

Supplementary Table 1

ID:

Menstrual Distress Questionnaire (MDQ)

Basic information

Date:

Is today the first day or last day of your menstrual period?

Today is the first day of my menstrual period ()

Today is the last day of my menstrual period ()

Today is neither the first day nor the last day of my menstrual period.

Symptom Scale

This questionnaire contains 47 items. The score of each item ranges from "0" to "6", from "no such experience or symptom" to "this experience or symptom has seriously affected daily life". If the score is 0 points, you can leave this item blank, and the rest will be scored according to the actual situation.

Pain

Headache

Cramps

Backache

Chest pain

Breast pain

Prickling or stinging sensation

I have other pains

Concentration

Difficulty concentrating

Accidents

Confusion

Behavioral Change

Take naps; stay in bed

Stay at home

Changes in eating habits

Decreased efficiency

Avoid social activities

Autonomic Reaction

Dizziness, faintness

Nausea, vomiting

Muscle stiffness

Insomnia

Water Retention

Weight gain

Painful breasts

Swelling

Feeling hot

Skin deterioration

Negative Affect

Irritability

Mood swings

Depression

Crying

Tension

Anxiety

Weariness

Loneliness

Bad memory

Decreased judgment

Study or work performance decline

Decrease in efficiency

Arousal

Well-being

Energy, activity

Calm

Joy

Peace

Control

Restrained

Ringing in ears

Poor eyesight

Cold sweats

Rapid heartbeat

Reduced motor coordination