

## Men and Headache Survey Results



### 1. Has your headache condition been diagnosed by a healthcare professional?

|       |  |     |      |
|-------|--|-----|------|
| Yes   |  | 78  | 63%  |
| No    |  | 45  | 37%  |
| Total |  | 123 | 100% |











### 2. If yes, what type of headache diagnosis did you receive?

|                        |  |    |      |
|------------------------|--|----|------|
| Migraine               |  | 35 | 36%  |
| Tension-type headache  |  | 6  | 6%   |
| Chronic daily headache |  | 15 | 15%  |
| Cluster headache       |  | 12 | 12%  |
| Sinus headache         |  | 1  | 1%   |
| Allergy headache       |  | 2  | 2%   |
| Not sure               |  | 12 | 12%  |
| Other, Please Specify  |  | 15 | 15%  |
| Total                  |  | 98 | 100% |


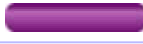
### 3. If no, why haven't you visited a healthcare professional? Please select all that apply:

|   |  |    |     |
|---|--|----|-----|
| Personal pride  |  | 2  | 5%  |
| I should be able to "tough-it-out"                                      |  | 10 | 24% |
| I think of it as a "woman's disease"                                    |  | 2  | 5%  |
| I don't like visiting the doctor for any reason                         |  | 7  | 17% |
| I don't view it as a serious enough condition to warrant a doctor visit |  | 10 | 24% |
| No pressure from my significant other                                   |  | 0  | 0%  |
| Over-the-counter medications make the condition manageable              |  | 13 | 32% |
| Others in my family lived with it and I can too                         |  | 0  | 0%  |
| Other, please specify   |  | 16 | 39% |






**4.** Where do you receive your health information? Please select all that apply:

|                        |   |    |     |
|------------------------|---|----|-----|
| Healthcare Provider    |  | 96 | 79% |
| Internet               |  | 82 | 67% |
| Magazines              |  | 30 | 25% |
| Newspapers             |  | 8  | 7%  |
| TV                     |  | 20 | 16% |
| Radio                  |  | 6  | 5%  |
| Significant other      |  | 20 | 16% |
| Family members/Friends |  | 34 | 28% |
| Employer/Co-workers    |  | 13 | 11% |
| Other, please specify  |  | 8  | 7%  |



**5.** Are you open in discussing your diagnosis with others?

|       |   |     |      |
|-------|---|-----|------|
| Yes   |  | 100 | 83%  |
| No    |  | 21  | 17%  |
| Total |   | 121 | 100% |


**6.** If no, why?





|   |   |    |      |
|---|---|----|------|
| I would be embarrassed                    |  | 2  | 8%   |
| I don't like sharing personal information |  | 15 | 60%  |
| I don't want to be viewed as "weak"       |  | 3  | 12%  |
| I don't think others would understand     |  | 2  | 8%   |
| Other, please specify                     |  | 3  | 12%  |
| Total                                     |   | 25 | 100% |

**7.** When told of your headache diagnosis did you believe your healthcare professional?



|       |  |    |      |
|-------|--|----|------|
| Yes   |  | 79 | 85%  |
| No    |   | 14 | 15%  |
| Total |  | 93 | 100% |

**8.** If no, why?







|  |   |   |     |
|--|---|---|-----|
| I don't believe it's an actual medical condition |  | 2 | 12% |
| I think of it as only a woman's problem          |   | 0 | 0%  |
| I think it's something more serious and don't    |   |   |     |

|  |   |    |      |
|--|---|----|------|
| want to face the possibility   |    | 3  | 18%  |
| I don't want to deal with future doctor visits that may result from having a medical condition |  | 2  | 12%  |
| I don't want to take medication  |  | 2  | 12%  |
| Other, please specify  |  | 8  | 47%  |
| Total  |   | 17 | 100% |

**9.** If you received a prescription for headache did you fill it?

|       |  |    |      |
|-------|--|----|------|
| Yes   |  | 81 | 84%  |
| No    |   | 15 | 16%  |
| Total |  | 96 | 100% |




