**Menstrual Cycle Questionnaire**

***(Made for the EGG and Emotionality Study)***

When was the first day of your last period?

[*Insert PSST here*]

Are you currently experiencing any of the premenstrual symptoms (listed above)? Yes/No

If yes, how intense are these symptoms right now?

1 – Mild

2

3 – Moderate

4

5 – Severe

Are you currently taking oral contraceptives? Yes/No

What is the name of the medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is it a progestin-only (minipill) or combination (synthetic estrogen and progestin) pill?

* Progestin only (minipill)   
  [i.e. Camila, Ortho Micronor]
* Combination   
  [i.e. Loestrin, Ortho-Cyclen, Yasmin)

If combination, is it monophasic, biphasic, or triphasic?

* Monophasic (has the same amount of estrogen and progestin in each active pill)  
  [i.e. Loestrin, Ortho-Cyclen, Yasmin)
* Biphasic (the level of estrogen and progestin changes one time per pill pack)   
  [i.e. Amethia Lo, Camrese Lo, Daysee]
* Triphasic (the level of estrogen and progestin changes three times per pill pack)   
  [i.e. Ortho Tri-Cyclen]

Does your oral contraceptive contain a week of placebo/sugar pills? Yes/No

If yes, as of today are you taking the placebo/sugar pill or the active pill? Placebo/Active

If active, what week of the active pill are you taking? 1/2/3

Are you using any other type of hormonal contraceptive? Yes/No

What type?

* Hormonal IUD [i.e. Mirena, Skyla, Kyleena]  
  (this does not include Paragard, a hormone free copper IUD)
* Birth control patch
* Birth control ring [i.e. NuvaRing]
* Birth control implant [i.e. Nexplanon]
* Birth control shot [i.e. Depo Provera]
* Other: \_\_\_\_\_\_\_\_\_\_\_\_