


Migraine Headaches & Associated Symptoms Survey Results



1. Do You Suffer From Migraine Headaches?

Yes		513	99%
No		5	1%
Total		518	100%

2. How long have you experienced migraine headaches?

1-5 years		110	21%
6-10 years		86	16%
11-15 years		79	15%
16-20 years		80	15%
More than 20 years		168	32%
Total		523	100%

3. At what age did you first experience migraine headache?

Less than 10 years old		74	14%
11-15 years old		131	25%
16-20 years old		106	20%
21-30 years old		126	24%
31-40 years old		54	10%
After age 40		32	6%
Total		523	100%

4. Have you ever been diagnosed by a healthcare provider?

Yes		392	75%
No		131	25%
Total		523	100%

5. How long ago were you diagnosed?

397 Responses

6. How long was it from the time you first experienced migraine headaches to the time they were diagnosed?

7. Do you ever use medication for treatment of your migraine? [If no, please skip to Question 9.]

Yes		488	95%
No		27	5%
Total		515	100%

8. What type of medication do you use to treat your migraines? Please check all that apply.

Prescription medication (s)		151	31%
Over-the-counter medication(s)		136	28%
Both prescription and over-the-counter medication(s)		260	53%




9. How often do you experience the following symptoms with your migraine headaches? [If you select Infrequently Experience, Frequently Experience, or Always Experience for Nausea OR Vomiting please answer questions 11, 12, and 13.] [If you selected that you Never Experience nausea AND that you Never Experience vomiting, please answer Question 10 and then skip to Question 14.]

Top number is the count of respondents selecting the option. Bottom % is percent of the total respondents selecting the option.	Never experience	Infrequently experience	Frequently experience	Always experience
Throbbing pain on one side	19 4%	60 12%	178 34%	262 50%
Aura (visual and sensory symptoms that precede the headache pain)	118 23%	173 34%	129 25%	89 17%
Nausea	50 10%	184 36%	184 36%	98 19%
Vomiting	210 41%	206 40%	69 13%	31 6%
Sensitivity to bright lights	21 4%	66 13%	149 29%	278 54%
Sensitivity to sounds	21 4%	79 15%	176 35%	234 46%
Sensitivity to smells	110 21%	130 25%	130 25%	144 28%
Blurry vision	129 25%	151 29%	148 29%	85 17%
Neck pain	47 9%	111 22%	161 31%	194 38%
Nasal stuffiness	121 23%	170 33%	142 28%	82 16%
Frequent urination	226 44%	148 29%	105 21%	32 6%
Pallor (pale skin)	157 30%	151 29%	135 26%	72 14%
Sweating	124 24%	191 37%	153 30%	48 9%





10. Of the symptoms you have experienced, were there any that were unfamiliar to you as an associated symptom of migraine? If so, please list the corresponding letter that appears next to the symptom:

189 Responses





11. For the times when you experience nausea or vomiting with your migraine, how much worse, if at all, does the nausea or vomiting typically make you feel?

Not at all worse		62	13%
A little worse		184	39%
A lot worse		229	48%
Total		475	100%



12. When you experience nausea or vomiting with your migraine, what degree of impact does it typically have on when or how you take your migraine medication(s)? [If you selected "No Impact At All", please skip to Question 14.]

No impact at all		146	31%
A slight impact		99	21%
A moderate impact		124	27%
A major impact		97	21%
Total		466	100%




13. What do you do to deal with the nausea or vomiting when it accompanies your migraine headache? [Select all that apply]

Do not take my migraine medication for that migraine		36	9%
Delay taking my migraine medication until the nausea subsides		117	30%
Take an additional prescription medicine to specifically manage the nausea		121	31%
Other, please specify		134	35%


14. Have you ever kept a headache diary to track when your migraine headaches occur?

Yes		233	45%
No		290	55%
Total		523	100%



15. Are you aware of a pattern of the onset of your migraine headaches?

No, Not at All		230	44%
Somewhat consistently		241	46%
Consistently		51	10%
Total		522	100%





16. Do your migraine headaches generally last the same length of time each time they occur?

Yes		195	38%
No		325	62%
Total		520	100%







17. Does the length of your migraines differ if you treat them with medication (Prescription or Over-The-Counter)?

Yes		317	61%
No		201	39%
Total		518	100%

18. If you take medication to relieve migraine symptoms, does your migraine pain return within 24 hours of taking medication (prescription or over-the-counter)?



Yes		220	42%
No		152	29%
I Have Not Tried Taking Medicine		12	2%
Other, please specify		144	28%

19. Do you take any of the following steps to relieve the headache pain or other associated symptoms of your migraine? [Select all that apply.]



Regular, well-balanced meals		237	53%
Avoid Caffeine		159	36%
Maintain a regular sleep schedule		295	66%
Reduce stress		231	52%
Complementary therapy such as acupressure, acupuncture or massages		100	22%
Other, please specify		102	23%

20. How would you rate the severity of your typical migraine pain on a 1-10 scale with 10 being unbearable, and 1 being somewhat manageable?



Somewhat Manageable		2	0%
		2	0%
		6	1%
		11	2%
		30	6%
		58	11%
		131	25%
		160	31%

		63	12%
Unbearable		57	11%
Total		520	100%

21. Does your healthcare professional inquire about your associated migraine symptoms (beyond the actual headache) with you on a regular basis?

Yes		213	42%
No		295	58%
Total		508	100%















22. Have you ever missed any time at work because of a migraine headache or its associated symptoms? [If no, please skip to Question 24.]

Yes		402	78%
No		114	22%
Total		516	100%

23. If you answered "Yes" to Question 22, how many times in the past 12 months have you missed part of a day, or a whole day of work due to a migraine or its associated symptoms?







399 Responses

24. As a person who suffers from migraine headache, which of the following would cause you to seek more information about migraine headache and its associated symptoms? (Please check all that apply)



Missing time from work		361	71%
Not being able to spend time with family or friends		390	76%
Not being able to participate in or enjoy leisure activities		394	77%
Discussion with my healthcare professional		232	45%
Discussion with a family member or friend		154	30%
Information from the NHF		175	34%
Internet E-card sent from a family member or friend		24	5%
Employer/Manager		74	14%
Internet article		169	33%
Newspaper article		134	26%
Magazine article		141	28%
TV story		135	26%
Radio story		77	15%
None of the above		10	2%

Other, please specify		45	9%
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25. Tell us about yourself by checking the appropriate boxes. Please select all that apply.

Male		56	11%
Female		406	78%
Under 20		28	5%
Age 21-35		192	37%
Age 36-50		202	39%
Over 50		79	15%

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

Yes		36	7%
No		480	93%
Total		516	100%

27. How did you hear about the National Headache Foundation?

Healthcare professional		41	8%
Family member or friend		31	6%
Employer/Manager		30	6%
Internet		280	54%
Newspaper		14	3%
Magazine		14	3%
TV		68	13%
Radio		22	4%
Other, please specify		33	6%

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

Yes		389	75%
No		127	25%
Total		516	100%

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

158 Responses			
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