**10.** If no, why?



|   |   |    |      |
|---|---|----|------|
| Cost  |    | 1  | 8%   |
| It is not covered by insurance              |    | 2  | 15%  |
| I don't think it will work                  |   | 0  | 0%   |
| I don't think I need it                     |   | 1  | 8%   |
| Over-the-counter products work just as well |   | 0  | 0%   |
| I don't like taking medication              |  | 2  | 15%  |
| Concern about side effects                  |  | 3  | 23%  |
| Other, Please Specify                       |  | 4  | 31%  |
| Total                                       |   | 13 | 100% |

**11.** Do you take medication as prescribed?



|       |   |     |      |
|-------|---|-----|------|
| Yes   |  | 81  | 80%  |
| No    |  | 20  | 20%  |
| Total |   | 101 | 100% |

**12.** If no, why?









|   |   |   |     |
|---|---|---|-----|
| I tried it and it hasn't helped               |  | 2 | 10% |
| I don't like taking medication for any reason |  | 2 | 10% |
| I forget to take it                           |  | 1 | 5%  |
| I am concerned about                          |   | 5 | 25% |

|                            |   |    |      |
|----------------------------|---|----|------|
| side-effects               |    |    |      |
| I don't think it will help |  | 2  | 10%  |
| Other, Please Specify      |  | 8  | 40%  |
| Total                      |   | 20 | 100% |

**13.** Is there a history of headaches in your family?

|       |   |     |      |
|-------|---|-----|------|
| Yes   |  | 64  | 55%  |
| No    |  | 52  | 45%  |
| Total |   | 116 | 100% |

**14.** If yes, who has the history of headaches in your family?

|                              |  |    |      |
|------------------------------|--|----|------|
| Mother                       |   | 34 | 52%  |
| Father                       |   | 15 | 23%  |
| Sister                       |   | 6  | 9%   |
| Brother                      |   | 2  | 3%   |
| Aunt/Uncle on mother's side  |   | 1  | 2%   |
| Aunt/Uncle on father's side  |   | 2  | 3%   |
| Grandparent on mother's side |   | 3  | 5%   |
| Grandparent on father's side |  | 2  | 3%   |
| Total                        |  | 65 | 100% |



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

|                    |   |     |      |
|--------------------|---|-----|------|
| 1-5 years          |  | 42  | 35%  |
| 6-10 years         |  | 21  | 18%  |
| 11-15 years        |  | 14  | 12%  |
| 16-20 years        |  | 7   | 6%   |
| More than 20 years |  | 35  | 29%  |
| Total              |   | 119 | 100% |



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

|             |  |     |     |
|-------------|--|-----|-----|
| Male        |  | 110 | 91% |
| Female      |   | 7   | 6%  |
| Under 20    |   | 5   | 4%  |
| Age 21 - 35 |   | 38  | 31% |
| Age 36 - 50 |   | 34  | 28% |
| Over 50     |   | 36  | 30% |







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

|                        |   |     |      |
|------------------------|---|-----|------|
| Less than 10 years old |  | 25  | 21%  |
| 11-15 years old        |  | 18  | 15%  |
| 16-20 years old        |  | 18  | 15%  |
| 21-30 years old        |  | 20  | 17%  |
| 31-40 years old        |  | 14  | 12%  |
| After age 40           |  | 25  | 21%  |
| Total                  |   | 120 | 100% |

**18.** Are you a member of the National Headache Foundation?

|       |  |     |      |
|-------|--|-----|------|
| Yes   |   | 10  | 8%   |
| No    |  | 111 | 92%  |
| Total |  | 121 | 100% |

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

|                       |   |     |      |
|-----------------------|---|-----|------|
| Healthcare Provider   |    | 8   | 7%   |
| Family Member/Friend  |    | 5   | 4%   |
| Employer/Co-workers   |    | 2   | 2%   |
| Internet              |  | 94  | 82%  |
| Newspaper             |   | 0   | 0%   |
| Magazine              |  | 2   | 2%   |
| TV                    |   | 0   | 0%   |
| Radio                 |   | 0   | 0%   |
| Other, Please Specify |  | 4   | 3%   |
| Total                 |   | 115 | 100% |



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