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ORIGINAL ARTICLE

Prevalence and severity of dysmenorrhea among adolescent Jordanian girls: a cross sectional study

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ABSTRACT

Objective. Dysmenorrhea is prevalent among adolescent girls. The aims are to report on its prevalence and study the associations between its presence, severity, and characteristics of the adolescents and their menstrual cycles.

Materials and Methods. A cross-sectional study was conducted between 1/10/2022 and 1/3/2023 and included adolescents from six schools. Information about presence, characteristics, and severity of dysmenorrhea were collected. Multinomial regression was used to study associations between presence and severity of dysmenorrhea and various variables, a P-value < 0.05 was considered statistically significant.

Results. We recruited 945 adolescents with the mean (SD) age and age of menarche being 15.3 (± 1.3) years and 12.8 (± 1.3) years, respectively. Of those recruited, 81.7% had dysmenorrhea, and its severity as measured by a numeric analogue scale was below and above the mean in 45% of the respondents. Furthermore, 14.7% missed school days during menstruation.

There were significant associations between age of menarche below the mean, light periods and presence of dysmenorrhea ($p < 0.05$), and between severity of dysmenorrhea and age group 13-15 years and light or average menstrual flow (all $p < 0.05$).

Conclusions. Dysmenorrhea is prevalent among Jordanian adolescents, and almost half of the study population reported high severity scores. There were associations presence of dysmenorrhea and age of menarche below the mean and light periods, and between severity of dysmenorrhea and age group 13-15 years and light or average menstrual flow. The negative impact on school attendance should be considered by healthcare policymakers who are interested in adolescent health.

Key words

Menarche; dysmenorrhea; irregular menstruation; heavy menstrual flow; numeric analogue scale.

Introduction

Adolescence is a period of both physical and psychological changes which are experienced by females and males. Various gynaecological disorders may affect adolescent girls, and the most common are dysmenorrhea, abdominopelvic pain, and abnormal menstrual bleeding [1] [2]. Dysmenorrhea is the presence of painful cramps that occur during menstruation and is either primary where a cause is not identified, or secondary to various gynaecological diseases such as uterine fibroids, endometriosis, or adenomyosis [3]. While the exact pathophysiology of primary dysmenorrhea is not well understood; over-production of uterine prostaglandins is believed to result in an increase in uterine muscle contractions tone and amplitude [4]. Dysmenorrhea is a prevalent condition, with a rate ranging from 71.8% to 92.2%, and its severity varies from mild to severe where mild, moderate, and severe dysmenorrhea were reported by 8..5%, 59.7%, and 31.8% of adolescent girls, respectively [5].

Dysmenorrhea has a negative impact on school attendance and performance. Studies showed that over 40% of adolescents who have dysmenorrhea reported school absence during menstruation [6] while over 55% reported negative impacts on their academic performance [7], and 74.9% reported difficulties in attending school classes [8]. Furthermore, 66% of adolescents reported that dysmenorrhea negatively impacted on their daily activities [6].

A significant number of adolescents experiencing menstrual disorders did not seek medical help due to barriers such as embarrassment, fear of disease, and lack of knowledge about a normal cycle [9] [10]. Despite its negative impact on their daily and school activities, around 30% of adolescent girls sought medical assistance, highlighting the need to address gaps in adolescent health issues [11].

Current secondary school education in Jordan provides limited information about reproductive health [12]. This is probably related to the local culture. There are limited published reports from Jordan about adolescent gynaecological disorders. A study which included around 600 secondary-school girls showed that 37.6% of them had dysmenorrhea and 8.0% missed one school day per cycle [13]. Regarding the severity, a study showed that up to 77.7% of adolescent girls had severe dysmenorrhea [14].

The aims of this study, therefore, are to report on the prevalence of dysmenorrhea among adolescent Jordanian girls in addition to reporting the associations between its presence, severity, and characteristics of the adolescents and their menstrual cycle. The results of our study may increase the awareness of healthcare providers and healthcare policymakers about adolescent gynaecological disorders and help implement service changes to meet their special needs.

Materials and Methods

Study Design and Population.

This was a self-administered, questionnaire-based, cross-sectional study which included adolescent school girls from six randomly selected secondary schools in Amman and Al-Balqa' governorates in Jordan. Inclusion criteria required the participant to be 13 to 18 years of age, willing to take part in the study, and able to complete the self-administered questionnaire. Girls who were pregnant at the time of recruitment and/or girls or their parents who were not willing to participate were excluded from the study.

