

## Impact of Migraine Survey

### Survey Results



#### 1. Have you been diagnosed with migraine?

Yes		140	80%
No		35	20%
Total		175	100%

#### 2. When you have a migraine, how does it make you feel ? Check all that apply.

Angry		63	36%
Depressed		79	45%
Tired		136	77%
Frustrated		125	71%
Guilty		30	17%
Ashamed		13	7%
Other, please specify		34	19%

#### 3. Have you ever missed out on a family or social function due to a migraine?

Yes		155	88%
No		21	12%
Total		176	100%

#### 4. If yes, how many times in the last three months has this occurred?




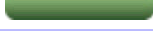
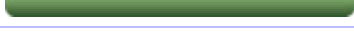


1 or fewer		54	33%
2-5		81	49%
More than 5		31	19%
Total		166	100%

#### 5. Have your migraines ever caused tension between you and a friend or family member?



No		92	52%
Yes, please explain		80	45%

#### 6. From whom do you seek support for your migraines? Check all that apply.


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Spouse or partner		94	54%
Family member		67	39%
Co-worker		19	11%
Friend		31	18%
Healthcare provider		79	46%
Support Group		2	1%
I don't seek support for my migraines.		39	23%



**7.** Have you ever had to miss work due to a migraine?

Yes		137	79%
No		37	21%
Total		174	100%



**8.** If yes, how many days in the last three months has this occurred?

1 or fewer		77	53%
2-5		46	32%
More than 5		23	16%
Total		146	100%

**9.** Do you tell your employer why you have to miss work when it's due to a migraine?

Yes		129	82%
No		29	18%
Total		158	100%

**10.** Do you think your employer views your migraines as a legitimate medical issue?










Yes		93	57%
No		69	43%
Total		162	100%

**11.** Have you been passed over for important assignments or promotions due to your migraines?






Yes		20	12%
No		143	88%
Total		163	100%

**12.** What type of healthcare provider do you see for your migraines?



Primary care physician (internal medicine, family practice)		69	39%
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Neurologist		38	21%
Headache specialist		22	12%
OB/GYN		4	2%
Allergist		1	1%
Pain management specialist		2	1%
ENT		0	0%
Nurse Practitioner/Physician's Assistant		2	1%
Pharmacist		1	1%
I am not seeing any healthcare provider for my condition.		30	17%
Other, please specify		8	5%
Total		177	100%




**13.** With which of the following do you treat your migraines? Check all that apply.

Over the counter medications		118	67%
Prescription medication		131	74%
Herbal supplements		14	8%
Vitamin supplements		24	14%
I don't use any of these to treat my migraine.		5	3%




**14.** Do you have health insurance?

Yes		155	88%
No		22	12%
Total		177	100%







**15.** If yes, does your insurance cover your migraine medications?

Yes, completely.		49	32%
Partially		91	60%
Not at all.		15	10%


**16.** How long have you experienced migraine?

1-5 years		52	29%
6-10 years		34	19%
11-15 years		20	11%
16-20 years		19	11%
More than 20 years		53	30%




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

Male		14	8%
Female		144	82%
Under 20		16	9%
Age 21-35		65	37%
Age 36-50		69	39%
Over 50		19	11%


**18.** Please choose one of the following which best describes your racial/ethnic background.

Asian American/Pacific Islander		3	2%
White (non-Hispanic)		156	89%
African American (non-Hispanic)		6	3%
Hispanic		5	3%
Native American/Alaska native		1	1%
Other, please specify		5	3%
Total		176	100%




**19.** At what age did you first experience migraine?







Less than 10 years old		26	15%
11-15 years old		46	26%
16-20 years old		40	23%
21-30 years old		33	19%
31-40 years old		20	11%
After age 40		10	6%
Total		175	100%

**20.** Are you a member of the National Headache Foundation?

Yes		27	16%
No		147	84%
Total		174	100%

**21.** How did you learn about the National Headache Foundation?

Physician		9	5%
Friend		10	6%
Co-worker/Employer		1	1%

Internet		55	31%
Newspaper		2	1%
Magazine		89	51%
TV		2	1%
Radio		3	2%
Other, please specify		4	2%
Total		175	100%



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