

**Questionnaire**

1. Age:....years
2. Weight: ....kg
3. Height: ....cm
4. Zone of residence: urban/rural
5. Do you have a first degree relative (mother or sister) with dysmenorrhea? yes/no
6. Age of menarche: .....years
7. Have you ever consulted a health care professional about your menstrual pain?yes/no

Answer the following questions about your menstrual cycles in the last 3 months:

8. Regular menstrual cycle: yes/no
9. Duration of menstrual spotting (average number of days): .....days
10. Amount of menstrual bleeding: light ( $\leq 5$  pads/day)/medium (5-7 pads/day)/heavy ( $\geq 7$  pads/day)
11. Days between periods (average number of days): ....days
12. Do you take hormonal contraceptives?yes/no
13. Do you take any drugs to relieve your menstrual pain? Yes/no
  - Did any health professionals recommend her to you? Yes/no
  - What drug or drugs do you take?.....
  - ¿ How many average tablets per period do you take? .....
  - Do you consider this form of pain relief to be effective? Yes/no  
(if you use several methods please indicate below your opinion on the effectiveness (yes/no) for each of them)  
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  - Do you use any non-pharmacological methods to relieve your pain? Yes/No
  - What method or methods do you use?.....
  - Do you consider this form of pain relief to be effective? Yes/no  
(if you use several methods please indicate below your opinion on the effectiveness (yes/no) for each of them)  
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ANEXO: Visual Analogue Scale (VAS) from 0 to 10 adn The Andersch and Milsom Scale were attached as an annex to the questionnaire.