

## How do your headaches impact your family?

### Survey Results



#### 1. Do you have a history of headache or migraine in your family?

Yes		205	66%
No		106	34%
Total		311	100%

#### 2. If yes, who else in your family is a diagnosed headache/migraine sufferer? Please check all that apply.

Mother		124	63%
Father		39	20%
Sister		57	29%
Brother		23	12%
Grandparent on mother's side		50	25%
Grandparent on father's side		17	9%
Aunt		45	23%
Uncle		14	7%
Cousin		18	9%
Daughter		30	15%
Son		19	10%

#### 3. Are you the primary income earner in your family?

Yes		108	35%
No		198	65%
Total		306	100%

#### 4. If yes, do you feel added pressure to not miss work due to your migraines?

Yes		127	68%
No		60	32%
Total		187	100%

#### 5. Do you feel that your family understands your headache condition?

Yes		144	47%
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No		162	53%
Total		306	100%

**6.** What type of impact does your headache condition have on your family unit?

I miss family vacations		3	1%
I miss day-to-day family activities (getting ready for school, homework, etc.)		66	22%
I am unable to attend extra curricular activities		40	14%
I am unable to tend to household chores (cleaning, grocery shopping, making meals, etc.)		186	63%
Total		295	100%

**7.** Do you feel your spouse/significant other understands your headache issues and needs?

Yes		150	50%
No		115	38%
I am single		37	12%
Total		302	100%

**8.** Do you feel your spouse/significant other supports you during headache attacks?

Yes		208	68%
No		60	20%
I am single		36	12%
Total		304	100%

**9.** Does your spouse/significant other take on more household and/or child rearing responsibilities during a headache attack?

Yes		192	63%
No		71	23%
I am single		40	13%
Total		303	100%

**10.** Do your child(ren) understand your headache issues and needs?

Yes		89	29%
No		116	38%
I do not have children		99	33%
Total		304	100%

**11.** Do you feel your child(ren) supports you during headache attacks?

Yes		128	43%
No		76	25%
I do not have children		97	32%
Total		301	100%

**12.** Do you feel that your spouse/significant other and/or child(ren) feel neglected during headache attacks?

Yes		198	66%
No		71	24%
I am single		33	11%
Total		302	100%

**13.** Do you feel guilty during a headache attack that you are unable to spend time with your spouse/significant other and/or child(ren)?




Yes		253	83%
No		23	8%
I am single		27	9%
Total		303	100%

**14.** What additional chores does your family take on when you are unable to perform them? Check all that apply:

Carpooling		33	12%
Laundry		135	51%
Making meals		211	79%
Household cleaning		162	61%
Homework		72	27%
Caring for other family members		101	38%
Caring for pets		130	49%
School activities		54	20%
Grocery shopping		133	50%
Other, Please Specify		31	12%

**15.** What type of headache do you experience most frequently?







Migraine		124	41%
Tension-type headache		23	8%
Chronic daily headache		80	26%
Cluster headache		13	4%
Sinus headache		7	2%

Allergy headache		3	1%
Not sure		37	12%
Other, Please Specify		18	6%
Total		305	100%

**16.** How long have you experienced headaches?

1-5 years		74	24%
6-10 years		58	19%
11-15 years		54	18%
16-20 years		46	15%
More than 20 years		72	24%
Total		304	100%

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

Male		35	11%
Female		242	79%
Under 20		6	2%
Age 20 - 35		132	43%
Age 36 - 50		120	39%
Over 50		29	10%


**18.** At what age did you first experience headache?







Less than 10 years old		48	16%
10-15 years old		80	26%
16-20 years old		69	22%
21-30 years old		56	18%
31-40 years old		35	11%
After age 40		19	6%
Total		307	100%

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

Yes		25	8%
No		283	92%
Total		308	100%

**20.** How did you learn about the National Headache Foundation?

Physician		24	8%
Friend		11	4%

Employer/Manager		4	1%
Internet		223	73%
Newspaper		6	2%
Magazine		15	5%
TV		4	1%
Radio		0	0%
Other, Please Specify		31	10%



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