Appendix S1: The Menstrual Bleeding Questionnaire

These questions ask for details about your period. Periods can be different from month to month. Please make sure you read all of the options. For this questionnaire, period refers to any bleeding that you have from your vagina, even if it is irregular.

Some of the questions may sound similar. Just read through each question carefully and give your best answer.

You may have other medical problems that could affect your answers. Please try to focus on questions and answers ONLY as they relate to your period.

| During the past month, did you have ANY bleeding? |
|--------------------------------------------------|
| Yes.................................................................. [ ] |
| No.................................................................. [ ] |

If you answered “YES” continue to question 1.
If you answered “NO” skip to question 10.

1. During the past month, how would you describe your periods?
   - Very Light................................................................. [ ] 0
   - Light......................................................................... [ ] 1
   - Moderate..................................................................... [ ] 2
   - Heavy......................................................................... [ ] 3
   - Very Heavy.................................................................. [ ] 4

Instructions for questions 2, 3, and 4
“High absorbency” sanitary products means any type of tampon or pad that is NOT a thin pantiliner.

“Soaked” means completely or almost completely stained and filled with blood.

2. On your heaviest day of bleeding during the past month, how many high absorbency sanitary products did you soak (either completely or almost completely)?
   - 0.................................................................................. [ ] 0
   - 1-4.............................................................................. [ ] 1
   - 5-8.............................................................................. [ ] 2
   - 9-12............................................................................. [ ] 3
   - 13-16.......................................................................... [ ] 4
   - More than 16................................................................. [ ] 5

3. During the past month, how often did you need to wear either an incontinence brief or more than one high absorbency sanitary product (either more than one pad, a pad and a tampon, more than one tampon) at a time to contain your bleeding?
   - Never.......................................................................... [ ] 0
   - 1-3 times.................................................................... [ ] 1
   - 4-6 times.................................................................... [ ] 2
   - 7-10 times.................................................................. [ ] 3
   - 11 times or greater........................................................ [ ] 4
4. During the past month, how many times have you had an episode of bleeding that soaked through your “outer” clothes (pants, skirt, dress)?

   - Never……………………………………………………………………………….. [ ]0
   - 1-3 times………………………………………………………………………… [ ]1
   - 4-6 times………………………………………………………………………… [ ]2
   - Greater than 6 times…………………………………………………………….. [ ]3

5. During the past month, how many times did you need to get out of bed in the middle of night (or during sleep hours) to change your sanitary products?

   - Never……………………………………………………………………………….. [ ]0
   - 1-3 times………………………………………………………………………… [ ]1
   - 4-6 times………………………………………………………………………… [ ]2
   - 7-10 times……………………………………………………………………… [ ]3
   - 11 times or greater…………………………………………………………… [ ]4

6. During the past month, how many times did you pass blood clots (clumps of blood)?

   - Never……………………………………………………………………………….. [ ]0
   - 1-3 times………………………………………………………………………… [ ]1
   - 4-6 times………………………………………………………………………… [ ]2
   - Greater than 6 times……………………………………………………………… [ ]3

7. During the past month, how often did passing blood clots (clumps of blood) stain your clothing?

   - Never……………………………………………………………………………….. [ ]0
   - 1-3 times………………………………………………………………………… [ ]1
   - 4-6 times………………………………………………………………………… [ ]2
   - Greater than 6 times……………………………………………………………… [ ]3

8. Please fill in the following statement about pain related to your period. During the past month, my period was associated with...

