

When do you decide to see a healthcare provider for your headaches?

Survey Results



1. Are you currently being or have you ever been treated by a doctor/healthcare provider for your headaches?

Yes		232	58%
No		171	42%
Total		403	100%

2. Which of the following circumstances would prompt you to see your healthcare provider for your headaches? (choose all that apply):

You're having your worst headache or migraine attack ever		234	58%
You have headaches that impact your relationships with family/friends		194	48%
You have headaches that interfere with your ability to perform work/household functions or pursue leisure activities		270	67%
Your headaches become more severe or frequent		288	72%
Your headaches are accompanied by seizures		124	31%
You have a severe headache that has come on suddenly or that won't go away		208	52%
You find yourself taking pain relievers more than 2-3 days per week or that your current medication is no longer working		242	60%
You have a headache that began after a head injury or trauma or a headache that is accompanied by confusion		125	31%
The pattern of your headaches changes		123	31%
You are repeatedly awakened by a severe headache during the night or in the morning		181	45%

None of the above – I don't see a doctor/healthcare provider for my headaches		53	13%
Other, please specify		19	5%

3. How did you select your healthcare provider?

Referral from family physician		106	31%
Referral from family member or friend		75	22%
Web site research		22	6%
Chose from list covered by health insurance plan		96	28%
Other, please specify		44	13%
Total		343	100%

4. Once you began to experience headaches, how long did you wait to see a healthcare provider?




Immediately		43	11%
1-6 months		98	26%
6-12 months		32	8%
More than one year		49	13%
More than five years		29	8%
More than 10 years		13	3%
I have not seen a healthcare provider for my headaches		118	31%
Total		382	100%

5. How, if at all, did your treatment regiment change as result of seeing a healthcare provider (please check all that apply):



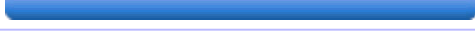


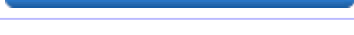


New medication		184	60%
Alternative treatment		40	13%
Adjusted dosage of existing treatment		21	7%
Added exercise program		16	5%
Modified diet		37	12%
No Change		90	29%
Other, please specify		31	10%

6. How often do you experience headaches?








1-5 days a month		64	17%
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5-10 days a month		72	19%
10-15 days a month		66	18%
More than 15 days a month		175	46%
Total		377	100%











7. What words best describe the pain that accompanies your headaches? (choose all that apply):

Piercing		173	44%
Splitting		113	29%
Throbbing		246	63%
Pounding		178	46%
Dull ache		194	50%
Generalized pressure		179	46%
Tight "Hat band" constriction		128	33%
Other, please specify		49	13%

8. Where are the headaches located? (choose all that apply):

Right side		204	53%
Left side		187	48%
Forehead/Face		197	51%
Behind the eyes		206	53%
Base of the skull		183	47%
Neck		137	35%
Other, please specify		50	13%

9. What symptoms precede the onset of your headaches? (choose all that apply):

Dizziness		105	28%
Nausea/Vomiting		126	33%
Sensitivity to light/and or sound		199	52%
Visual disturbance		125	33%
Numbness/Tingling		71	19%
Food cravings		37	10%
Sleepiness		105	28%
"Spacey" feeling		144	38%
None		80	21%
Other, please specify		36	9%

10. What triggers your headaches? (choose all that apply):









Certain foods/beverages		68	18%
Skipping or delaying meals		107	28%
Hormonal factors (such as menstruation)		102	26%
Stress		160	41%
Weather pattern changes		110	28%
Too much sleep/too little sleep		108	28%
Altitude changes		35	9%
Exposure to certain types of lighting		76	20%
Exposure to certain smells/odors		77	20%
I don't know		223	57%
Other, please specify		29	7%

11. What symptoms accompany your headaches? (choose all that apply):








Confusion		95	25%
Fever		23	6%
Dizziness		134	35%
Stiff neck		188	49%
Vomiting		107	28%
Visual disturbance		147	38%
Weakness		112	29%
Slurred speech		45	12%
Facial pain		121	32%
Numbness/Tingling		78	20%
Food cravings		31	8%
Sleepiness		137	36%
"Spacey" feeling		152	40%
None		31	8%
Other, please specify		42	11%

12. What provides relief during your headaches? (choose all that apply):





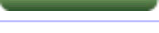
Over the counter medicine		148	38%
Prescription medicine		162	42%
Herbal supplements		4	1%
Lying in a dark room		150	39%
Biofeedback/Relaxation techniques		16	4%

Massage		86	22%
Exercise		6	2%
Diaphragmatic breathing		10	3%
Acupressure/Acupuncture		14	4%
Cold/Hot compress		113	29%
Sleep		183	47%
Nothing provides relief		122	32%
Other, please specify		33	9%




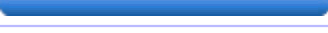
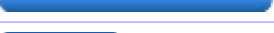
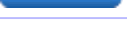
13. What type of headache do you experience most frequently?

Migraine		95	24%
Tension-type headache		39	10%
Chronic daily headache		64	16%
Cluster headache		15	4%
Sinus headache		13	3%
Allergy headache		0	0%
Not sure		157	40%
Other, Please Specify		8	2%
Total		391	100%


14. How long have you experienced headaches?

1-5 years		168	45%
6-10 years		55	15%
11-15 years		44	12%
16-20 years		37	10%
More than 20 years		70	19%
Total		374	100%

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

Male		55	14%
Female		299	76%
Under 20		15	4%
Age 20 - 35		169	43%
Age 36 - 50		138	35%
Over 50		54	14%

16. At what age did you first experience headache?

Less than 10 years old		66	17%
		101	26%

10-15 years old			
16-20 years old		74	19%
21-30 years old		63	16%
31-40 years old		41	11%
After age 40		45	12%

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

Yes		20	5%
No		367	95%
Total		387	100%

18. How did you learn about National Headache Foundation?

Physician		24	6%
Friend		13	3%
Employer/manager		1	0%
Internet		293	77%
Newspaper		3	1%
Magazine		11	3%
TV		8	2%
Radio		6	2%
Other, Please Specify		21	6%
Total		380	100%



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