

Reproductive Health Survey

Thank you for spending the time to complete our survey! We are highly interested in the topic of women's health and well-being, and this survey will give us insight on each individual experience regarding something natural. With this information, we hope to create something that will make your menstrual experience a more positive one. Please feel free to contact us with any questions or concerns, or if you would like to have a conversation regarding this topic!

*** Required**

1. What age group do you fall in? *

Mark only one oval.

- ☐ Under 10
- ☐ 10-17
- ☐ 18-25
- ☐ 26-32
- ☐ 33-40
- ☐ Over 40

2. Are you a student at UIUC? *

Mark only one oval.

- ☐ Yes
- ☐ No

3. What is your current employment status? *

Mark only one oval.

- ☐ Employed (Part-time)
- ☐ Employed (Full-time)
- ☐ Unemployed
- ☐ Self-employed
- ☐ Retired

4. What type of sanitary products do you currently use? *

Check all that apply.

- ☐ Feminine Pads
- ☐ Tampons
- ☐ Menstrual Cups
- ☐ Period Underwear
- ☐ Panty-Liners
- ☐ Other: _____

5. What brand of menstrual products do you use? **Check all that apply.*

- ☐ Always
- ☐ Tampax
- ☐ Kotex
- ☐ Carefree
- ☐ Store Brand
- ☐ Lola
- ☐ Playtex
- ☐ The Diva Cup
- ☐ Store Bargain Brand
- ☐ Other: _____

6. Why do you choose this brand? **Check all that apply.*

- ☐ Affordability
- ☐ Quality
- ☐ Availability
- ☐ Other: _____

7. Where do you receive your feminine hygiene products from? **Check all that apply.*

- ☐ Store
- ☐ Online
- ☐ Clinics
- ☐ Other: _____

8. When choosing sanitary napkins, which factors are the most important to you? **Check all that apply.*

- ☐ Organic
- ☐ Price
- ☐ Quality of Product
- ☐ Quantity in Pack
- ☐ Packaging
- ☐ Brand
- ☐ Availability
- ☐ Other: _____

9. On average, how much do you think you spend on menstrual products every month? (\$) **Mark only one oval.*

- ☐ Under 5
- ☐ 5 - 10
- ☐ 10 - 15
- ☐ 15 - 20
- ☐ 20 - 25
- ☐ 25 - 30
- ☐ Over 30
- ☐ Other: _____

10. How much would you be willing to pay for monthly menstrual cycle necessities? **Mark only one oval.*


- ☐ Under 5
- ☐ 5 - 10
- ☐ 10 - 15
- ☐ 15 - 20
- ☐ 20 - 25
- ☐ 25 - 30
- ☐ Over 30
- ☐ Other: _____

11. How does the cost of sanitary products impact your financial situation? **Check all that apply.*

- ☐ The cost does not affect me
- ☐ The cost of sanitary products makes them completely inaccessible to me
- ☐ The cost of sanitary products is a financial burden for me, but I still am able to purchase them
- ☐ Other: _____

12. Do you have any other concerns or issues you would like to discuss regarding menstrual cycle necessities? What are some issues you notice you face when it comes to your time of the month? *

13. Do you have any suggestions that would make your experience regarding your menstrual cycle a more positive one? (i.e. "If only there was...") *

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