Traveling with Headaches
Survey Results

SHARE

1. Do you experience headache more frequently when traveling?

Yes	164	68%
No	78	32%
Total	242	100%

2. If yes, are your headaches more severe when traveling?

Yes	99	48%
No	107	52%
Total	206	100%

3. If yes, what are the contributing factors (please check all that apply)?

Different sleep schedule	120	73%
Stress	109	66%
Diet variations	71	43%
High humidity	28	17%
Temperature changes	67	41%
Altitude or barometric pressure changes	88	53%
Bright or flickering lights	76	46%
Extreme heat/cold	49	30%
Change in routine	93	56%
Other, Please Specify	31	19%

4. Do you bring items to help you relax while traveling? If yes, please check all that apply.

Books/magazines	152	73%
CD's	57	28%
iPod/MP3 player	64	31%
DVDs	23	11%
Neck pillow	79	38%
Eye mask	32	15%
Games/puzzles	56	27%
	42	20%

Other, Please Specify			

5. If you experience headaches while traveling, are they more frequent on business or personal trips?

Business		20	9%
Personal		35	16%
Neither, there is no difference		158	74%
	Total	213	100%

6. Have any of the following travel hassles impacted your headache condition? Please check all that apply:

Loss of luggage		20	10%
Extra time waiting for baggage to arrive		24	12%
Waiting in long lines at ticket counter and/or security		60	31%
Lack of food availability		135	69%
Excessive noise		137	70%
Other, Please Specify		43	22%

7. If you are flying long distances, have you asked your healthcare provider about adjusting your medication for high altitudes, lack of activity, different time zones and different climates?

Yes		29	13%
No		193	87%
	Total	222	100%

8. When traveling, do you carry contact information for your healthcare provider, along with basic emergency information about your condition and extra medication?

Yes		115	50%
No		114	50%
	Total	229	100%

9. Have you ever had to cancel or postpone travel due to your headaches?

Yes		101	45%
No		124	55%
	Total	225	100%

10. What steps, if any, do you take to make accommodations for your headaches while traveling?

125 Responses

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

Migraine	132	55%
Tension-type headache	19	8%
Chronic daily headache	36	15%
Cluster headache	9	4%
Sinus headache	10	4%
Allergy headache	3	1%
Not sure	21	9%
Other, Please Specify	9	4%
Total	239	100%

12. How long have you experienced headaches?

1-5 years	33	14%
6-10 years	35	15%
11-15 years	40	17%
16-20 years	28	12%
More than 20 years	103	43%
Total	239	100%

13. How frequent are your headaches?

Less than one day a month	7	3%
1-5 days a month	58	24%
5-10 days a month	53	22%
10-15 days a month	34	14%
More than 15 days a month	87	36%
Total	239	100%

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

Male	25	10%
Female	194	81%
Under 20	12	5%
Age 20 - 35	75	31%
Age 36 - 50	92	38%
Over 50	53	22%

15. At what age did you first experience headache?

Less than 10 years old	50	21%

10-15 years old		78	33%
16-20 years old		48	20%
21-30 years old		43	18%
31-40 years old		12	5%
After age 40		10	4%

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

Yes		54	23%
No		184	77%
	Total	238	100%

17. How did you learn about National Headache Foundation?

Physician		35	15%
Friend		14	6%
Employer/manager		6	3%
Internet		146	62%
Newspaper		2	1%
Magazine		5	2%
TV		6	3%
Radio		4	2%
Other, Please Specify		19	8%
	Total	237	100%

SURVEY POWERED BY zoomerang Try It FREE

Online Surveys | Sign Up For FREE | View Our Features
Copyright © 1999-2009 MarketTools Inc. All Rights Reserved. Privacy Policy | Terms Of Use | Help