Study Procedure

Data collection was conducted during class time in the presence of the class teachers. Adolescent girls were selected by simple random sampling. Each classroom consisted of three rows, and every other girl in every row was selected.

The research team distributed the questionnaire to the students where the first page of the questionnaire included information about dysmenorrhea in addition to the aims of the study.

Data Collection

The research team designed the questionnaire, which was in the Arabic language. Three consultant gynaecologists and 10 adolescent girls were asked to review the questionnaire. The girls who were accompanied by their parents were randomly selected from the clinics of Al Hussain Al Salt New Hospital, Al Salt, Jordan. The comments of both the gynaecologists and the girls were considered in the final version of the questionnaire which was used for data collection (Appendix 1).

Data comprised the characteristics of the study population including age, body mass index (BMI), previous gynaecological disorders, and the presence of comorbidities such as thyroid and pulmonary diseases, diabetes, and hypertension. Menstrual cycle characteristics included age of menarche, menstrual cycle regularity, duration, flow, and the presence of dysmenorrhea. For the purpose of this study, the criteria that was used to define dysmenorrhea included pain that started within six to 12 hours of menstruation, pain that lasted between one and three days, and the site of the pain being in the lower abdomen, back, or thighs [15]. Additionally, the severity of dysmenorrhea was measured by a numeric analogue scale (NAS) [16] which consists of a series of numbers in a line, and participants were asked to rate their pain from zero to ten, where zero represents "no pain at all," and ten represents "the worst possible pain." The recruited girls were asked to choose the number that they believe represents the degree of pain. Furthermore, the negative impact of dysmenorrhea on school attendance was measured by

reporting school absence days during menstruation. The scoring classification that was used in this study is unidimensional because our data measures variables along a single scale.

The following variables were regrouped for better comparison: age (13-15 or 16-18 years), BMI (underweight, normal weight, overweight, or obese), age of menarche (below, equal, or above the mean), duration of menstruation (less than two days, two to eight days, more than eight days, or irregular duration), and menstrual flow (light, average, or heavy).

Sample Size Calculation.

Based on a 5% margin of error and a 95% confidence interval, a sample size of 384 adolescent girls with dysmenorrhea needed to be recruited. With an expected prevalence rate of dysmenorrhea of 71% [8], 541 girls were needed to fill in the study questionnaire.

Statistical Analysis

Statistical analysis was performed using the Statistical Package for Social Studies version 19 (IBM, Armonk, NY, USA) [17].

Numerical data are expressed by means and standard deviations, and categorical variables are shown as numbers and percentages. Multinomial regression was used to study the association between the presence and the severity of dysmenorrhea and the various variables and $p < 0.05$ was considered statistically significant. Due to the very low number of missing data on some items, no specific analyses were performed to handle or analyse missing data.

The results were divided into minor and major outcomes; the minor included characteristics of the study population, and the major included characteristics of the menstrual cycle and the associations between the presence and severity of dysmenorrhea and the characteristics of the study population and the menstrual cycle.

Ethical Approval

Approval was granted by the Ministry of Education in Jordan to approach schools to participate in the study. Thereafter, school administrations were approached to participate in the research, and only those that agreed to participate were included. Additionally, school administrations were provided with written information about the research aims and procedure and were asked to share with the students to take home and discuss with their parents. Students who verbally confirmed that their parents agreed for them to participate were included in the study. Ethics were granted by the Research Ethics Committee of the Faculty of Medicine, Al-Balqa Applied University (Ethical approval number: 2022-1-3).

Results

Minor Outcomes

A total of 945 adolescent girls completed the study questionnaire. The mean (SD) for age was 15.3 (±1.3) years. Table 1 summarizes the characteristics of the study population. The results showed that 870 adolescents (92%) did not have any chronic illnesses, and the most common chronic illnesses that were reported by the remaining 75 adolescents (8.0%) were pulmonary

diseases (38.7% of these respondents), thyroid disease (14.7%), and gastrointestinal disease (12%).

Data analysis showed that all recruited girls had menarche before being involved in the study, and the mean (SD) for the age of menarche was 12.8 (± 1.3) years. The distribution of age of menarche showed that 31.3% of girls had menarche at the age of 13, and girls who had menarche at the ages of 11, 12, and 14 years accounted for 11.7%, 24.8%, and 19.9%, respectively. Additionally, 24 girls (2.5%) and 10 girls (1.1%) had menarche at the ages of less than 10 years and more than 15 years, respectively.

