**List of Supplemental Digital Content**

**The Menopause-specific Quality of Life (MENQOL) Questionnaire.** Reprinted from Hilditch et al[3] © 1996, with permission from Elsevier.

**Menopause Symptoms Treatment Satisfaction Questionnaire (MS-TSQ) Questionnaire.** Reprinted with permission from Hill et al[22] © 2007.

**The Menopause-specific Quality of Life (MENQOL) Questionnaire.**
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**The Menopause-Specific Quality of Life Questionnaire**

For each of the following items, indicate whether you have experienced the problem in the **PAST MONTH**. If you have, rate how much you have been ***bothered*** by the problem.

| | | | | | Not at all bothered | | | | | | Extremely bothered |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 1. | HOT FLUSHES OR FLASHES | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. | NIGHT SWEATS | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. | SWEATING | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. | BEING DISSATISFIED WITH MY PERSONAL LIFE | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. | FEELING ANXIOUS OR NERVOUS | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. | EXPERIENCING POOR MEMORY | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. | ACCOMPLISHING LESS THAN I USED TO | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. | FEELING DEPRESSED, DOWN OR BLUE | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 9. | BEING IMPATIENT WITH OTHER PEOPLE | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | FEELINGS OF WANTING TO BE ALONE | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 11. | FLATULENCE (WIND) OR GAS PAINS | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 12. | ACHING IN MUSCLES AND JOINTS | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. | FEELING TIRED OR WORN OUT | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. | DIFFICULTY SLEEPING | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. | ACHES IN BACK OF NECK OR HEAD | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 16. | DECREASE IN PHYSICAL STRENGTH | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. | DECREASE IN STAMINA | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. | FEELING A LACK OF ENERGY | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. | DRYING SKIN | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 20. | WEIGHT GAIN | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 21. | INCREASED FACIAL HAIR | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 22. | CHANGES IN APPEARANCE, TEXTURE, OR TONE OF YOUR SKIN | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 23. | FEELING BLOATED | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 24. | LOW BACKACHE | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 25. | FREQUENT URINATION | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 26. | INVOLUNTARY URINATION WHEN LAUGHING OR COUGHING | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 27. | CHANGE IN YOUR SEXUAL DESIRE | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 28. | VAGINAL DRYNESS DURING INTERCOURSE | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
| 29. | AVOIDING INTIMACY | ❑ No | ❑ Yes | → | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

## Menopause Symptoms Treatment Satisfaction Questionnaire (MS-TSQ) Questionnaire.

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**37.4 ATTACHMENT 4: SATISFACTION SURVEY**

We are interested in learning what you think about the pill you've been taking as a part of this study. Please rate how satisfied you've been with each of the following during the past 4 weeks by checking one box for each question.

**1. During the past 4 weeks, how satisfied have you been with the ability of the study medication to control your hot flashes during the day?**

| ❑ | ❑ | ❑ | ❑ | ❑ |
|---|---|---|---|---|
| Extremely Satisfied | Satisfied | Neutral | Dissatisfied | Extremely Dissatisfied |

**2. During the past 4 weeks, how satisfied have you been with the ability of the study medication to control your hot flashes during the night?**

| ❑ | ❑ | ❑ | ❑ | ❑ |
|---|---|---|---|---|
| Extremely Satisfied | Satisfied | Neutral | Dissatisfied | Extremely Dissatisfied |

**3. During the past 4 weeks, how satisfied have you been with the effect of the study medication on the quality of your sleep?**

| ❑ | ❑ | ❑ | ❑ | ❑ |
|---|---|---|---|---|
| Extremely Satisfied | Satisfied | Neutral | Dissatisfied | Extremely Dissatisfied |

**4. During the past 4 weeks, how satisfied have you been with the effect of the study medication on your mood or emotions?**

| ❑ | ❑ | ❑ | ❑ | ❑ |
|---|---|---|---|---|
| Extremely Satisfied | Satisfied | Neutral | Dissatisfied | Extremely Dissatisfied |

**5. During the past 4 weeks, how satisfied have you been with the effect of the study medication on your interest in sex?**

| ❑ | ❑ | ❑ | ❑ | ❑ |
|---|---|---|---|---|
| Extremely Satisfied | Satisfied | Neutral | Dissatisfied | Extremely Dissatisfied |

**6. During the past 4 weeks, how satisfied have you been with the effect of the study medication on your ability to concentrate?**

| ❑ | ❑ | ❑ | ❑ | ❑ |
|---|---|---|---|---|
| Extremely Satisfied | Satisfied | Neutral | Dissatisfied | Extremely Dissatisfied |

**7. While taking some medications, some people may experience side effects. How satisfied have you been with the tolerability (lack of bothersome side effects) of the study medication, during the past 4 weeks?**

| ❑ | ❑ | ❑ | ❑ | ❑ |
|---|---|---|---|---|
| Extremely Satisfied | Satisfied | Neutral | Dissatisfied | Extremely Dissatisfied |

**8. During the past 4 weeks, overall, how satisfied have you been with the study medication?**

| ❑ | ❑ | ❑ | ❑ | ❑ |
|---|---|---|---|---|
| Extremely Satisfied | Satisfied | Neutral | Dissatisfied | Extremely Dissatisfied |