

## Menopause and Exercise Questionnaire Pack

Dear Participant,

Thank you for agreeing to participate in this study on "Exercise Behaviours during Menopause"

Your contribution is much appreciated and highly valued in helping to understand people's feelings and coping strategies when trying to exercise during and post menopause.

This pack contains a series of short questionnaires that should take you approximately 30-40 minutes to complete. The range of questionnaires is designed to obtain as wide a view as possible towards understanding an individual's own feelings towards the process of trying to be physically active during menopause.

The questionnaires work best if you are able to answer every question. However, if there is anything you would rather not answer, we respect that. Before you respond, please read the information sheet to participants and the consent form (attached in the link). If you meet the criteria for this research, which is stated in the attached document and willing to participate and share your views with us, please proceed in answering the questions.

We assure you that the information you provide will be kept confidential and anonymous and we will always follow the law to protect you and the information you provide.

## Eligibility Questions

Thank you for agreeing to participate in this survey. We have a few preliminary questions relating to your menopausal status.

**1. Would you be classified as peri-menopausal? This would mean that your periods have become irregular or have stopped completely within the last 12 months?**

Yes

No

**2. Would you be classified as post-menopausal? This means that it has been at least 12 months since your last period.**

Yes

No

**3. Are you currently receiving Hormone Replacement Therapy?**

Yes

No

**4. Have you received Hormone Replacement Therapy in the last 6 months?**

Yes

No

**5. Do you have a serious medical condition (e.g. cancer)?**

Yes

No

**6. Do you have a chronic psychological condition (e.g. Depression)?**

Yes

No

## Demographical Information

What is your age in years?

\_\_\_\_\_

### 7. Are you of Aboriginal and/or Torres Strait islander descent?

Yes

No

### 8. Were you born in Australia?

Yes

No

### 9. Are you an Australian citizen?

Yes

No

### 10. In which State do you live?

ACT

QLD

VIC

NSW

SA

WA

NT

TAS

### 11. How would you describe your cultural ancestry? (Choose all that apply)

Anglo-Celtic

Indian

Arabic

Indonesian

Chinese

Italian

Eastern Europe

Malaysian

Greek

New Zealander/Maori

Hong-Kong

Phillipine

Horn of Africa

Vietnamese

Other (please specify)

**12. How would you describe your current living situation?**

- Living alone.
- Living with friends/ housemates.
- Living with a partner.
- Living with a partner and my children.
- Living with my children.

**13. Please choose the marital status that best applied to you.**

- Never married
- Widowed
- Divorced
- Separated but not Divorced
- Married

How many children do you have?

\_\_\_\_\_

**14. What is the highest level of formal education you have completed?**

- Did not go to school
- Primary school only
- Secondary school
- Tertiary Diploma
- Trade Certificate
- University Degree
- Postgraduate Degree

**15. Please choose the employment status that best applies to you**

- Working full-time
- Working part-time, casually, seasonally, or temping
- Unemployed
- Retired
- Household duties
- Receiving a pension/benefit
- Student Volunteer

Other (please specify)

**16. Please choose the yearly income status that best applies to you.**

- \$0-9,999
- \$10,000-19,999
- \$20,000-29,999
- \$30,000-39,999
- \$40,000-49,999
- \$50,000-59,999
- \$60,000-69,999
- \$70,000-79,999
- \$80,000-89,999
- \$90,000 or above

**17. Do you smoke?**

- Yes
- No

# My physical activity behaviour

This survey examines different contexts in which you may be active.

## SECTION 1: HOUSEHOLD AND FAMILY CARE ACTIVITIES.

First, we want to know about your activities at home, not including activities you may do at your home or other people's home for pay.

### 18. During the past year (12 months back from today), how much time did you spend...



### 19. During the past year (12 months back from today), how much time did you spend each day...



### 20. Which best describes your current occupation?

- Employee of a private company, business or individual, for wages, salary or commissions.
- Government employee/ working for the public sector
- Self-employed in own business, professional practice or farm.
- Working without pay in a family business or farm
- Working without pay in the home (e.g. housework, childcare)
- I don't work (go to question 48).

