

## Headaches and Exercise Survey Results



### 1. Do you suffer from headaches?

Yes		127	98%
No		2	2%
Total		129	100%

### 2. Do you experience headache while exercising/doing physical activity?

Yes		90	70%
No		39	30%
Total		129	100%



### 3. How would you classify the type of exercise/sport you most often do? Check all that apply.

Aerobic activity (jogging, walking, bicycling, swimming, etc.)		87	69%
Contact sports (football, basketball, soccer, lacrosse, etc.)		9	7%
Flexibility exercises (stretching, yoga)		36	28%
Strength training (lifting weights)		37	29%
Other, please specify		22	17%



### 4. Which type of physical activity most often triggers your headache? Check all that apply.

Aerobic activity (jogging, walking, bicycling, swimming, etc.)		62	53%
Contact sports (football, basketball, soccer, lacrosse, etc.)		14	12%
Flexibility exercises (stretching, yoga)		13	11%
Strength training (lifting weights)		18	15%
Other, please specify		34	29%




**5.** Does headache impair your performance during physical activity?

Yes		92	74%
No		32	26%
Total		124	100%

**6.** Has headache ever prevented you from participating in physical activity?

Yes		107	84%
No		20	16%
Total		127	100%



**7.** On average, while doing physical activity, how long does it take before your head pain begins?

After less than 5 minutes of physical activity		22	20%
After 5 to 15 minutes of physical activity		21	19%
After 15 to 30 minutes of physical activity		27	25%
After 30 minutes of physical activity		15	14%
After more than an hour of physical activity		24	22%
Total		109	100%



**8.** Have you sought medical attention for your exercise-related headache?



Yes		47	38%
No		76	62%
Total		123	100%

**9.** Does physical activity provide relief for your headache?




Yes		30	24%
No		96	76%
Total		126	100%

**10.** If so, which type of physical activity provides relief for your headache? Check all that apply

Aerobic activity (jogging, walking, bicycling, swimming, etc.)		16	35%
Contact sports (football, basketball, soccer, lacrosse, etc.)		1	2%
Flexibility exercises (stretching, yoga)		19	41%

Strength training (lifting weights)		5	11%
Other, please specify		17	37%







**11.** What type of headache do you suffer from?

Migraine		67	52%
Tension type headache		12	9%
Chronic daily headache		15	12%
Cluster headache		4	3%
Sinus headache		3	2%
Allergy headache		0	0%
Not sure		28	22%
Total		129	100%

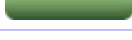

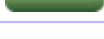
**12.** How long have you experienced headache?

1-5 years		41	32%
6-10 years		9	7%
11-15 years		21	17%
16-20 years		13	10%
More than 20 years		43	34%
Total		127	100%


**13.** Tell us about yourself by checking the appropriate boxes. Check all apply.

Male		21	16%
Female		104	81%
Under 20 years old		11	9%
Age 21-35		38	29%
Age 36-50		43	33%
Over 50 years old		21	16%











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

Less than 10 years old		21	16%
11-15 years old		42	33%
16-20 years old		24	19%
21-30 years old		19	15%
31-40 years old		9	7%
After ago 40		14	11%
Total		129	100%

**15.** Are you a member of the NHF?

Yes		22	17%
No		106	83%
Total		128	100%

**16.** How did you learn about the NHF?

Physician		9	7%
Family Member		3	2%
Friend		5	4%
Employer/Manager		1	1%
Internet		74	58%
Newspaper		2	2%
Magazine		27	21%
TV		1	1%
Radio		2	2%
Other, please specify		4	3%
Total		128	100%



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