Major Outcomes

Table 2 summarizes the characteristics of the menstrual cycles of the recruited adolescent girls. The analysis showed that 517 girls (54.7%) had irregular periods, 296 girls (57.2%) had an interval between cycles of less than 21 days, and 221 (42.8%) had an interval of more than 35 days. Regarding menstrual flow, 79.6% had an average flow, and 623 girls (67%) had menstruation that lasted between two and eight days.

Regarding dysmenorrhea, the results showed that 772 girls (81.7%) had dysmenorrhea. Pain intensity as measured by NAS was below and above the mean of 6.02 in 55% and 45% of the respondents, respectively. Furthermore, the onset of pain was concomitant with the start of the period in 347 girls (42.1%), and the most frequent pain duration was two to three days, as reported by 56.4% of the girls. Additionally, the most painful day was the first day as reported by 64.7% of the girls who had dysmenorrhea.

The results showed that 55.6% of the girls who had dysmenorrhea used medications during menstruation, acetaminophen was the most frequently used painkiller (68.9%), 9.5% visited an emergency department for parenteral analgesia, and 139 girls (14.7%) missed school days during menstruation. Table 3 summarizes the details of dysmenorrhea.

Table 4 shows the results of the Multinomial regression between the presence of dysmenorrhea and the various variables. There were statistically significant associations between age of menarche below the mean, light periods and the presence of dysmenorrhea ($p < 0.05$). While it did not reach statistically significant level; adolescents in the age groups of 13-15 years were more Likely to have dysmenorrhea. Additionally, there were statistically significant associations between the severity of dysmenorrhea and age group 13-15 years and light or average menstrual flow (all $p<0.05$) (Table 5).

Discussion

Main Results

The results of this study showed that 81.7% of the recruited adolescent girls had dysmenorrhea, and its severity as measured by NAS was below and above the mean of 6.02 in 55% and 45% of the respondents, respectively. Additionally,14.7% missed school days during menstruation. Furthermore, significant correlations existed between the presence of dysmenorrhea and age of menarche below the mean, and light menstrual flow (p values were < .05). Additionally, the results showed a significant correlation between the severity of dysmenorrhea and age group of 13-15 years, light and average menstrual flow s and menstrual flow (p values were < 0.05).

This is probably the largest study from Jordan which addresses menstrual cycle abnormalities among adolescent girls. Our results showed that the age of menarche was 12.8 years, which is comparable to the results of other local and international studies [13] [18]. Furthermore, over half of our study population has irregular periods, and this is supported by another report that described a rate between 33% and 74.1% [19].

Regarding menstrual cycle characteristics, the results showed that over half of the recruited girls had irregular periods, and nearly 40% of them had an interval of more than 35 days between the cycles. This is in contrast to the results of other studies where over 70% of the recruited adolescent girls had an interval between 21-35 days [2] [18]. This disparity is probably related to the older mean age of the recruited girls in the other studies (16 years), compared to 15.3 years in our study population, where in the first few years after menarche, menstrual periods were more likely to be anovulatory. It is therefore expected that the percentage of girls with less frequent periods to become less with advanced age [21] [22].

The results of this study showed that the duration of menstruation is between two and eight days in nearly two-thirds of the recruited girls, which is supported by similar results from other reports [13] [18]. Additionally, almost 80% had average flows, and this is supported by similar flow patterns reported in other studies [2] [18].

The prevalence of dysmenorrhea in our study was 81.7%. This is in keeping with the results of other regional and international reports where the rate ranges from 66% to 94% with 78% in Marrakesh, 66% in Egypt, 73% in Brazil, and 94% in Oman [2] [6] [18] [23]. While the rate is high in all the reports, there is a wide range in the prevalence among the different studies from different countries. Such differences may be explained by the difference in the ages of the recruited girls, in addition to differences in the perception of pain in different cultures [24].

The results of this study showed significant associations between the presence of dysmenorrhea and the age groups and age of menarche. These are in keeping with the results of other published reports [25] [26]. This association may be explained by considering that the reproductive system may not be fully developed at a younger age. As a result, there can be irregularities in the menstrual cycle, leading to increased sensitivities to pain and more severe menstrual cramps [27]. Additionally, it is believed that prolonged menstrual flow is associated with the release of higher levels of prostaglandins, which stimulates uterine contractions and contributes to pain [28]. Moreover, underlying conditions such as polycystic ovary syndrome, endometriosis, genital infections, ovarian cysts, and pelvic inflammatory disease can cause inflammation and structural abnormalities in the reproductive organs, resulting in increased pain and heavier menstrual flow [29].

