




Weather Changes & Headaches Survey Results










1. Do you suffer from headaches?

Yes		107	100%
No		0	0%
Total		107	100%



2. Are your headaches impacted by certain weather patterns?

Yes		96	90%
No		11	10%
Total		107	100%



3. What type of weather condition has the most significant impact on your headaches?

Hot weather		8	8%
Cold weather		3	3%
Rain		8	8%
Snow		0	0%
Humidity levels		9	9%
Drought		0	0%
Changing barometric pressure		41	41%
Change of seasons		14	14%
Combination of weather conditions (please specify)		18	18%
Total		101	100%









4. Which season do you consider worst for your headaches?

Summer		28	29%
Spring		16	16%
Fall		27	28%
Winter		27	28%
Total		98	100%






5. Do seasonal allergies affect your headaches?

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

6. If weather patterns do have an effect on your headaches, in what ways have you managed these changes?

Do nothing		17	17%
Stay indoors		20	20%
Extra heat or air conditioning		15	15%
Sleep		30	30%
Relaxation Techniques		17	17%
Take a vacation		0	0%
Move		2	2%
Take prescribed or OTC medication		71	70%
Other, please specify		13	13%
Total		105	100%




7. If weather patterns influence your headaches, how long does your condition usually last?

Day prior to weather change		16	16%
First day of weather change		16	16%
Day after weather change		3	3%
As long as certain weather lasts		53	52%
Other, please specify		13	13%
Total		101	100%

8. Can you predict the weather based on your headache or migraine condition?

Yes		47	47%
No		54	53%
Total		101	100%

9. Would you be willing to relocate to another state based on the impact of weather patterns on your headaches?

Yes		36	35%
No		67	64%
I have already relocated for this reason		1	1%
Total		104	100%

10. What type of headache do you suffer from?

Migraine		80	75%
Tension-type headache		30	28%
Chronic daily headache		29	27%
Cluster headache		13	12%
Sinus headache		19	18%
Allergy headache		11	10%
Not sure		14	13%
Other, please specify		5	5%

11. How long have you experienced headaches?

1-5 years		20	19%
6-10 years		16	15%
11-15 years		12	11%
16-20 years		16	15%
More than 20 years		43	40%
Total		107	100%

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

Male		18	17%
Female		84	79%
Under 20		5	5%
Age 21-35		38	36%
Age 36-50		31	29%
Over 50		26	24%

13. At what age did you first experience headaches?









Less than 10 years old		29	28%
11-15 years old		29	28%
16-20 years old		15	14%
21-30 years old		20	19%
31-40 years old		7	7%
After age 40		4	4%
Total		104	100%

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

Yes		33	31%
No		73	69%
Total		106	100%

Total

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

Physician		14	13%
Friend		7	7%
Employer/Manager		1	1%
Internet		62	58%
Newspaper		0	0%
Magazine		2	2%
TV		9	8%
Radio		3	3%
Other, please specify		8	8%
Total		106	100%



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

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