   - No pain……………………………………………………………………………… [ ]0
   - Slight pain………………………………………………………………………… [ ]1
   - Moderate pain…………………………………………………………………… [ ]2
   - Severe pain………………………………………………………………………… [ ]3

9. During the past month, how many weeks did your periods last?

   - 1 week or less out of 4 weeks………………………………………………….. [ ]0
   - More than 1 week, less than 2 weeks out of 4 weeks…………………….. [ ]1
   - More than 2 weeks, less than 3 weeks out of 4 weeks…………………… [ ]2
   - More than 3 weeks out of 4 weeks………………………………………….. [ ]3

10. During the past month, on how many days do you think your work at your job suffered because you were bleeding?

    - I am currently not working outside of the home………………………….. [ ]**
    - Never, my bleeding does not affect my work……………………………… [ ]0
    - 1-3 days………………………………………………………………………… [ ]1
    - 4-8 days………………………………………………………………………… [ ]2
    - 9-12 days………………………………………………………………………… [ ]3
    - 13 days or more……………………………………………………………….. [ ]4
11. During the past month, on how many days did you miss work because you were bleeding?

I am currently not working outside of the home............................................................ [ ]**
Never, my bleeding does not affect my work schedule............................................. [ ]0
1-3 days................................................................................................................... [ ]1
4-8 days.................................................................................................................. [ ]2
9-12 days................................................................................................................ [ ]3
13 days or more....................................................................................................... [ ]4

12. During the past month, on how many days did you avoid family activities (grocery shopping, household chores) when you thought you would be bleeding?

Never..................................................................................................................... [ ]0
1-3 days.................................................................................................................. [ ]1
4-8 days.................................................................................................................. [ ]2
9-12 days................................................................................................................ [ ]3
13 days or more...................................................................................................... [ ]4

13. During the past month, when would you carry sanitary products (pads, tampons) with you (in your pocket, in your bag)?

Every day, in case I had any bleeding................................................................. [ ]2
On the days when I had bleeding and on days when I guessed that I might have bleeding [ ]1
Only on the days that I had bleeding................................................................. [ ]0

14. During the past month, on how many days did you avoid social activities (such as getting together with friends, going shopping for fun, going sight-seeing) when you thought you would be bleeding?

Never..................................................................................................................... [ ]0
1-3 days.................................................................................................................. [ ]1
4-8 days.................................................................................................................. [ ]2
9-12 days................................................................................................................ [ ]3
13 days or more...................................................................................................... [ ]4

15. During the past month, on how many days did you plan your activities (work, social, or family) based on whether or not there was a bathroom nearby?

Never..................................................................................................................... [ ]0
1-3 days.................................................................................................................. [ ]1
4-8 days.................................................................................................................. [ ]2
9-12 days................................................................................................................ [ ]3
13 days or more...................................................................................................... [ ]4

16. During the past month, on how many days did you bring extra clothes with you (to work, out shopping) in case you had staining from your period?

Never..................................................................................................................... [ ]0
1-3 days.................................................................................................................. [ ]1
4-6 days.................................................................................................................. [ ]2
Greater than 6 days.............................................................................................. [ ]3
17. During the past month, on how many days did you choose what to wear based on whether or not you were bleeding?

Never………………………………………………………………………………………………… [ ] 0
1-3 days……………………………………………………………………………………………... [ ] 1
4-8 days…………………………………………………………………………………………… [ ] 2
9-12 days………………………………………………………………………………………… [ ] 3
13 days or more………………………………………………………………………………… [ ] 4

18. On a scale of 0-10, with 0 being no concern at all and 10 being extremely concerned, please rate your overall concern about bleeding staining your clothes.

19. During the past month, would you say that your period start date was...

Completely predictable…………………………………………………………………………… [ ] 0
Somewhat predictable…………………………………………………………………………… [ ] 1
Not at all predictable…………………………………………………………………………… [ ] 2

20. During the past month, would you say that your period end date was...

Completely predictable…………………………………………………………………………… [ ] 0
Somewhat predictable…………………………………………………………………………… [ ] 1
Not at all predictable…………………………………………………………………………… [ ] 2

** for women who are not working outside of the home, impute the score given on question number 12

Total Menstrual Bleeding Questionnaire Score is obtained by summing the values obtained on questions 1-20.