

## Questionnaire 1 Menstrual Status

NO. \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_  
Weight \_\_\_\_\_ Work years \_\_\_\_\_ Degree of education \_\_\_\_\_

### Menstrual status

1. Menstrual status  
Regular ( ) Disturbed ( ) Amenorrhea ( )
2. Abnormal bleeding during the menstruation  
No ( ) Frequent ( ) Occasional ( )
3. Days of menstruation (days)  
2-7 ( ) < 2 ( ) > 7 ( ) Irregular ( )
4. Menstrual cycle (days)  
21-35 ( ) < 21 ( ) > 35 ( ) Irregular ( )
5. Menstrual flow (total number of sanitary napkins used during menstruation) (pieces)  
5-15 ( ) < 5 ( ) > 15 ( )
6. Dysmenorrhea  
Never ( ) Mild ( ) Severe ( ) Unbearable pain ( )

### Premenstrual symptoms

1. Irritable  
Never ( ) Light ( ) Severe ( )
2. Anxiety  
Never ( ) Light ( ) Severe ( )
3. Depression  
Never ( ) Light ( ) Severe ( )
4. Nervous  
Never ( ) Light ( ) Severe ( )
5. Emotional instability  
Never ( ) Light ( ) Severe ( )
6. Inattention  
Never ( ) Light ( ) Severe ( )
7. Forgetfulness  
Never ( ) Light ( ) Severe ( )
8. Avoid<sup>1</sup>  
Never ( ) Light ( ) Severe ( )
9. Inefficient<sup>2</sup>  
Never ( ) Light ( ) Severe ( )
10. Breast pain  
Never ( ) Light ( ) Severe ( )
11. Abdominal pain  
Never ( ) Light ( ) Severe ( )
12. Headache  
Never ( ) Light ( ) Severe ( )
13. Muscle pain

- Never (     ) Light (     ) Severe (     )
14. Abdominal bloating  
Never (     ) Light (     ) Severe (     )
15. Anorexia  
Never (     ) Light (     ) Severe (     )
16. Nausea  
Never (     ) Light (     ) Severe (     )
17. Vomiting  
Never (     ) Light (     ) Severe (     )
18. Diarrhea  
Never (     ) Light (     ) Severe (     )
19. Abdominal fullness  
Never (     ) Light (     ) Severe (     )
20. Constipation  
Never (     ) Light (     ) Severe (     )
21. Fatigue  
Never (     ) Light (     ) Severe (     )
22. Edema of the extremities  
Never (     ) Light (     ) Severe (     )
23. Sleepiness  
Never (     ) Light (     ) Severe (     )
24. Insomnia  
Never (     ) Light (     ) Severe (     )
25. night sweat  
Never (     ) Light (     ) Severe (     )
26. Spots  
Never (     ) Light (     ) Severe (     )
27. Pore bulky<sup>3</sup>  
Never (     ) Light (     ) Severe (     )
28. weight gain  
Never (     ) Light (     ) Severe (     )
29. Allergy  
Never (     ) Light (     ) Severe (     )
30. Rash<sup>4</sup>  
Never (     ) Light (     ) Severe (     )
31. Acne  
Never (     ) Light (     ) Severe (     )

1 “Avoid”: a person may show some loneliness and reluctance to meet people during the week before menstruation.

2 “Inefficient”: there is a tendency to do something as well as work less efficiently.

3 “Pore bulky”: some women show enlarged pores on their faces during the premenstrual period.

4 “Rash”: the skin condition that some women experience as a rash on the face before menstruation.

## Questionnaire 2 Influence Factors of Menstrual

NO. \_\_\_\_\_

Please tick (√) in the corresponding position according to your (last six months) actual situation and personal feelings

### General status

1. Menstrual status  
Regular ( ) Disturbed ( ) Amenorrhea ( )
2. Age at menarche  
< 10 years old ( ) 11-17 years old ( ) > 17 years old ( )  
No natural menstruation ( )
3. Marital and reproductive status  
Unmarried ( ) Married ( ) Number of children ( )
4. Disease History  
None ( ) Irregular menstruation ( ) Polycystic ovary syndrome ( )  
Benign breast diseases (such as breast hyperplasia, benign fibroids of the breast) ( )  
Pelvic inflammatory disease ( ) Hyperthyroidism ( ) Hypothyroidism ( )  
Obesity ( ) Hypertension ( ) Diabetes mellitus ( ) Hyperlipidemia ( )  
Heart disease ( ) Constipation ( ) Others ( )

### Daily psychological and emotional (including menstruation)

1. Anxiety  
Never ( ) Mild ( ) Severe ( )
2. Depression  
Never ( ) Mild ( ) Severe ( )
3. Stress  
Never ( ) Mild ( ) Severe ( )
4. Relationship with colleagues  
Good ( ) General ( ) Bad ( )

### Family history of disease and medication

1. Family history of menstrual disorders  
Yes ( ) No ( )
2. Family history of disease (multiple choice)  
None ( ) Irregular menstruation ( ) Polycystic ovary syndrome ( )  
Benign breast diseases (such as mastopexy,, benign fibroids of the breast) ( ) Pelvic  
inflammatory disease ( ) Hyperthyroidism ( ) Hypothyroidism ( ) Obesity  
( ) Hypertension ( ) Diabetes mellitus ( ) Hyperlipidemia ( ) Heart  
disease ( ) Constipation ( ) Others ( )
3. Have you taken any medication for menstruation?  
No ( ) Yes ( ) Drug name ( )
4. Have you taken hormonal drugs?

