Answering date _____

PREQUESTIONNAIRE FORM OF ERMA STUDY

When you have familiarized yourself with the material of the **Estrogen Regulation of Muscle Apoptosis (ERMA)** study, please answer the following questions and *return this form together with the consent form*. Postage has been paid for the accompanying envelope. **The information you provide on this form will be handled with extreme confidentiality.**

Please answer the questions below (1–12), based on which we will evaluate your suitability for our study.

Pelvic floor dysfunction is common during the menopause, and it can weaken one's physical and social functioning. Please also answer the questions related to these symptoms (13), even if a doctor has not diagnosed them.

	Yes	**No**
1. I have had an ovary removal surgery	_____	_____
a. One ovary has been removed	_____	_____
b. Both ovaries have been removed	_____	_____
2. I have had a hysterectomy	_____	_____
3. I have a chronic myopathy (a muscle disease diagnosed by a doctor)	_____	_____
What? _____		
4. I have a polycystic ovary disease (diagnosed by a doctor)	_____	_____
5. I have Chrohn's disease (diagnosed by a doctor)	_____	_____
6. I have used hormonal contraception during the past three months	_____	_____
The contraception I use is		
- hormonal intrauterine device (IUD)	_____	_____
- mini-pill or another progestogen-only product	_____	_____
- combined contraceptive pill	_____	_____
- vaginal ring	_____	_____
- contraceptive patch	_____	_____

Please turn over…

	Yes	**No**
7. I currently get hormone replacement therapy for menopause symptoms, prescribed by a doctor (patch, gel or pills)	_____	_____
8. I am pregnant / breastfeeding	_____	_____
9. My menstrual cycle is regular	_____	_____
My last menstrual bleeding was _____		
10. My menstrual cycle is irregular	_____	_____
My last menstrual bleeding was _____		

11. My height is _____ cm

12. My weight is _____ kg

13. Pelvic floor dysfunction (based on your own experience or evaluation)

	Yes (x)	No (x)	Since when have you had the symptom? (year)
During the past month, have you had urinary incontinence on effort or coughing, etc.?			
During the past month, have you had urinary urgency or associated leakage of urine?			
During the past month, have you had fecal incontinence?			
During the past month, have you had constipation or defecation problems?			
During the past month, have you had a feeling that something would be bulging out of your vagina?			

Please return this form together with the consent form in the accompanying envelope.

Thank you for answering!