

## Does sleep affect your headaches?

### Survey Results



#### 1. Does a headache ever awaken you from a deep sleep?

Yes		330	61%
No		210	39%
Total		540	100%

#### 2. Do you wake up with a headache after sleeping for 8 or more hours?

Yes		415	79%
No		112	21%
Total		527	100%

#### 3. What time of day does your headache occur following sleep?

10:00 p.m. – 4:00 a.m.		63	12%
4:00 a.m. – 10:00 a.m.		224	42%
10:00- a.m. – 4:00 p.m.		129	24%
4:00 p.m. – 10:00 p.m.		45	9%
N/A		68	13%
Total		529	100%

#### 4. Do you awaken at the same time every day, 7 days a week?




Yes		171	32%
No		359	68%
Total		530	100%

#### 5. If no, do you tend to sleep in on weekends?



Yes		300	66%
No		158	34%
Total		458	100%

#### 6. How much sleep on average do you get nightly?



Less than 4 hours		10	2%
Total		139	26%

4-6 hours			
6-8 hours		338	64%
More than 8 hours		45	8%
		Total	532
			100%



**7.** Do you change your sleep schedule during vacation?

Yes		349	66%
No		178	34%
		Total	527
			100%



**8.** If yes, what impact does this have on your headache condition?

Increase frequency or severity		92	23%
Decrease frequency or severity		88	22%
No change at all		221	55%
		Total	401
			100%



**9.** Does sleep help to relieve a headache?

Yes		324	62%
No		202	38%
		Total	526
			100%


**10.** Is lack of sleep a headache trigger for you?

Yes		341	66%
No		179	34%
		Total	520
			100%



**11.** If you drink caffeine before bedtime, does it cause sleeplessness?

Yes		198	39%
No		311	61%
		Total	509
			100%

**12.** Do you take prescription medication(s) in order to help you sleep?

Yes		104	20%
No		420	80%
		Total	524
			100%










**13.** Do you take melatonin in order to help you sleep?

Yes		25	5%
No		499	95%
Total		524	100%










**14.** How frequently do you take medication/melatonin in order to sleep better?

Nightly		74	20%
Several times a week		32	9%
Once a week or less		25	7%
Every couple of weeks		25	7%
Less than once a month		207	57%
Total		363	100%

**15.** Do you experience any of the following side effects from taking sleep-inducing medications/melatonin? Check all that apply:










Memory problems		35	18%
Drowsiness		127	64%
Dizziness		39	20%
Depression		21	11%
Dependence		25	13%
Nightmares		25	13%
Headaches		44	22%
Low sex drive		30	15%
Other, Please Specify		34	17%

**16.** Do you suffer from one or more of the following? Check all that apply:



Snoring		146	30%
Sleep apnea (trouble breathing while sleeping)		42	9%
Insomnia		129	27%
Daytime napping		118	24%
Fatigue		317	65%
Change in sleeping pattern		83	17%
Bruxism (teeth grinding)		140	29%
Anxiety/stress		329	68%
Depression		154	32%

**17.** Have you made any of the following lifestyle changes to ensure better sleep? Please check all that apply:











Loss of weight		68	16%
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Treating sleep apnea		10	2%
Changing sleeping position		115	27%
Going to bed at an earlier time		183	43%
Rising at the same time every day		116	27%
Wearing custom oral dental devices		55	13%
Stress reduction techniques		114	27%
Exercise		160	38%
Establishing a bedtime ritual		116	27%
Avoiding caffeine		196	46%



**18.** If yes, have your headaches diminished or gone away since making the lifestyle change?





Yes		48	11%
No		382	89%
Total		430	100%

**19.** Which lifestyle change has been most effective in helping you get a better night's sleep? Please only choose ONE:

Loss of weight		11	3%
Treating sleep apnea		7	2%
Changing sleeping position		21	6%
Going to bed at an earlier time		58	17%
Rising at the same time every day		33	10%
Wearing custom oral dental devices		9	3%
Stress reduction techniques		23	7%
Exercise		69	20%
Establishing a bedtime ritual		37	11%
Avoiding caffeine		73	21%
Total		341	100%

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

Migraine		194	37%
Tension-type headache		68	13%
Chronic daily headache		79	15%
Cluster headache		20	4%

Sinus headache		25	5%
Allergy headache		5	1%
Not sure		106	20%
Other, Please Specify		25	5%
Total		522	100%







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

1-5 years		182	35%
6-10 years		88	17%
11-15 years		49	9%
16-20 years		75	14%
More than 20 years		129	25%
Total		523	100%

**22.** How frequent are your headaches?

Less than one day a month		17	3%
1-5 days a month		111	21%
5-10 days a month		118	22%
10-15 days a month		71	14%
More than 15 days a month		208	40%
Total		525	100%



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

Male		104	20%
Female		395	75%
Under 20		38	7%
Age 20 - 35		192	36%
Age 36 - 50		183	35%
Over 50		93	18%










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

Less than 10 years old		92	17%
10-15 years old		144	27%
16-20 years old		105	20%
21-30 years old		104	20%
31-40 years old		48	9%
After age 40		37	7%

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

Yes		42	8%
No		474	92%
Total		516	100%

**26.** How did you learn about National Headache Foundation?

Physician		35	7%
Friend		26	5%
Employer/manager		5	1%
Internet		338	65%
Newspaper		12	2%
Magazine		43	8%
TV		20	4%
Radio		3	1%
Other, Please Specify		35	7%
Total		517	100%



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