

Are you a teen who experiences headaches?

Survey Results



1. Are you a teen (ages 13-18) who experiences headache?

Yes, I am a teen with headache		107	99%
No (you need not continue with this survey)		1	1%
Total		108	100%

2. Tell us about yourself by checking the appropriate boxes. Select all that apply:

Male		12	11%
Female		90	83%
Age 13 - 15		27	25%
Age 16-18		70	65%

3. At what age did you first experience headache?

Less than 10 years old		33	31%
11-13 years old		41	39%
14-16 years old		17	16%
16-18 years old		15	14%
Total		106	100%

4. Have you been diagnosed with headaches by your healthcare provider?



Yes		54	51%
No		51	49%
Total		105	100%

5. What type of headaches do you experience?





Migraine		39	36%
Tension-type headache		21	20%
Chronic daily headache		28	26%
Sinus headache		4	4%
Allergy headache		2	2%

Other, please specify		13	12%
Total		107	100%



6. How long have you experienced headaches?

Less than a year		18	17%
1-5 years		49	47%
6-10 years		26	25%
11-15 years		10	10%
More than 15 years		2	2%
Total		105	100%






7. How many times per month do you experience a headache?


1-4 times per month		29	27%
5-10 times per month		25	23%
11-15 times per month		9	8%
More than 15 days per month		44	41%
Total		107	100%

8. Are your headaches more frequent during the school year?



Yes		76	72%
No		30	28%
Total		106	100%

9. What does your healthcare provider do to help you manage your headache condition?



Provides you with informational resources		3	3%
Prescribes you medication		36	36%
Suggests over-the-counter products		16	16%
Suggests that you adjust your activity schedule		0	0%
Suggests that you adjust your course load		0	0%
Suggests lifestyle changes such as diet control, maintaining a regular sleep cycle, exercise		14	14%
Suggests relaxation and/or stress reduction techniques such as biofeedback,		6	6%

visualization			
Other, please specify		24	24%
		Total	99
			100%

10. Do you take over-the-counter medications to relieve your headache pain?

Yes		70	65%
No		37	35%
		Total	107
			100%












11. Do you go to bed and get up at the same time every day during the week?

Yes		58	55%
No		48	45%
		Total	106
			100%



12. Do certain foods trigger a headache?

Yes		26	25%
No		79	75%
		Total	105
			100%







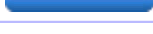




13. If yes, please select which foods trigger a headache? Please select all that apply:

Ripened cheeses		7	23%
Chocolate		9	29%
Hot Dogs/ Lunch Meats		12	39%
Sour cream		2	6%
Nuts		7	23%
Sourdough bread		5	16%
Foods containing MSG		13	42%
Citrus Fruits		5	16%
Bananas		5	16%
Pizza		9	29%
Caffeine		12	39%
Other, Please Specify		15	48%



14. Does stress trigger a headache for you?

Yes		86	81%
No		20	19%
		Total	106
			100%



15. If yes, what type of stress brings on a headache? Select all that apply:

Pressure to receive good grades		58	68%
Pressure to excel in sports/music		17	20%
Trying to fit in with peers		22	26%
Boyfriend/girlfriend issues		21	25%
After school jobs		16	19%
Overextending self/involved in too many activities		27	32%
Excitement		15	18%
Anxiety associated with new situations		41	48%
Family/sibling matters at home		42	49%
Pleasing parents/caregivers with grades and/or extra activities		26	31%
Other, please specify		9	11%







16. Do you feel your family is supportive of you when you are experiencing a headache?



Yes		76	73%
No		28	27%
Total		104	100%

17. Do you share with you parents/caregivers what you experience during a headache attack?



Yes		87	81%
No		20	19%
Total		107	100%

18. How are they able to assist you when you have a headache attack? Please check all that apply:

Fills my prescription for me		41	45%
Dismisses me from school		38	41%
Collects school work for me		19	21%
Leaves me alone in a quiet, dark room		55	60%
Brings me hot/cold compresses		37	40%
Shows emotional support		59	64%

Delegates household chores		19	21%
Other, please specify		21	23%






19. Do you experience headaches while at school?

Yes		100	93%
No		7	7%
Total		107	100%



20. Have you discussed your headache condition with your school nurse?

Yes		38	36%
No		69	64%
Total		107	100%





21. How does your school accommodate your headache attacks?




Call my parents/caregivers		24	26%
Administers medication		10	11%
Provides quiet, dark room to lie down		9	10%
They do nothing to accommodate my needs		39	42%
Other, Please Specify		11	12%
Total		93	100%

22. How often do you miss school or other activities because of your headaches?



Never		31	30%
Less than once a month		26	25%
2-5 times a month		31	30%
6-10 times a month		7	7%
More than 10 times a month		6	6%
Other, Please Specify		4	4%
Total		105	100%

23. What types of activities do you miss because of your headaches?



Sports		11	11%
Musical		5	5%
Social		19	18%
Academic		19	18%

Religious		1	1%
Family		5	5%
None		30	29%
Other, Please Specify		13	13%
Total		103	100%





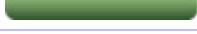



24. Have you told your teacher and/or classmates/friends that you experience headaches?

Yes		84	79%
No		22	21%
Total		106	100%



25. If you have told them, do you feel your teacher and/or classmates/friends treat you differently because of your headaches?

Yes		11	11%
No		87	89%
Total		98	100%



26. How does having headaches make you feel? (select all that apply)

Resentful		16	15%
Angry		43	41%
Depressed		37	35%
Self-Conscious		14	13%
Different		25	24%
Less able to participate in school and extra curricular activities		53	50%
I don't let them interfere with my life		27	26%
Other, Please Specify		12	11%



27. Do you keep headache diary?

Yes		20	19%
No		87	81%
Total		107	100%








28. Is there a history of headache in your family?

Yes		55	52%
No		50	48%
Total		105	100%

29. Are you, or is your parent, a member of the National Headache Foundation?

Yes		5	5%
No		102	95%
Total		107	100%

30. How did you learn about National Headache Foundation?

Physician		7	6%
Friend		3	3%
Employer/manager		0	0%
Internet		81	75%
Newspaper		0	0%
Magazine		3	3%
TV		2	2%
Radio		2	2%
Other, please specify		10	9%
Total		108	100%



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