

Holiday Headaches Survey Results



SHARE

1. During the holiday season, do you have:

More frequent/severe headaches		95	48%
Less frequent/severe headaches		8	4%
No change in headache frequency or severity		94	48%
Total		197	100%

2. Which of the following do you find trigger your headaches during the holiday season? Check all that apply.

Alterations in your sleep/wake cycle		113	61%
Eating foods that trigger your headaches		70	38%
Drinking beverages that trigger your headaches		69	37%
Being in smoke or perfume filled rooms		72	39%
Stress of added responsibilities during the holiday season		122	66%
Family conflicts		58	31%
Budgetary constraints on the holiday gift list		58	31%
Other, Please Specify		32	17%

3. What steps do you take to help eliminate headache triggers? Check all that apply.

Maintain regular sleep/wake cycle		94	52%
Watch what you eat		91	51%
Watch what you drink		96	53%
Practice relaxation techniques		60	33%
Exercise more		36	20%
Plan "alone" time		82	46%
Carefully schedule your time to accomplish your "to do" list		42	23%
Stay at a hotel rather			

than with family members		7	4%
Limit time spent with family members		29	16%
Rigidly stick to your budget		13	7%
Internet shopping		24	13%
Other, Please Specify		21	12%

4. Has your headache condition ever caused you to change your holiday plans?

Yes		117	62%
No		73	38%
Total		190	100%

5. If yes, which of the following did you do?


Cancelled plans to visit family/friends		57	48%
Cancelled plans for event you were hosting		2	2%
Didn't get house decorated		8	7%
Didn't get holiday shopping done		11	9%
Didn't get greeting cards mailed		10	8%
Didn't get holiday baking done		8	7%
Didn't wrap gifts		5	4%
Purchased gift certificates or gave cash or checks instead of selected gifts		5	4%
Other, Please Specify		13	11%
Total		119	100%

6. If you have changed your holiday plans due to your headache condition, have your friends and family been understanding?

Yes		115	86%
No		19	14%
Total		134	100%

7. After the holiday season, do your headaches become:

More frequent/severe		15	8%
Less frequent/severe		17	9%
No change in headache frequency or severity		85	46%

Your headaches return to their usual pattern		68	37%
Total		185	100%

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

Migraine		121	64%
Tension-type headache		12	6%
Chronic daily headache		18	9%
Cluster headache		6	3%
Sinus headache		5	3%
Allergy headache		2	1%
Not sure		20	11%
Other, Please Specify		6	3%
Total		190	100%







9. How long have you experienced headaches?

1-5 years		37	19%
6-10 years		34	18%
11-15 years		25	13%
16-20 years		26	14%
More than 20 years		68	36%
Total		190	100%


10. How frequent are your headaches?

Less than one day a month		7	4%
1-5 days a month		58	30%
5-10 days a month		47	24%
10-15 days a month		30	16%
More than 15 days a month		50	26%
Total		192	100%



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

Male		18	9%
Female		157	82%
Under 20		6	3%
Age 20 - 35		72	38%
Age 36 - 50		69	36%
Over 50		38	20%










12. At what age did you first experience headache?

Less than 10 years old		41	21%
10-15 years old		52	27%
16-20 years old		35	18%
21-30 years old		38	20%
31-40 years old		19	10%
After age 40		6	3%

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

Yes		15	8%
No		172	92%
Total		187	100%

14. How did you learn about National Headache Foundation?

Physician		21	11%
Friend		7	4%
Employer/manager		3	2%
Internet		124	65%
Newspaper		3	2%
Magazine		5	3%
TV		3	2%
Radio		1	1%
Other, Please Specify		25	13%
Total		192	100%



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