

Do you suffer from other health conditions along with migraines?

Survey Results



1. Do you suffer from other health conditions (comorbid) along with migraines?

Yes		354	86%
No		60	14%
Total		414	100%

2. If yes, please select other health conditions you suffer from? Check all that apply:

Anxiety disorder		124	35%
Epilepsy		4	1%
Depression		194	54%
Bi-polar disorder		13	4%
Asthma		62	17%
Fibromyalgia		63	18%
Sleep Apnea		36	10%
Multiple Sclerosis		2	1%
Raynaud Syndrome		19	5%
Epstein Barr		5	1%
Chronic Fatigue		75	21%
Stroke		9	3%
Other, please specify		184	51%



3. Were you diagnosed with migraine or your other health condition first?

I was diagnosed migraines first		241	61%
I was diagnosed with other health condition first		155	39%
Total		396	100%










4. Are you receiving regular treatment(s) for your migraines from your healthcare provider?

Yes		263	65%
No		143	35%
Total		406	100%










5. Are you receiving regular treatment(s) for your other health conditions from your healthcare provider?

Yes		284	72%
No		111	28%
Total		395	100%


6. Who is the primary healthcare provider for your migraines:

Family physician		189	48%
Neurologist		117	30%
Psychiatrist		7	2%
Psychologist		0	0%
Headache specialist		13	3%
ENT		2	1%
Pain Management Specialist		5	1%
Internal Medicine Specialist		18	5%
Allergist		2	1%
Other, please specify		43	11%
Total		396	100%

7. Who is the primary healthcare provider for your other health condition(s):

Family physician		216	56%
Neurologist		26	7%
Psychiatrist		32	8%
Psychologist		6	2%
ENT		0	0%
Pain Management Specialist		4	1%
Internal Medicine Specialist		34	9%
Allergist		5	1%
Rheumatologist		11	3%
Other, please specify		53	14%
Total		387	100%

8. Do the healthcare providers who treat you for your migraines and comorbid conditions regularly consult to provide coordinated care for both conditions?

Yes		156	41%
No		225	59%
Total		381	100%

9. Is there a history of migraine in your family?

Yes		255	63%
No		148	37%
Total		403	100%

10. Is there a history of the above-mentioned comorbid conditions in your family?


Yes		215	55%
No		179	45%
Total		394	100%

11. If yes, please check all that apply:











Anxiety disorder		89	37%
Epilepsy		9	4%
Depression		153	64%
Bi-polar disorder		32	13%
Asthma		52	22%
Fibromyalgia		34	14%
Sleep Apnea		33	14%
Multiple Sclerosis		4	2%
Raynaud Syndrome		7	3%
Epstein Barr		4	2%
Chronic Fatigue		33	14%
Stroke		48	20%
Other, please specify		68	28%

12. What types of treatments have been used to treat your migraines? Check all that apply:

Over-the-counter medications		319	78%
Prescription Medications		337	83%
Alternative Therapy (please specify)		84	21%
Biofeedback		39	10%
Stress Reduction/Relaxation Techniques		146	36%
Exercise		160	39%
Counseling		66	16%
Diet Control		135	33%
Regular Sleep/Wake Cycle		111	27%
		96	24%

Other, please specify 

13. What types of treatments have been used to treat your comorbid treatment? Check all that apply:

Over-the-Counter Medications		130	38%
Prescription Medications		286	83%
Alternative Therapy (please specify)		37	11%
Biofeedback		18	5%
Stress Reduction/Relaxation Techniques		90	26%
Exercise		121	35%
Counseling		85	25%
Diet Control		84	24%
Regular Sleep/Wake Cycle		46	13%
Other, please specify		52	15%

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


Migraine		210	51%
Tension-type headache		35	9%
Chronic daily headache		81	20%
Cluster headache		13	3%
Sinus headache		7	2%
Allergy headache		3	1%
Not sure		39	10%
Other, Please Specify		22	5%
Total		410	100%

15. How long have you experienced headaches?







1-5 years		89	22%
6-10 years		74	18%
11-15 years		57	14%
16-20 years		55	14%
More than 20 years		127	32%
Total		402	100%

16. How frequent are your headaches?

Less than one day a month		13	3%
---------------------------	---	----	----

1-5 days a month		75	18%
5-10 days a month		87	21%
10-15 days a month		74	18%
More than 15 days a month		157	39%
Total		406	100%



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

Male		40	10%
Female		345	84%
Under 20		10	2%
Age 20 - 35		151	37%
Age 36 - 50		146	36%
Over 50		85	21%










18. At what age did you first experience headache?

Less than 10 years old		65	16%
10-15 years old		124	30%
16-20 years old		73	18%
21-30 years old		85	21%
31-40 years old		32	8%
After age 40		29	7%

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

Yes		39	10%
No		367	90%
Total		406	100%

20. How did you learn about National Headache Foundation?

Physician		43	11%
Friend		22	5%
Employer/manager		5	1%
Internet		284	69%
Newspaper		4	1%
Magazine		11	3%
TV		3	1%
Radio		4	1%
Other, Please Specify		33	8%
Total		409	100%



[Online Surveys](#) | [Sign Up For FREE](#) | [View Our Features](#)

Copyright © 1999-2009 MarketTools Inc. All Rights Reserved. [Privacy Policy](#) | [Terms Of Use](#) | [Help](#)