1\_My Menoplan Survey

Start of Block: Default Question Block

Q1   
                         
   
 You are being invited to participate in a research study titled My Menoplan Beta Test. This study is being done by Drs. Andrea Z. LaCroix (University of California at San Diego ), Leslie Snyder (University of Connecticut), and Katherine M. Newton (Kaiser Permanente Washington Health Research Institute).   
    
The purpose of this research study is to get your feedback on a new website we developed for women going through menopause. Your feedback will help us improve the website and make it better for women everywhere.    
    
You are eligible to participate in the study if you are 40 to 65 years of age and have questions about menopause or perimenopause. If you agree to take part in this study, please explore the website for at least 10 - 20 minutes and then complete a 5 - 10 minute questionnaire. The questionnaire will ask about your menopausal status and your reactions to the website.    
    
You may directly benefit from using the website by learning more about perimenopause, menopause, symptoms, and treatments and coping strategies for symptoms, and developing a personalize plan for managing your symptoms. You will have access to the website before it is publicly available.    
    
Your participation in this study is completely voluntary and you can withdraw at any time by simply exiting the survey. There is no penalty for withdrawing or not participating. You are free to skip any question that you choose.    
    
We will not collect private information, such as your name, phone number, email address, birthday, or social security number. Your computer’s IP address will be used to match your website use to your questionnaire and will then be discarded. An IP address is a unique address that identifies your electronic device. Research records will be kept confidential to the extent allowed by law and may be reviewed by the UCSD Institutional Review Board.    
    
There are minimal risks associated with this research study. There is a small risk of breach of confidentiality through your IP address. To minimize this risk we will keep your information in a password protected file. Only one research assistant will have access to your IP address. The address will be discarded as soon as we have linked your questionnaire results with your website use.    
    
If you have any questions while completing the questionnaire or afterward, you can call Viviana at 860-931-0081. *If you have questions about your rights as a research participant, you may contact the UC San Diego Human Research Protections Program Office at 858-246-4777. This program is a group of people who review research studies to protect the welfare of research participants.*

Q2   
By clicking “You agree” below you are indicating that you are at least 18 years old, have read this consent form, and agree to participate in this research study. (You may print a copy of this page for your records.)

* You Agree (1)
* You Do Not Agree (2)

Skip To: End of Survey If Q2 = You Do Not Agree

|  |  |
| --- | --- |
| Page Break |  |

End of Block: Default Question Block

Start of Block: Block 1

Q3 Thank you for agreeing to help us with our website!   
  Please spend at least 10 - 15 minutes exploring the website. You can stay on for as long as you like. VERY IMPORTANT!  When you are done, **please return to this page and click the "Next" button below to give us feedback** about the website.   
    
Click  [<< HERE >>](https://www.mymenoplan.org) to go to the website.   
    
We really appreciate your help in making this website meet women’s needs!   
    
          - The My Menoplan Research Team

Q30 Timing

First Click (1)

Last Click (2)

Page Submit (3)

Click Count (4)

End of Block: Block 1

Start of Block: Block 2

Use Reusable Choices

Q4   
Thanks for checking out our website!   
(It's [here](http://mymenoplan.org), if you need it again.)   
    
Please rate how much you agree or disagree with the following statements about the My Menoplan Website.   
    
**I liked the website.**

* Strongly agree (x1)
* Agree (x2)
* Neither agree nor disagree (x3)
* Disagree (x4)
* Strongly disagree (x5)

Use Reusable Choices

Q5 **I found the website easy to use.**

* Strongly agree (x1)
* Agree (x2)
* Neither agree nor disagree (x3)
* Disagree (x4)
* Strongly disagree (x5)

Use Reusable Choices

Q6 **I found the information I was looking for.**

* Strongly agree (x1)
* Agree (x2)
* Neither agree nor disagree (x3)
* Disagree (x4)
* Strongly disagree (x5)

Use Reusable Choices

Q7 **I am satisfied with the experience I had on the website.**

* Strongly agree (x1)
* Agree (x2)
* Neither agree nor disagree (x3)
* Disagree (x4)
* Strongly disagree (x5)

End of Block: Block 2

Start of Block: Block 3

Q8 **What stage of menopause are you in?**

* Premenopause (1)
* Perimenopause (2)
* Postmenopause (3)
* Don’t know (4)

|  |  |
| --- | --- |
| Page Break |  |

Q9 **Which of the following menopause symptoms do you have?** (CHECK ALL THAT APPLY)

* **I don't have any symptoms** (21)
* Hot Flashes (1)
* Night Sweats (2)
* Sleep problems/ insomnia (3)
* Moody (5)
* Depression (6)
* Anxiety (7)
* Heavy, Irregular Periods (12)
* Low Sex Drive (11)
* Pain with Sex (8)
* Vagina Pain (not during sex) (9)
* Vaginal Dryness (10)
* Urinary Infection (13)
* Bladder Control Problems (17)
* Brain Fog / cognitive issues (18)
* Dry Eyes (20)
* Dry Hair (15)
* Dry Skin (16)
* Physical Aches and Pains (14)
* Weight Gain (19)
* Other (22)

Display This Question:

If Q9 = Other

Q10    **What are your other symptoms?** (PLEASE TYPE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Page Break |  |

Q11 7. What were your main reason(s) for coming to the My MenoPlan web site? (Other than to help us!) (CHECK ALL THAT APPLY)

* I wanted to know **if I'm in perimenopause/menopause**. (1)
* I want to know **what to expect** when I am in perimenopause/menopause. (7)
* I wanted to know more about **symptoms** of menopause. (3)
* I wanted to know more about **treatments or coping strategies** for my symptoms. (2)
* What I have tried so far to manage my symptoms **isn’t working**. (5)
* I wondered if the **advice** I'm getting from others is good. (8)
* I wanted to more about menopause **in general**. (4)
* I was looking for information **for a friend or relative**. (9)
* Other (6)

