

## Supplementary Figure 1: Questionnaire used for data collection.

### APPENDIX

#### Appendix 1: Questionnaire

Date (dd/mm/yy).....Serial Number.....

#### SECTION 1: SOCIO-DEMOGRAPHIC DATA

1.1 Date of birth .....Age.....

1.2 What is your marital status? (Tick one that applies).

Single ☐ Married ☐ Divorced ☐ Widowed ☐ Separated ☐ Other ☐

1.3 What is the highest level of your education: (Tick one that applies).

None ☐ Primary ☐ Secondary ☐ Tertiary ☐

1.4 What is your current employment status? (Tick where appropriate)

Formal employment [ ☐ ] Casual Laborer [ ☐ ] Self-employed [ ☐ ] Unemployed [ ☐ ]

1.5 Do you have an active Medical Insurance with you?

Yes [ ☐ ] No [ ☐ ]

#### SECTION 2: CLINICAL, BEHAVIORAL CHARACTERISTICS & FAMILY HISTORY

2.1 Weight (Kg)..... Height (m)..... BMI .....

2.2 Have you been diagnosed with any of the following chronic illnesses/conditions?

Diabetes Mellitus	<input type="checkbox"/>
Chronic Hypertension	<input type="checkbox"/>
Polycystic Ovary syndrome	<input type="checkbox"/>

1.3 Do you currently smoke or have you ever smoked cigarettes before?

Yes [ ☐ ] No [ ☐ ]

2.3.1 If yes to 2.3, for how long did you smoke or have you been smoking? .....

On average how many packets a day? .....

2.4 Are you currently using any medications? Yes [ ] No [ ]

2.4.1 If yes to 2.4, which one(s), and or how long have you been using?

Drug	Duration of use

2.5 Do you have a family history of any of the following cancers? (Tick where applicable)

Breast, Ovarian or Uterine Cancer	
Colon cancer	

### SECTION 3: MENSTRUAL CHARACTERISTICS:

3.1 How old were you when you got your first menstrual period? .....

3.2 When was the first day of your last menstrual period (LNMP)?.....

(Go to question 3.3 if postmenopausal. If perimenopausal, skip to question 3.4)

3.3 How long has it been since you had your last period? .....

**3.4 Menstrual periods prior to the current changes in your menstrual cycles:**

3.4.1 For how many days did your menstrual period last?.....

3.4.2 How many pads did you use per day?.....

3.4.3 How much blood was usually on your pad prior to a pad change?

Spotting [ ] moderately soaked [ ] fully soaked without clots [ ] fully soaked with clots [ ]  
flooding negating use of pads [ ]

3.4.4 How many days did you take from the first day of your menstrual period to the first day of your next menstrual period? .....

3.4.5 Were the durations between your menstrual cycles constant? Yes [ ] No [ ]

3.4.6 Did you experience any bleeding between your menstrual periods?

Yes [ ] No [ ]

3.5 For how long have you been experiencing the changes in your menstrual periods/bleeding a year after your final menstrual period? .....

**3.6 Describe your current menstrual periods/bleeding:**

3.6.1 For how many days do your menstrual period generally last? .....

- 3.6.2 How many pads do you use per day? .....
- 3.6.3 Do you in your opinion experience excessive menstrual blood loss that interferes with your physical activities and social life, or put extra financial burden?
- 3.6.4 How much blood is usually on your pad prior to a pad change?  
Spotting [ ] moderately soaked [ ] fully soaked [ ] flooding negating use of pads [ ]
- 3.6.5 How many days do you take from the first day of your menstrual period to the first day of your next menstrual period? .....
- 3.6.6 What is the difference in days between your longest and shortest cycles?.....
- 3.6.7 Do you experience bleeding between your menstrual periods?  
Yes [ ] No [ ]

#### SECTION 4: USE OF CONTRACEPTIVES:

- 4.1 Are you currently, or have you ever used any form of contraceptives before?  
Yes [ ] No [ ]
- 4.2 If Yes to above, which one? (Tick all that apply).

Method		Duration of use
Birth Control Pills (COCs, POPs)		
DMPA		
Implants (Implanon, Jadelle)		
Intrauterine Device (Mirena, Cu-IUD)		

#### SECTION 5: OBSTETRIC HISTORY:

- 5.1 Have you ever been pregnant before? Yes [ ] No [ ]
- 5.1.1 If yes to 5.1, how many times have you been pregnant?.....
- 5.1.2 If yes to 5.1, how old were you when you first got pregnant? .....

#### SECTION 6: ULTRASOUND FINDINGS:

- 6.1 Type of ultrasound (Tick where applicable)  
Transabdominal ultrasound [ ] Transvaginal ultrasound [ ]
- 6.2 Specific Ultrasound findings
- 6.2.1 Uterine Size: Normal [ ] Bulky [ ]
- 6.2.2 Myometrial Mass(es): Yes [ ] No [ ]
- 6.2.3 Endometrial Mass(es): Yes [ ] No [ ]
- 6.2.4 Endometrial Thickening: Yes [ ] No [ ] Specify E.T .....

### 6.2.5 Other Important Ultrasound Findings

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### SECTION 6: HISTOPATHOLOGICAL PATTERN:

Proliferative Endometrium
Secretory Endometrium
Atrophic Endometrium
Acute or Chronic Endometritis
Menstrual Phase
Disordered Proliferative Endometrium
Decidual Reaction
Endometrial Hyperplasia without Atypia
Endometrial Hyperplasia with Atypia
Mixed Proliferative-Secretory Pattern
Products of Conception
Endometrial Polyp
Uterine Leiomyoma
Endometrial Cancer
Insufficient Sample
Other