Clinical Questionnaire for Assessing Stages of Reproductive Aging (STRAW+10) & Relevant Symptoms

Patient-Facing Version

STRAW+10 STAGING QUESTIONS

Please answer the following questions with Yes or No.

1. Have your menstrual cycles remained regular over the past 6 months? Yes or No

-> If Yes: Stage -3 (Late Reproductive) if Yes

2. Have you noticed any changes in the length of your menstrual cycles (e.g., shorter or longer than usual)? Yes or No

-> If Yes: Stage -3a or -2 (Early Transition) if Yes

3. Have you experienced a persistent difference of 7 days or more in the length of consecutive menstrual cycles? This can be longer or shorter days of menstrual flow, OR longer or shorter durations BETWEEN periods. Yes or No

-> If Yes: Stage -2 (Early Transition) if Yes

4. Have you had any episodes of amenorrhea (no menstruation) lasting 60 days or longer? Yes or No

-> If Yes: Stage -1 (Late Transition) if Yes

5. Has it been 12 months or more since your last menstrual period? Yes or No

-> If Yes: Stage +1a (Early Postmenopause) if Yes

-> When was your last menstrual period (approximate date is okay): month / day / year

6. Age at Menopause: _____ Note below age and type of menopause:

-> Younger than 40 = Premature Menopause

-> Between 40 and 45 years = Early Menopause

-> Spontaneous or “Natural” Menopause: average age is 51 years old

-> Surgical menopause = removal of ovaries

-> Iatrogenic Menopause: due to chemotherapy, radiation therapy, or estrogen blocker

RELEVANT SYMPTOMS

1. Have you experienced vasomotor symptoms such as hot flashes or night sweats? *Please describe the type, quantity, and severity.*

2. Have you had sleep disturbances recently? *Please describe the type, quantity, and severity.*

3. Have you had mood changes or depressive symptoms recently? *Please describe the type, quantity, and severity.*

4. Have you experienced pain, stiffness, or soreness recently? *Please describe the type, quantity, and severity.*

5. Have you experienced brain fog or other difficulties with concentration or focus recently? *Please describe the type, quantity, and severity.*

6. Are you experiencing vaginal dryness or urogenital discomfort? *Please describe the type, quantity, and severity.*

LABS & TESTS

1. Have you had your follicle-stimulating hormone (FSH) levels tested recently? Were they elevated (>25 IU/L)? Yes or No

-> If Yes: Stage -1 or +1 (Late Transition or Early Postmenopause) if Yes

2. Have you had your anti-Müllerian hormone (AMH) levels tested? Were they low or undetectable? Yes or No

-> If Yes: Stage -3b or later if Yes

3. Has your antral follicle count (AFC) been assessed via ultrasound? Was it low? Yes or No

-> If Yes: Stage -3b or later if Yes

4. Have you had inhibin-B levels measured? Were they lower than expected for your age? Yes or No

-> If Yes: Stage -3b or later if Yes

5. Have you noticed any fluctuations in estradiol levels, particularly elevated levels during irregular cycles? Yes or No

-> If Yes: Stage -1 (Late Transition) if Yes

SURGERIES AND DIAGNOSES

1. Have you undergone a hysterectomy or endometrial ablation? Yes or No, if Yes then please describe how you've felt since the procedure.

2. Do you have a diagnosis of polycystic ovarian syndrome (PCOS) or primary ovarian insufficiency (POI)? Yes or No

-> If Yes: Not applicable to STRAW+10; requires separate assessment

3. Are you currently undergoing or have you recently completed chemotherapy or treatment for chronic illness (e.g., HIV)? Yes or No

-> If Yes: May affect staging; requires clinical evaluation

4. Do you engage in high levels of aerobic exercise or have a BMI over 30? Yes or No

-> If Yes: May influence hormone levels but does not alter staging trajectory