Display This Question:

If Q11 = Other

Q12 **What are you other reasons for using the website?** (PLEASE TYPE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Page Break |  |

Q13 Please rate your **level of interest** in each section of the MyMenoPlan Website.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Very interested (1) | Moderately interested (2) | Not Interested (3) |
| About Menopause (1) |  |  |  |
| Menopause Symptoms (2) |  |  |  |
| Menopause Treatments (3) |  |  |  |
| Who We Are (4) |  |  |  |
| Create Your Menoplan (5) |  |  |  |
| Women's Stories (6) |  |  |  |

|  |  |
| --- | --- |
| Page Break |  |

Q14 Please rate how **useful or not useful** you found each section of the MyMenoPlan website.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Very useful (1) | Moderately useful (2) | Not useful (4) |
| About Menopause (1) |  |  |  |
| Menopause Symptoms (2) |  |  |  |
| Menopause Treatments (3) |  |  |  |
| Who We Are (4) |  |  |  |
| Create Your Menoplan (5) |  |  |  |
| Women's Stories (6) |  |  |  |

|  |  |
| --- | --- |
| Page Break |  |

End of Block: Block 3

Start of Block: Block 4

Use Reusable Choices

Q15 Please rate how much you agree or disagree with each of the following statements about the My Menoplan website.   
    
**The website increased my knowledge about menopause, its symptoms, and treatments.**

* Strongly agree (x1)
* Agree (x2)
* Neither agree nor disagree (x3)
* Disagree (x4)
* Strongly disagree (x5)

Use Reusable Choices

Q16 **I trust the information on the website.**

* Strongly agree (x1)
* Agree (x2)
* Neither agree nor disagree (x3)
* Disagree (x4)
* Strongly disagree (x5)

Use Reusable Choices

Q17 **I will recommend MyMenoPlan to my friends and family.**

* Strongly agree (x1)
* Agree (x2)
* Neither agree nor disagree (x3)
* Disagree (x4)
* Strongly disagree (x5)

Use Reusable Choices

Q18 **I am going to talk to my health care provider about the information on the website.**

* Strongly agree (x1)
* Agree (x2)
* Neither agree nor disagree (x3)
* Disagree (x4)
* Strongly disagree (x5)

End of Block: Block 4

Start of Block: Block 5

Display This Question:

If Q9 != <strong>I don't have any symptoms</strong>

Use Reusable Choices

Q19 **Based on information in the website, I am considering new ways to manage my perimenopause/menopause symptoms.**

* Strongly agree (x1)
* Agree (x2)
* Neither agree nor disagree (x3)
* Disagree (x4)
* Strongly disagree (x5)

End of Block: Block 5

Start of Block: Block 6

Display This Question:

If Q9 != <strong>I don't have any symptoms</strong>

Use Reusable Choices

Q20 **I am closer to deciding which coping strategies / treatments to try.**

* Strongly agree (x1)
* Agree (x2)
* Neither agree nor disagree (x3)
* Disagree (x4)
* Strongly disagree (x5)

Display This Question:

If Q9 != <strong>I don't have any symptoms</strong>

Use Reusable Choices

Q21 **I am better informed about the benefits and risks of coping strategies and treatments that I am considering using or am already using.**

* Strongly agree (x1)
* Agree (x2)
* Neither agree nor disagree (x3)
* Disagree (x4)
* Strongly disagree (x5)

Display This Question:

If Q9 != <strong>I don't have any symptoms</strong>

Use Reusable Choices

Q22 **I am more certain about what is most important to me in making a decision about coping strategies or treatments I could try.**

* Strongly agree (x1)
* Agree (x2)
* Neither agree nor disagree (x3)
* Disagree (x4)
* Strongly disagree (x5)

|  |  |
| --- | --- |
| Page Break |  |

Q23 Which of these tools on the website did you use or download, if any? (check all that apply)

* **None of the tools below** (11)
* Create My Menoplan Tool (9)
* Am I in Menopause? Tool (10)
* Sleep Problem Tool (4)
* Depression Tool (5)
* Anxiety Tool (6)
* Hot Flash Diary (7)
* Incontinence Diary (8)

|  |  |
| --- | --- |
| Page Break |  |

Q24 Please select your age range:

* Less than 40 (4)
* 40-44 (5)
* 45-49 (6)
* 50-54 (7)
* 55-59 (8)
* 60-65 (9)
* Above 65 (10)

|  |  |
| --- | --- |
| Page Break |  |

Q25 How would you describe your gender?

* Female (5)
* Transgender female (9)
* Male (4)
* Transgender male (8)
* Non-binary or other preferred term (6)
* Prefer not to say (7)

|  |  |
| --- | --- |
| Page Break |  |

|  |  |
| --- | --- |
| Page Break |  |

Q27 How would you describe yourself. (SELECT ALL THAT APPLY)

* American Indian or Alaska Native. (4)
* Asian or Asian-American. (5)
* Black or African American. (6)
* Hispanic or Latino. (7)
* Native Hawaiian or Other Pacific Islander. (8)
* White. (9)

|  |  |
| --- | --- |
| Page Break |  |

Q28 We welcome your feedback. What did you like best? Is there anything we should change about the website? What could we do better? Questions about menopause we didn't address? Please be specific.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q29 We are still working on the "Women's Stories" portion of the website. If you would be willing to share your menopause story, please send us a Facebook message **@MyMenoplan**, text us at **860-931-0081**, or send an email to **mymenoplan@gmail.com**. If you qualify, we will ask you questions on zoom and record a video.

End of Block: Block 6