What is your occupation?

(If more than one job, describe your occupation for the job with the most hours worked per week).

---

What kind of business or industry do you work in?

(For example, hospital, newspaper publishing, mail order house, university, call centre, etc.)

---

What specific tasks do you do most frequently in your occupation? (For example, typing, writing, managing people, etc.)

---

**21. Please indicate that in comparison with other women your age, do you think your work is physically.....**

- Much lighter
- Lighter
- The same as
- Heavier
- Much heavier

**22. After work, are you physically tired?**

- Never
- Seldom
- Sometimes
- Often
- Always

**23. When you are working at your current occupation, how often do you do each of the following:**

|                     | Never                    | Seldom                   | Sometimes                | Often                    | Always                   |
|---------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Sit                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stand               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lift heavy loads    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sweat from exertion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Active Living Habits

### SECTION 3: ACTIVE LIVING HABITS

This section asks about the general level of physical activity involved in your daily routine during the past year.

#### **24. How many minutes a day do you usually walk and/or bicycle to and from work, school or errands?**

- Less than 5 minutes a day
- More than 5 minutes but less than 15 minutes a day
- More than 15 minutes but less than 30 minutes a day
- More than 30 minutes but less than 45 minutes a day
- More than 45 minutes a day

#### **25. In the last year, how often did you watch television?**

- Less than 1 hour a week
- More than 1 hour a week but less than 1 hour a day
- More than 1 hour a day but less than 2 hours a day
- More than 2 hours a day but less than 4 hours a day
- More than 4 hours a day

#### **26. In the last year, how often did you walk (for at least 15 minutes at a time)?**

- Never or less than once a month
- Once a month
- 2-3 times a month
- Once a week
- More than once a week

#### **27. In the last year, how often did you cycle (for at least 15 minutes at a time)?**

- Never or less than once a month
- Once a month
- 2-3 times a month
- Once a week
- More than once a week



## Participation In Sports and Exercise

### SECTION 4: PARTICIPATION IN SPORTS AND EXERCISE

Finally, we want to ask you about your participation in sports and exercise during the past year.

#### **28. In comparison with other women your age, do you think you do... (Select most appropriate response)**

- Much less physical activity
- Less physical activity
- Same amount of physical activity
- More physical activity
- Much more physical activity

#### **29. In the past year, how often did you play sport or exercise?**

- Never or less than once a month
- Once a month
- 2-3 times a month
- Once a week
- More than once a week

#### **30. In the past year, how often did you sweat from exertion during sports or exercise?**

- Never or less than once a month
- Once a month
- 2-3 times a month
- Once a week
- More than once a week

#### **31. In comparison to your exercise routine before you reached menopause, do you sweat more or less when exercising now?**

- Much less
- Less
- Same as
- More
- Much more

**32. For each of the following sport or exercise activities, could you please indicate whether, during the past year, you have taken part in any of these activities or in any other similar activities not included in the list?**

|   | Never                    | Not for a long time<br>(not in the last year) | Not very often<br>(occasionally in the<br>year) | Sometimes (once or<br>twice a month) | Regularly (once a<br>week or more) |
|---|--------------------------|---|---|--------------------------------------|------------------------------------|
| Running/Jogging                                       | <input type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Walking (more than one<br>hour continuous)            | <input type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Cycling (more than 30<br>minutes continuous)          | <input type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Team sports (e.g. netball,<br>basketball)             | <input type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Golf  | <input type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Horse Riding  | <input type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Racquet sports (e.g.<br>squash, tennis,<br>badminton) | <input type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Dancing (e.g. line<br>dancing, ballroom)              | <input type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Swimming  | <input type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Keep fit classes (e.g.<br>aerobics, circuits)         | <input type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Bowls (indoor and<br>outdoor)                         | <input type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Gym (weight training or<br>exercise machines)         | <input type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Boxing & Martial Arts (e.g.<br>judo, karate)          | <input type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Aqua Aerobics   | <input type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/>             | <input type="checkbox"/>           |
| Yoga, Tai-Chi, Pilates                                | <input type="checkbox"/> | <input type="checkbox"/>                      | <input type="checkbox"/>                        | <input type="checkbox"/>             | <input type="checkbox"/>           |

