



MENSTRUAL HEALTH QUESTIONNAIRE

You will need to complete all questions if you have menstruated already. Please complete questions 1 to 16 if you have not had the menstruation yet.

Your answers are anonymous so nobody will be able to know that you have completed this questionnaire. It is very important for you to know that there are no right or wrong answers, all answers are welcome!

Date: _____

Indicate with an X or write your answer to the following questions

1. How old are you? _____
2. What city do you live in? _____
3. What is the name of your school? _____
4. What are you studying? _____
5. What country were you born in? _____
6. What countries were your carers (e.g. parents/tutors) born in?
 - My carer (e.g. parent/tutor) 1 was born in _____
 - My carer (e.g. parent/tutor) 2 was born in _____
 - I don't know
8. Do you feel part of any of these communities? *Tick all options that are true for you*
 - Gipsy
 - Christian
 - Catholic
 - Islamic
 - Hinduist
 - Buddhist
 - Jewish
 - Other _____
 - None of these
 - I don't know
9. Have you ever menstruated before?
 - Yes
 - No
 - I don't know



10. Do you think menstrual pain is “normal”?
- Yes, it always hurts
 - Yes, it hurts sometimes
 - No, it shouldn't hurt too much
 - No, it doesn't hurt
 - I don't know
11. Where have you learnt about menstruation? *Tick all options that are true for you*
- Family
 - School
 - Friends
 - Internet
 - Social networks (e.g. Instagram)
 - TV
 - Magazines or books
 - Other _____
 - I don't know
12. Would you like to have more information on menstruation? *Tick all options that are true for you*
- Yes, on what the menstruation is
 - Yes, on menstruation duration
 - Yes, on how menstruation can have an impact on my daily life
 - Yes, on menstruation delays
 - Yes, on menstrual products
 - Yes, on something else: _____
 - No, I have enough
 - No, I am not interested
 - I don't know
13. Are you embarrassed to talk about menstruation?
- Yes
 - No
 - I don't know
14. What is menstruation? *Tick all the options that you think are correct.*
- Blood that comes out of the vagina
 - People menstruate every 3 weeks
 - It is common to menstruate over 10 days or more
 - Women menstruate all their lives
 - It is related to the menstrual cycle
 - I don't know
15. What menstrual products have you heard of (even if you have not used them)?



- Tampons
- Single-use pads
- Cloth menstrual pads (washable and re-usable)
- Menstrual cup
- Menstrual underwear (menstrual-proof underwear, washable and reusable)
- Menstrual sponges
- Other: _____
- I don't know

16. What is the menstrual cycle? *Tick all the options that you think are correct.*

- It has 3 phases
- It has something to do with hormones
- There are no changes in the body during the menstrual cycle
- It has something to do with ovulation
- I don't know

IF YOU HAVE NOT MENSTRUATED ALREADY, YOU HAVE FINISHED!

Thank you very much for participating!

PLEASE, CONTINUE ANSWERING IF YOU HAVE MENSTRUATED BEFORE



17. How old were you when you menstruated for the first time? _____

18. Do you get menstrual pain?

- Yes, always
- Yes, sometimes
- Very few times
- No, never
- I don't know

19. What do you do when you have menstrual pain? *Tick all the things that you do.*

- I take painkillers (e.g. Ibuprofen, paracetamol...)
- I take hormonal contraceptives every day for menstrual pain
- I use natural remedies
- I cannot buy products for menstrual pain
- I don't do anything
- I do something else: _____
- I don't get menstrual pain
- I don't know



