

## Environmental Triggers and Headaches Survey Results



1. Which of the following environmental factors trigger a headache for you? Please select all that apply.

High efficiency, low energy light bulbs		24	13%
Bright or flickering lights		113	59%
Florescent lights		63	33%
Watching television in the dark		27	14%
Weather or barometric pressure changes		138	73%
Altitude changes		59	31%
High winds		35	18%
Computer screens		54	28%
Extreme heat or cold		72	38%
Loud noises		76	40%
Intense smells/odors		121	64%
Smoke		101	53%
Change in routine		69	36%
Airplane travel		49	26%
Allergens (e.g. pollen, mold, pet fur or dander)		57	30%
Repetitive patterns (such as those on wallpaper)		35	18%
Other, please specify		36	19%



2. What steps do you take to avoid your environmental triggers?

124 Responses

3. Have you ever been unable to participate in outdoor activities due to headaches caused by changes in weather, altitude, high winds, or bright lights?

Yes		142	74%
No		50	26%
Total		192	100%



4. Do you no longer wear perfume or avoid the fragrance department in stores due to headaches?

Yes		114	60%
No		77	40%
Total		191	100%



**5.** Are you unable to frequent smoke-filled establishments such as restaurants, bars, or clubs due to headaches?

Yes		138	73%
No		52	27%
Total		190	100%


**6.** Are you unable to attend loud music concerts due to headaches?

Yes		97	51%
No		94	49%
Total		191	100%



**7.** Have you had to restrict your travel because of your headaches?

Yes		66	35%
No		124	65%
Total		190	100%






**8.** Do you limit television viewing in the dark to avoid headaches?

Yes		54	28%
No		136	72%
Total		190	100%



**9.** Do you lessen computer use to avoid headaches?

Yes		71	38%
No		117	62%
Total		188	100%

**10.** Are your headaches associated with any or all of the allergies listed below? Please select all that apply.

Mold		60	33%
Pollen		53	29%
Animal fur or dander		30	17%
No		86	48%
Other, please specify		22	12%

**11.** Have you discussed environmental headache triggers with your physician?

Yes		124	65%
No		66	35%
Total		190	100%

**12.** Would you like to hear from the NHF about tips to better manage your headaches in 2008?

Yes		147	79%
No		39	21%
Total		186	100%







**13.** Are there any specific topics related to headache management for which you would like tips or information from the NHF? Please specify.

87 Responses

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

1-5 years		31	16%
6-10 years		26	14%
11-15 years		23	12%
16-20 years		26	14%
More than 20 years		84	44%
Total		190	100%

**15.** Tell us about yourself by checking the appropriate boxes. Please select all that apply.

Male		18	9%
Female		154	81%
Under 20		4	2%
Age 21 – 35		60	32%
Age 36 – 50		69	36%
Over 50		47	25%









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

Less than 10 years old		46	24%
11-15 years old		49	26%
16-20 years old		41	22%
21-30 years old		34	18%
31-40 years old		12	6%
After age 40		8	4%

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

Yes		24	13%
No		165	87%
Total		189	100%

**18.** How did you learn about the National Headache Foundation?

Physician		27	14%
Friend		13	7%
Employer/Manager		1	1%
Internet		110	58%
Newspaper		8	4%
Magazine		7	4%
TV		16	8%
Radio		7	4%
Total		189	100%



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