Any other activities you do which are not included in the above list (e.g. Did you do any other exercise or play any other sport in this past year).

Which sport or exercise did you do most frequently? (Specify ONLY ONE; If none please write "none")

-----

**33. On a scale of 1-10, how much effort do you feel you put into this activity?**

- 1 (No effort at all)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 (A large amount of effort)

**34. How many months in this past year did you do your most frequent activity?**

- Less than 1 month
- More than 1 month but less than 3 months
- 4 to 6 months
- 7 to 9 months
- More than 9 months

**35. How many hours a week did you usually do this activity?**

- Less than 1 hour
- More than 1 hour but less than 2 hours
- More than 2 but less than 3 hours
- More than 3 but less than 4 hours
- More than 4 hours

What was the SECOND MOST frequent sport or exercise you did? (If none, write NONE):

\_\_\_\_\_

**36. How many months in this past year did you do your SECOND MOST frequent sport or exercise?**

- Less than 1 month
- More than 1 month but less than 3 months
- 4 to 6 months
- 7 to 9 months
- More than 9 months

**37. How many hours a week did you usually do this SECOND MOST frequent sport or exercise?**

- Less than 1 hour
- More than 1 hour but less than 2 hours
- More than 2 but less than 3 hours
- More than 3 but less than 4 hours
- More than 4 hours

**38. Have you intentionally avoided any activity due to your menopausal status? (eg. only tick yes, if your reasons for avoiding activity is solely due to your menopausal status).**

- Yes
- No

Which activities have you actively avoided due to your menopausal status? (Please list all activities that you have actively avoided, eg. washing windows, playing netball).

What were your specific reasons for avoiding these activities? (eg. being hot; sweating too much; tiredness. Please list all reasons you can remember for avoiding activities).

## How much my menopausal symptoms bother me?

**39. Please indicate the extent to which you are bothered at the moment by any of these symptoms by selecting the appropriate number.**

|  | Not at all            | A little              | Quite a bit           | Extremely             | N/A                   |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Heart beating quickly or strongly.     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling tense or nervous.              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty in sleeping.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Excitable.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Attacks of panic.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Difficulty in concentrating.           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling tired or lacking in energy.    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Loss of interest in most things.       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling unhappy or depressed.          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Crying spells.                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Irritability.                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Feeling dizzy or faint.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Pressure or tightness in head or body. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Parts of body feel numb and tingling.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Headaches.                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Muscle and joint pains.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Loss of feeling in hands or feet.      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Breathing difficulties.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hot flushes.                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Sweating at night.                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Loss of interest in sex.               | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

## What I am like?

**40. In the questionnaire below are a number of statements that people often use to describe themselves. Please read each statement and then select the appropriate number next to that statement to indicate your answer. There are no right or wrong answers: Your own impression is the only thing that matters.**

|  | False                 | Mostly False          | Neutral               | Mostly True           | True                  |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| I make contact easily when I meet people.                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I often make a fuss about unimportant things.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I often talk to strangers.                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I often feel unhappy.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am often irritated.  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I often feel inhibited in social interactions.                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I take a gloomy view of things.                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I find it hard to start a conversation.                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am often in a bad mood.                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am a closed kind of person.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I would rather keep other people at a distance.                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I often find myself worrying about something.                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am often down in the dumps.                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| When socializing, I don't find the right things to talk about. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