20. Have you every spoken with someone about menstrual pain?
- Yes, with _____ (e.g., my mother)
 - No
 - I don't know
21. Do you stop going to school when you menstruate?
- Yes, always
 - Yes, sometimes
 - Very few times
 - No, never
 - I don't know
22. Do you stop exercising or going to physical education when you menstruate?
- Yes, always
 - Yes, sometimes
 - Very few times
 - No, never
 - I don't know
23. Do you stop doing activities such as going to the pool or to the beach when you menstruate?
- Yes, always
 - Yes, sometimes
 - Very few times
 - No, never
 - I don't know
24. Do you miss any plans with your friends when you menstruate?
- Yes, always
 - Yes, sometimes
 - Very few times
 - No, never
 - I don't know
25. Do you have trouble concentrating at school when you menstruate?
- Yes, always
 - Yes, sometimes
 - Very few times
 - No, never
 - I don't know
23. Do you feel less capable of taking an exam or evaluated activity when you menstruate?
- Yes, always
 - Yes, sometimes
 - Very few times
 - No, never
 - I don't know
24. Did you have information on menstruation before menstruating for the first time?
- Yes
 - No
 - I don't know
25. Did you feel ready to menstruate when you menstruated for the first time?
- Yes
 - No
 - I don't know
26. How do you usually feel when you have menstruate? Tick all options that are true for you.
- Happy
 - Sad
 - Dirty
 - Angry
 - Embarrassed
 - Relaxed
 - Tired
 - Sensitive
 - Other: _____
 - I don't know



27. Are you scared of staining your clothes with blood when you menstruate?
- Yes
 - No
 - I don't know
28. How often have you made up an excuse not to say that you were menstruating?
- Always
 - Sometimes
 - Very few times
 - Never
 - I don't know
29. Has anyone ever made fun of you for menstruating?
- Yes
 - No
 - I don't know
30. Have you ever seen anyone making fun of someone else for menstruating?
- Yes
 - No
 - I don't know
31. Are you embarrassed of buying (or asking for) menstrual products?
- Yes, always
 - Yes, sometimes
 - Very few times
 - No, never
 - I don't know
 - Someone else buys them for me
32. What menstrual products do you use? *Tick all the products that you use.*
- Tampons
 - Single-use pads
 - Cloth menstrual pads
 - Menstrual cup
 - Toilet paper
 - Menstrual underwear
 - Menstrual sponge
 - I wear more than one piece of underwear
 - Nappies
 - I don't use anything (free bleeding)
 - Other: _____
 - I don't know
33. Do you think menstrual products are expensive?
- Yes
 - No
 - I don't know
34. Have you ever lacked any money to buy menstrual products?
- Yes, always
 - Yes, sometimes
 - Very few times
 - No, never
 - I don't know



35. Have you ever had to use menstrual products that you don't like because the ones you like are too expensive?
- Yes, always Very few times I don't know
 Yes, sometimes No, never
36. Can you get menstrual products for free in your school?
- Yes
 No
 I don't know
37. Do you feel comfortable asking for menstrual products in the following places? *Tick all options that are true for you.*
- School Sports club
 Youth centre No, I don't feel comfortable
38. Have you ever asked about menstruation in your health centre or pharmacy?
- Yes
 No, but I would like to
 No, but I would not like to
 I don't know
39. Have you ever used menstrual products for longer than it is recommended because you did not have a replacement?
- Yes, always Very few times I don't know
 Yes, sometimes No, never
40. Have you ever used menstrual products for longer than it is recommended because you could not find appropriate washing facilities (e.g., individual bathroom, soap to wash your hands, clean bathroom,...)?
- Yes, always Very few times I don't know
 Yes, sometimes No, never
41. Have you had any of these symptoms in the last 6 months?
- Genital rash I haven't had any of these symptoms
 Vaginal irritation
 Genital redness or inflammation Other symptoms: _____
 Unusual vaginal discharge (colour/odour) I don't know



42. If you have had symptoms, have you spoken about it with anyone?
- Yes, with _____
 - No
 - I don't know
 - I haven't had any symptoms
43. If you have had symptoms, have you received any treatment?
- Yes, at _____ (e.g., health centre)
 - No
 - I don't know
 - I haven't had any symptoms

Would you like to add anything?

Let us know here:

THANK YOU VERY MUCH FOR YOUR PARTICIPATION!