* 1. Do you agree to these terms?

- [ ] Yes
- [ ] No

UCL Female Health Questionnaire Sandy's project

* 2. Age

3. Approximately how many periods have you had in the last 12 months

0 16

4. Do you currently use the oral contraceptive pill

- [ ] Yes
- [ ] No

* 5. To your knowledge, have you ever had iron deficiency and or anaemia?

- [ ] Yes
- [ ] No

* 6. Have you ever taken or currently take iron tablets?

- [ ] Yes
- [ ] No

* 7. With regards to your period
Have you ever experienced any of the following? (tick all that apply)

- [ ] Flooding through to clothes or bedding
- [ ] Need of frequent changes of sanitary towels or tampons (meaning changes every 2 hours or less, or 12 sanitary items per period)
- [ ] Need of double sanitary protection (tampons and towels)
- [ ] Pass large blood clots
- [ ] None of the above

8. Do you or have you had problems with your gut: -
Inflammatory bowel disease / short bowel / gastric or duodenal surgery / gastric or roux-en-y bypass / coeliac disease

- [ ] Yes
- [ ] No

9. Have you been or are you a Blood donor

- ◯ Yes
- ◯ No

10. Do you have any diet
Vegitarian / Vegan / polotarian / flexitarian / other

- ◯ Yes
- ◯ No

11. Have you had a pregnancy  or miscarriage

- ◯ Yes
- ◯ No

12. Have you had major surgery or suffered major trauma or blood loss

- ◯ Yes
- ◯ No

13. Below are a list of symptoms - What are your symptoms of iron deficiency?
Please tick three top ones that apply to you

- [ ] Fatigue
- [ ] Dizziness
- [ ] Brain Fog
- [ ] Anxiety
- [ ] Muscle weakness
- [ ] Shortness of Breath
- [ ] Heart Palpitations
- [ ] Feeling cold
- [ ] Exhaustion but difficulty falling asleep
- [ ] headaches
- [ ] hair loss
- [ ] depression
- [ ] irritability
- [ ] shakiness
- [ ] pica (craving ice or clay)
- [ ] Chest Pain
- [ ] fast heart rate
- [ ] bruising
- [ ] lightheaded
- [ ] vision problems
- [ ] tingling
- [ ] brittle nails
- [ ] dry skin
- [ ] restless legs
- [ ] muscle soreness
- [ ] joint pain

* 14. Have you ever been informed or educated about iron deficiency or anaemia?

- [ ] Yes
- [ ] No

15. How many **DAYS** have you lost from sport / studies / work/ social activities because of any symptoms you listed above - DAYS

16. We will be conducting more research in this area. If you are happy to participate and be contacted in the future, please provide your email address:

17. Haemacue result