No (     )    Yes (     )    Drug name(     )

### **Life Habits**

1. Training times per week (> 30min into statistics)  
    > 5 times (     )    3-5 times (     )    < 3 times (     )
2. The intensity of exercise  
    Low (     )    Medium (     )    High (     )
3. Have you ever do exercise during menstruation?  
    Yes (     )    No (     )
4. Do you feel fatigued ?  
    Never (     )    Light (     )    Severe (     )
5. Are you eating regularly?  
    Yes (     )    No (     )
6. To diet  
    Yes (     )    No (     )
7. Consumption of cold drinks or ice-cream per week (times)  
    < 3 (     )    3-5 (     )    > 5 (     )
8. Sleep duration  
    < 6 hours (     )    6-8 hours (     )    > 8 hours (     )
9. Sleep quality  
    Good (     )    General (     )    Bad (     )
10. Sleep disorder  
    Yes (     )    No (     )
11. Bedtime  
    Earlier than 10PM (     )    10-11PM (     )    11PM-12AM (     )    0-1AM (     )
12. How does the local temperature feel?  
    Cold (     )    Moderate (     )    Hot (     )

### Questionnaire 3 Symptom Checklist-90 (SCL-90)

NO. \_\_\_\_\_

Please read each one carefully. After you have done so, please choose the option which best describes how much that problem has bothered or distressed you during the past 1 week including today. All questionnaires will be treated confidentially!

0 = not at all    1 = a little bit    2 = moderately    3 = quite a bit    4 = extremely

- 1 Headaches (    )
- 2 Nervousness or shakiness inside (    )
- 3 Unwanted thoughts or ideas that won't leave your head (    )
- 4 Faintness or dizziness (    )
- 5 Loss of sexual interest or pleasure (    )
- 6 Feeling critical of others (    )
- 7 The idea that someone else can control your thoughts (    )
- 8 Feeling others are to blame for most of your troubles (    )
- 9 Trouble remembering things (    )
- 10 Worried about sloppiness or carelessness (    )
- 11 Feeling easily annoyed or irritated (    )
- 12 Pains in heart or chest (    )
- 13 Feeling afraid in open spaces or on the street (    )
- 14 Feeling low in energy or slowed down (    )
- 15 Thoughts of ending life (    )
- 16 Hearing voices that other people do not hear (    )
- 17 Trembling (    )
- 18 Feeling that most people cannot be trusted (    )
- 19 Poor appetite (    )
- 20 Crying easily (    )
- 21 Feeling shy or uneasy with the opposite sex (    )
- 22 Feeling of being trapped or caught (    )
- 23 Suddenly scared for no reason (    )
- 24 Temper outbursts that you could not control (    )
- 25 Feeling afraid to go out of your house alone (    )
- 26 Blaming yourself for things (    )
- 27 Pains in lower back (    )
- 28 Feeling blocked in getting things done (    )
- 29 Feeling lonely (    )
- 30 Feeling blue (    )
- 31 Worrying too much about things (    )
- 32 Feeling no interest in things (    )
- 33 Feeling fearful (    )
- 34 Your feelings being easily hurt (    )

- 35 Other people being aware of your private thoughts (     )
- 36 Feeling others do not understand you or are unsympathetic (     )
- 37 Feeling that people are unfriendly (     )
- 38 Having to do things very slowly (     )
- 39 Heart pounding or racing (     )
- 40 Nausea or upset stomach (     )
- 41 Feeling inferior to others (     )
- 42 Soreness of your muscles (     )
- 43 Feeling that you are watched or talked about by others (     )
- 44 Trouble falling asleep (     )
- 45 Having to check and double check what you do (     )
- 46 Difficulty making decisions (     )
- 47 Feeling afraid to travel on buses, subways or trains (     )
- 48 Trouble getting your breath (     )
- 49 Hot or cold spells (     )
- 50 Having to avoid certain things, places or activities (     )
- 51 Your mind going blank (     )
- 52 Numbness or tingling in parts of your body (     )
- 53 A lump in your throat (     )
- 54 Feeling hopeless about the future (     )
- 55 Trouble concentrating (     )
- 56 Feeling weak in parts of your body (     )
- 57 Feeling tense or keyed up (     )
- 58 Heavy feelings in your arms or legs (     )
- 59 Thoughts of death or dying (     )
- 60 Overeating (     )
- 61 Feeling uneasy when people are watching or talking about you (     )
- 62 Having thoughts that are not your own (     )
- 63 Having urges to beat, injure or harm someone (     )
- 64 Awakening in the early morning (     )
- 65 Having to repeat the same actions such as touching, counting, washing (     )
- 66 Sleep that is restless or disturbed (     )
- 67 Having urges to break or smash things (     )
- 68 Having ideas or beliefs that others do not share (     )
- 69 Feeling very self-conscious with others (     )
- 70 Feeling uneasy in crowds such as shopping or at a movie (     )
- 71 Feeling everything is an effort (     )
- 72 Spells of terror or panic (     )
- 73 Feeling uncomfortable about eating or drinking in public (     )
- 74 Getting into frequent arguments (     )
- 75 Feeling nervous when you are left alone (     )
- 76 Others not giving you proper credit for your achievements (     )
- 77 Feeling lonely even when you are with people (     )
- 78 Feeling so restless you couldn't sit still (     )

- 79 Feeling of worthlessness (     )
- 80 Feeling that familiar things are strange or unreal (     )
- 81 Shouting or throwing things (     )
- 82 Feeling afraid you will faint in public (     )
- 83 Feeling that people will take advantage of you if you let them (     )
- 84 Having thoughts about sex that bother you a lot (     )
- 85 The idea that you should be punished for your sins (     )
- 86 Feeling pushed to get things done (     )
- 87 The idea that something serious is wrong with your body (     )
- 88 Never feeling close to another person (     )
- 89 Feelings of guilt (     )
- 90 The idea that something is wrong with your mind (     )