17%
16-20 years		33	16%
More than 20 years		70	34%
Total		203	100%

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

Male		15	7%
Female		167	82%
Under 20		5	2%
Age 20 - 35		65	32%
Age 36 - 50		96	47%
Over 50		35	17%









15. At what age did you first experience headache?

Less than 10 years old		34	17%
10-15 years old		46	23%
16-20 years old		43	21%
21-30 years old		54	27%
31-40 years old		17	8%
After age 40		9	4%
Total		203	100%

16. Are you a subscriber to the National Headache Foundation's newsletter, NHF Head Lines?

Yes		21	10%
No		181	90%
Total		202	100%

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

Physician		13	6%
Friend		9	4%
Employer/manager		2	1%
Internet		132	65%
Newspaper		5	2%
Magazine		14	7%
TV		10	5%
Radio		1	0%
Other, Please Specify		20	10%



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