

How to Identify Your Type of Headache



Survey Results



1. Do you suffer from headaches?

Yes		145	100%
No		0	0%
Total		145	100%





2. Do you suffer from more than one type of headache?

Yes		105	73%
No		38	27%
Total		143	100%



3. Have you tried to determine what type of headache you have?

Yes		104	73%
No		39	27%
Total		143	100%

4. If answered "Yes" to question # 3, what steps have you taken to identify your type of headache? Please select all that apply.

Conducted research (online, magazines, books, etc.)		63	57%
Consulted a healthcare provider		95	86%
Pursued health information in the media (radio, TV)		22	20%
Other, please specify		12	11%

5. Have you been diagnosed by a healthcare provider as having a specific type of headache?

Yes		86	59%
No		60	41%
Total		146	100%

6. If so, what type of headaches do you suffer from, please select all that apply.

Migraine Headache		75	60%
-------------------	---	----	-----

Tension-Type Headaches		46	37%
Cluster Headaches		13	10%
Chronic Daily Headache		35	28%
Medication Overuse Headache		2	2%
Post-Traumatic Headaches		2	2%
Sinus Headaches		28	23%
Allergy Headaches		13	10%
I do not know		26	21%
Other, please specify		15	12%

7. Are you aware that preventive and treatment options are available?

Yes		86	59%
No		59	41%
Total		145	100%

8. Do you use non-medicated treatments to relieve your headaches? If so, which type?

acupuncture/acupressure		8	8%
massage		17	16%
biofeedback		1	1%
relaxation techniques		11	10%
exercise		5	5%
sleep		40	38%
herbal or nutritional supplements		6	6%
Other, please specify		17	16%
Total		105	100%

9. Do you use medicated treatments to relieve your headaches? If so, what type?

Over-the-counter pain reliever (aspirin, ibuprofen, etc.)		68	48%
Prescription medication. If so, what type?		21	15%
Both over-the-counter and prescription medications		35	25%
Other, please specify		17	12%
Total		141	100%

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

Yes		96	70%
No		41	30%
Total		137	100%







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

30 Responses







12. How long have you experienced headaches?

1-5 years		49	34%
6-10 years		29	20%
11-15 years		15	10%
16-20 years		14	10%
More than 20 years		36	25%
Total		143	100%

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

Male		27	19%
Female		108	76%
Under 20		8	6%
Age 21 – 35		48	34%
Age 36 – 50		39	27%
Over 50		35	25%










14. At what age did you first experience headache?

Less than 10 years old		23	16%
11 – 15 years old		26	18%
16 – 20 years old		29	20%
21 – 30 years old		33	23%
31 – 40 years old		10	7%
After age 40		22	15%
Total		143	100%

15. Are you a member of the National Headache Foundation?

Yes		6	4%
No		138	96%
Total		144	100%

16. How did you learn about the National Headache Foundation?

Physician		8	6%
Friend		3	2%
Employer/Manager		1	1%
Internet		97	69%
Newspaper		1	1%
Magazine		1	1%
TV		13	9%
Radio		11	8%
Other, please specify		5	4%
Total		140	100%



[Online Surveys](#) | [Sign Up For FREE](#) | [View Our Features](#)

Copyright © 1999-2009 MarketTools Inc. All Rights Reserved. [Privacy Policy](#) | [Terms Of Use](#) | [Help](#)