

Tell Us About Your Headache Treatment Patterns



Survey Results










1. Do you suffer from headaches?

Yes		65	100%
No		0	0%
Total		65	100%


2. Have you been diagnosed by a healthcare provider with a specific headache type?

Yes		45	69%
No		20	31%
Total		65	100%




3. If yes, what type of headache do you experience most frequently?

Migraine		36	65%
Tension-type headache		2	4%
Chronic daily headache		10	18%
Cluster headache		2	4%
Sinus headache		2	4%
Allergy headache		0	0%
Not sure		2	4%
Other, please specify		1	2%
Total		55	100%

4. Do you take prescribed medication for your headache?




Yes		44	69%
No		20	31%
Total		64	100%

5. If yes, has your healthcare provider changed your prescription recently?






Yes, within the past six months		26	50%
Yes, within the past year		5	10%
Yes, within the past two years		3	6%

No		18	35%
Total		52	100%

6. Did your healthcare provider recommend this change or was it made at your request?

My healthcare provider recommended I change my prescription		23	44%
I requested a new prescription		10	19%
I have not changed my headache prescription		19	37%
Total		52	100%



7. If your prescription changed, what motivated the change in your prescription?

I learned of a medication which I had not previously tried		4	11%
My current medication was losing its effectiveness		22	58%
My insurance no longer reimbursed for this medication		0	0%
I was experiencing unpleasant side effects		3	8%
This medication was less expensive than my current prescription		2	5%
Other, please specify		7	18%
Total		38	100%

8. If your prescription has changed, how did you hear about this treatment?

Friend		4	11%
Family member		1	3%
Physician		29	78%
Advertisement (TV, print, radio or online)		1	3%
Online research		2	5%
News outlet		0	0%
Magazine		0	0%
Total		37	100%

9. Have you ever participated in a clinical trial for new headache treatments?




Yes		2	3%
No		61	97%

Total






63

100%







10. If yes, what encouraged you to do so?

I was not satisfied with my current headache treatment		2	40%
My current prescription does not treat all of my symptoms		0	0%
I cannot afford prescription treatment for headache		2	40%
I wanted to contribute to the understanding of my condition		1	20%
Other, please specify		0	0%
Total		5	100%




11. If no, what might encourage you to participate in a clinical trial in the future?

If the treatment offered new benefits my current prescription does not		24	41%
If my healthcare provider recommended I participate		11	19%
Monetary compensation/medication		5	8%
I want to contribute to the understanding of my condition		15	25%
Other, please specify		4	7%
Total		59	100%

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

Male		9	14%
Female		47	72%
Under 20		5	8%
Age 21 – 35		30	46%
Age 36 – 50		23	35%
Over 50		4	6%

13. At what age did you first experience headache?

Less than 10 years old		19	30%
11 – 15 years old		14	22%
16 – 20 years		8	13%

old			
21 – 30 years old		14	22%
31 – 40 years old		4	6%
After age 40		4	6%
		Total	63
			100%

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

23 Responses

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

Yes		9	14%
No		55	86%
		Total	64
			100%

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

Physician		5	8%
Friend		3	5%
Employer/Manager		2	3%
Internet		40	63%
Newspaper		1	2%
Magazine		2	3%
TV		7	11%
Radio		0	0%
Other, please specify		3	5%
		Total	63
			100%



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