| Menses/Menstruation Changes <sup>16</sup>  |
|--|
| Have you had any periods (menstrual cycles) in the last 3 months? (We mean bleeding for which you needed a tampon or   |
| sanitary pad, NOT discharge (spotting) for which you needed a panty liner only)  • No  |
| • Yes  |
| If you have NOT had naviade in the last 2 months.  |
| If you have NOT had periods in the last 3 months:  • What was the reason for not having periods?   |
| <ul> <li>Taking hormones continuously (e.g. the Pill, injections, Mirena, HRT)</li> </ul>  |
| Pregnant/breastfeeding   |
| <ul> <li>Unsure</li> <li>Other (Please describe)</li> </ul>  |
|  |
| <ul> <li>The figure below shows examples of the amount of bleeding you can experience every four hours during your period<br/>(menstrual cycle). Please describe the amount of bleeding you typically experience at its heaviest, and on average.</li> </ul> |
| (menstrual cycle). Please describe the amount of bleeding you typically experience <b>at its neaviest</b> , and <b>on average</b> .  |
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| 16 Adapted from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4252538/#SD1  |

|                                      |          | Sanitary Napkins and Pads | <u>Tampons</u> |
|--------------------------------------|----------|---------------------------|----------------|
| At its heaviest?  ☐ Spotting ☐ Light | Spotting |                           |                |
| ☐ Moderate<br>☐ Heavy                | Light    |                           |                |
| On average? ☐ Spotting ☐ Light       | Moderate |                           |                |
| ☐ Moderate<br>☐ Heavy                | Heavy    |                           |                |

We are interested in what your period (menstrual cycle) was like when you were **NOT using hormonal contraception** (the Pill, patch, ring, injection or hormonal IUD). For each time period, please tell us if you had periods and what they were like. If you did not have periods or were using hormonal contraception the whole time, please enter the code for "no" or "used hormonal contraception" in the first row and then skip the rest of the column.

| Please add the Code number in the appropriate column  | [3 months] Pre- COVID<br>diagnosis<br>(skip if you have not been<br>diagnosed) | Post-COVID<br>diagnosis<br>(skip if you have not<br>been diagnosed) | [3 months] Pre-<br>Vaccine<br>(skip if you have not<br>been vaccinated) | Post-Vaccine<br>(skip if you have not<br>been vaccinated) |
|---|--|---|---|---|
| Did you have natural periods during this time period? (not on hormonal contraception)  1=Yes 2=No 3=Used hormonal contraception for entire time frame   | If 1 entered above,<br>please complete<br>questions below                      | If 1 entered above,<br>please complete<br>questions below           | If 1 entered above,<br>please complete<br>questions below               | If 1 entered above,<br>please complete<br>questions below |
| Were your periods regular when not using hormonal contraception?  1=extremely regular (period starts 1-2 days before or after it is expected)  2=very regular (period starts 3-4 days before or after it is expected)  3=regular (period starts 5-7 days before or after it is expected)  4=somewhat irregular (period starts 8-20 days before or after it is expected)  5=irregular (period starts more than 20 days before or after it is expected) |  |   |   |   |
| How many days of bleeding did<br>you usually have each period<br>when not using hormonal<br>contraception? (Not counting<br>discharge or spotting for which<br>you needed a panty liner only)   | days<br>or<br>□ Too irregular<br>to say  | days<br>or<br>□ Too irregular<br>to say                             | days<br>or<br>□ Too irregular<br>to say                                 | days<br>or<br>□ Too irregular<br>to say                   |

| How heavy was your menstrual        |                   |                  |                  |                  |
|-------------------------------------|-------------------|------------------|------------------|------------------|
| flow at its heaviest and on         |                   |                  |                  |                  |
| average, when not using             |                   |                  |                  |                  |
| hormonal contraception? Please      |                   |                  |                  |                  |
| use the figure on the previous      | At its heaviest:  | At its heaviest: | At its heaviest: | At its heaviest: |
| page to describe the amount of      | At its ficavicst. | At its ficavicst | At its ficavicst | At its ficavicst |
| bleeding that you typically         | On average:       | On average:      | On average:      | On average:      |
| experienced every four hours.       | On average:       | On average       | On average       | On average.      |
| <b>1</b> =Spotting                  |                   |                  |                  |                  |
| <b>2</b> =Light                     |                   |                  |                  |                  |
| <b>3</b> =Moderate                  |                   |                  |                  |                  |
| <b>4</b> =Heavy (clots/flooding)    |                   |                  |                  |                  |
| On average, how many days were      |                   |                  |                  |                  |
| there between the start of one      |                   |                  |                  |                  |
| period and the start of the next,   |                   |                  |                  |                  |
| when not using hormonal             |                   |                  |                  |                  |
| contraception?                      |                   |                  |                  |                  |
| <b>1</b> =<24 days                  |                   |                  |                  |                  |
| <b>2</b> =24-31 days                |                   |                  |                  |                  |
| <b>3</b> =32-38 days                |                   |                  |                  |                  |
| <b>4</b> =39-50 days                |                   |                  |                  |                  |
| <b>5</b> =51+ days                  |                   |                  |                  |                  |
| <b>6</b> =Too irregular to estimate |                   |                  |                  |                  |

| • | Has there been a time in your life pre-COVID 19 vaccine or COVID-19 diagnosis when you typically had pelvic pain during |
|---|---|
|   | your periods?   |

|  | nain |
|--|------|
|  |      |

| <u> </u> | Mild cramps | (medication never or rare | ly need | ed |
|----------|-------------|---------------------------|---------|----|
|----------|-------------|---------------------------|---------|----|

- Moderate cramps (medication usually needed)
  - Severe cramps (medication and bed rest needed)

At what age did you start having period pain? \_\_\_\_ years

• Has there been a time in your life post-COVID 19 vaccine when you typically had pelvic pain during your periods?

- No pain
- Mild cramps (medication never or rarely needed)
- Moderate cramps (medication usually needed)
- Severe cramps (medication and bed rest needed)

 $<sup>^{17}</sup>$  Adapted from the NORC Teen Sexual Health Survey