**Menstrual status and menstrual cycle related symptoms**

This questionnaire is going to ask you about your menstrual status, your experience of menstrual cycle related symptoms and how you feel that these symptoms impact your training and competition.

If you do not feel comfortable answering any of the questions you can leave them blank.

**Menstrual status**

1. Have you had your first period?

Yes No (**skip to Q9**) Prefer not to say

* 1. At what age did you have your first period (years)?

years old Prefer not to say

1. On average, would you consider yourself to have a regular menstrual cycle length (days between a period)? *In the UK the average length of a cycle is between 21-35 days.*

Yes No Don’t know Prefer not to say

1. Have you had a period within the last 3 months?

Yes No Prefer not to say

* 1. If no to Q3, do you know of any reason why you have not had a period in the last 3 months? (e.g. pregnancy, surgery or other)

Yes No Prefer not to say

* 1. If yes to Q3a, please provide details if you feel comfortable to:

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1. Over the last 3 months, would you consider yourself to have a regular menstrual cycle length (days between a period)? In the UK average length of a cycle is between 21-35 days.

Yes No Don’t know Prefer not to say

1. On average how long does your period (days bleeding) last?

0-2 days 3-4 days 5-7 days 7+ days Not applicable

1. Do you currently use any form of hormonal (e.g., contraceptive pill, injection, implant, vaginal ring, hormonal intrauterine system) or non-hormonal contraceptive (e.g., copper coil)?

Yes No Prefer not to say

1. If yes, what type of contraceptive do you use? Where possible please give type, brand and how you take this e.g., I take a placebo pill, I take active pills back-to-back. If you are unsure how to answer this or need any guidance please ask a researcher.

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1. Do you use a non-hormonal copper intrauterine system?

Yes No Prefer not to say

1. Is there anything that we have not asked that you think we should know or anything you would like to clarify (optional answer box)?

(e.g., I have gone from not using a contraceptive to taking a progestin only contraceptive 2 weeks ago, I have stopped using my combined pill 2 months ago, I have been told I have polycystic ovary syndrome (PCOS), I have been told I have endometriosis, etc.)

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**Menstrual cycle related symptoms**

1. In the last 3 months, have you experienced any of the following symptoms throughout your menstrual cycle? For each symptom, please rate the frequency and severity of symptoms and indicate how much you feel that they impact you in training or competition.

If you answer “Never” for frequency you do not need to fill in the columns for severity, impact on training or impact on competition for this symptom.

| **Symptom** | **Frequency** | | | | **Severity** | | | | **Impact on training** | | | | | **Impact on competition** | | | | |
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| **Never** | **Rarely** | **Sometimes** | **Often** | **Absent** | **Mild** | **Moderate** | **Severe** | **No impact** | **To a minor extent** | **To a moderate extent** | **To a major extent** | **Cannot participate at all** | **No impact** | **To a minor extent** | **To a moderate extent** | **To a major extent** | **Cannot participate at all** |
| Physical symptoms | | | | | | | | | | | | | | | | | | |
| Changes to breathing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Difficulties in breathing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nausea |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sickness or vomiting |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Constipation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dizziness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Light headedness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reduced coordination |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Joint pain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Muscle aches |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Muscle cramps |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Temperature fluctuations |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Night sweats |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Disturbed sleep |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Increased sleep duration |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Diarrhoea |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Headaches |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Migraines |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lower back pain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Water retention |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Bloating |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Increased gas |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Stomach pain (sometimes called cramps) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tiredness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fatigue |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Breast pain |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Breast tenderness |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Food cravings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Changes in appetite |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heavy bleeding |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Flooding from period |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cold symptoms (e.g., sneezing, sore throat, etc.) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Feeling weak |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Feeling slow |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Psychological symptoms | | | | | | | | | | | | | | | | | |  |
| Mood changes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Irritability |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Anxiety |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Low motivation |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reduced concentration |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Reduced focus |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Feeling sad or depressed |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other symptoms (if there are any symptoms we have not listed here that you would like to tell us about please list them below): | | | | | | | | | | | | | | | | | | |
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1. Over the last 3 months, to what extent have you reduced your training volume due to any menstrual cycle related symptoms?

No reduction

To a minor extent

To a moderate extent

To a major extent

Could not participate at all

1. Over the last 3 months, to what extent have any menstrual cycle related symptoms affected your performance?

No effect

To a minor extent

To a moderate extent

To a major extent

Could not participate at all

1. Throughout your menstrual cycle or while taking your contraceptive, do you notice any positive symptoms (e.g., improved mood at certain phases, increased flexibility, better focus)?

Yes No Prefer not to say

* 1. If yes, what positive symptoms do you experience? Provide as much details as you feel comfortable to.

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1. Do you take any medication to manage your menstrual cycle related symptoms (e.g., ibuprofen, paracetamol)?

Yes No Prefer not to say

* 1. If yes to Q13, please provide details if you feel comfortable to:

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1. Do you take any nutritional supplements to manage your menstrual cycle related symptoms (e.g., vitamin D, omega-3, etc.)?

Yes No Prefer not to say

* 1. If yes to Q14, please provide details if you feel comfortable to:

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1. Do you do anything else to manage your menstrual cycle related symptoms (e.g., tens machine, hot water bottle)?

Yes No Prefer not to say

* 1. If yes to Q15, please provide details if you feel comfortable to:

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1. Have you had any previous education about your menstrual cycle or contraceptive use sports performance?

Yes No Prefer not to say

1. Do you talk to you currently talk with your coach or any support staff about your menstrual cycle or contraceptive use?

Yes No Prefer not to say

* 1. If no, would you feel comfortable talking to your coach or any support staff about your menstrual cycle or contraceptive use?

Yes No Prefer not to say