Menstrual Distress Questionnaire (MEDI-Q)

Cassioli, E., Rossi, E., Melani, G., Faldi, M., Rellini, A. H., Wyatt, R. B., Oester, C., Vannuccini, S., Petraglia, F., Ricca, V., & Castellini, G.

Instructions - Please carefully review the list of provided symptoms. Please answer question A, for each symptom that you have experienced during your periods in the last 12 months. If you did not experience a particular symptom, please answer "No" and skip to the next symptom on the list. However, if you did experience a symptom, please also answer questions B, C, and D regarding the impact of that symptom on your functioning and quality of life.

A. On average, in the past year on the days you had your period, did you…				**If you had this symptom, to what degree it interfered with your quality of life, your recreational or work activities, or your social relationships…**													
				B. …on days when you were menstruating?				**C. …during the premenstrual phase (in the 7 days before the start of menstruation)?**					**D. …during the other days (outside the menstrual/premenstrual phase)?**				
	Yes, more than half of the times I've had my period	Yes, less than half the times I've had my period	No *(Skip to next item)*	*Not at all*	*A little*	*Moderately*	*Very much*	*Not at all*	*A little*	*Moderately*	*Very much*	Never had this symptom during the premenstrual phase	*Not at all*	*A little*	*Moderately*	*Very much*	Never had this symptom during the other days
1. …have pain in your lower abdomen?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2. …have pain when urinating?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3. …have pain during bowel movement?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4. …have muscle/bone/joint pain?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
5. …feel bloated or did you experience breast tenderness?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
6. …experience nausea?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
7. …have headaches?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
8. …have digestive problems (heartburn, uncomfortable sense of fullness after meals ...)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
9. …have diarrhea?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
10. …have constipation?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
11. …have discomfort due to vaginal bleeding (fear of stains or odors, discomfort from the tampon, difficulty or embarrassment during sexual activities...)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
12. …have the feeling of being dirty?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
13. …feel excessively sad (easily crying, little drive to do things, loss of interest in usual activities ...)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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A. On average, in the past year on the days you had your period, did you…				**If you had this symptom, to what degree it interfered with your quality of life, your recreational or work activities, or your social relationships…**													
				B. …on days when you were menstruating?				**C. …during the premenstrual phase (in the 7 days before the start of menstruation)?**					**D. …during the other days (outside the menstrual/premenstrual phase)?**				
	Yes, more than half of the times I've had my period	Yes, less than half the times I've had my period	No *(Skip to next item)*	*Not at all*	*A little*	*Moderately*	*Very much*	*Not at all*	*A little*	*Moderately*	*Very much*	Never had this symptom during the premenstrual phase	*Not at all*	*A little*	*Moderately*	*Very much*	Never had this symptom during the other days
14. …feel emotionally unstable (fluctuating mood, rapid transition from one mood to another even in response to minimal stimuli...)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
15. …feel irritable or short-tempered (feeling nervous, not being able to bear unexpected events, people or situations, feeling angry easily...)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
16. …feel impulsive (driven to act without thinking or planning...)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
17. …feel anxious (agitated, tense, excessively insecure or indecisive, fearful that something bad could happen at any moment ...)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
18. …excessively hungry (desire to overeat, loss of control over food…)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
19. …feel a lack of hunger?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
20. …have insomnia (inability to fall or stay asleep)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
21. …experience excessive sleepiness (sleeping during the day, not being able to get up in the morning ...)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
22. …feel excessively tired (sluggish, with little energy...)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
23. …have low sexual desire (reduced drive to have sexual activities, lack of sexual fantasies ...)?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
24. …have difficulty concentrating?	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

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25. Did you have sexual interactions that included vaginal penetration in the last year?	☐ Yes		☐ No *(end the questionnaire) (0)*		
25A. On average, in the last year on the days you had your period, did you have pain during sexual interactions that included vaginal penetration?	☐ Yes, more than half of the times I've had my period I had pain during vaginal penetration (2) ☐ Yes, less than half of the times I've had my period I had pain during vaginal penetration (1) ☐ No, I never had pain during vaginal penetration *(end the questionnaire) (0)* ☐ I never had vaginal penetration on the days I had menstrual flow because I would have had too much pain (2) ☐ I never had vaginal penetration on days when I had menstrual flow for reasons other than pain *(end the questionnaire) (0)*				
25B. On days when you were menstruating, to what degree this pain (or avoiding vaginal penetration) interfered with your quality of life, your recreational or work activities and your social relationships?	☐ Not at all	☐ A little	☐ Moderately	☐ Very much	
25C. During the premenstrual phase (in the 7 days before the start of menstruation), if you had this symptom, to what degree it interfered with your quality of life, your recreational or work activities, or your social relationships?	☐ Not at all	☐ A little	☐ Moderately	☐ Very much	☐ Never had this symptom during the premenstrual phase
25D. During the other days (outside the menstrual/premenstrual phase), if you had this symptom, to what degree it interfered with your quality of life, your recreational or work activities and your social relationships?	☐ Not at all	☐ A little	☐ Moderately	☐ Very much	☐ Never had this symptom during the other days

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