Our results showed no significant association between the presence of dysmenorrhea and the irregularity of the menstrual cycle. This is supported by a published report from Palestine [30]. A study from Morocco, however, showed a significant correlation between dysmenorrhea and irregular periods (p-value = 0.019) [2]. The disparity between our results and published reports may be due to the differences in the ages of recruited girls and sample sizes.

The results showed significant associations between the severity of dysmenorrhea and age groups and menstrual flow. Similar results were shown in other reports [8] [30].

The association between BMI and the severity of dysmenorrhea was not significant in our study. This is supported by a published report from Iran [31]. However, a report from France showed more pain with low BMI [8]. A possible explanation may be due to cultural differences.

Regarding the impact of dysmenorrhea on school absence, nearly 15% of our study population had at least one day off school during menstruation. This is in keeping with other reports from Jordan and Morocco, where 8.0% and 13.0% of the girls had missed school days, respectively [2] [13]. Additionally, higher rates of 43.3% and 31.0% were reported from France and Brazil, respectively [8] [6]. This can be explained by the differences in cultural perspectives toward menstruation. In more conservative societies, such as the Arab world, privacy regarding menstruation may discourage girls from openly discussing or seeking help for dysmenorrhea. Therefore, girls are less likely to miss school days. Conversely, in other cultures that exhibit more openness and acceptance in addressing menstrual concerns, different patterns were reported. Additionally, early engagement in sexual activity, which is less prevalent in the Arab region, could be linked to higher rates of sexually transmitted infections (STIs). This, in turn, may contribute to pelvic inflammatory disease (PID) or other reproductive health issues that can worsen dysmenorrhea, leading to higher reported absences. Furthermore, the availability and quality of healthcare infrastructure and resources regarding gynaecological care might be less developed in the Arab region. The limited accessibility faced by girls can create obstacles when it comes to accessing essential medical support, resulting in fewer absences as girls may continue attending school despite experiencing pain.

The diagnosis of a possible underlying cause for dysmenorrhea is usually based on history and physical examination in addition to pelvic imaging studies [3]. While an underlying cause cannot be identified for primary dysmenorrhea which is considered as a disease of adolescent and young women [32], Zannoni and colleagues showed that both endometriosis and adenomyosis are both prevalent among adolescent girls and young women between the age of 14 and 24 years [33]. In addition, adenomyosis may coexist with congenital uterine anomalies which are more likely to be diagnosed in adolescents and young women [34]. This should encourage gynaecologists to consider further investigations to try and identify a possible cause for dysmenorrhea in particular if pain is associated with abnormal uterine bleeding or other symptoms such as chronic pelvic pain and dyspareunia. These further investigations may include laparoscopy [35] and hysteroscopy [36]. In addition, various therapeutic modalities are available for symptom control of dysmenorrhea and endometriosis. These include nonsteroidal anti-inflammatory drugs and combined oral contraceptive pills [37].

Dysmenorrhea among adolescent girls is prevalent and has a negative impact on the quality of life and school attendance. Therefore, healthcare policy makers should consider implementing interventions which may help in improving the overall impact of dysmenorrhea. This may include educational programs about various modifiable risk factors, such as being underweight, having a sedentary lifestyle, going late to bed, having poor sleep quality, and experiencing higher anxiety and stress in addition to dietary factors which include not having breakfast, preferring snacks, and eating spicy food during menstruation [38].

Study Strength

The current study added more information to the current limited knowledge about disorders of menstruation among adolescent Jordanian girls. In addition, the sample size was appropriate for the study's aims, which makes the results more robust. Furthermore, this study included

randomly selected adolescent schoolgirls aged between 13 and 18 years from two geographical areas in Jordan.

Study Limitation

We acknowledge the limitations of the study. Bias may have existed in choosing the schools from two geographical regions in Jordan, as not all the schools that were randomly selected agreed to participate. Additionally, the study questionnaires were distributed to the students during class time where there were between 20-25 students, and this may be a source of bias in data collection.

We did not study the impact of dysmenorrhea on daily activities and did not report on healthcare seeking behaviour and barriers, and we did not study stress scores.

Conclusion

Dysmenorrhea is prevalent among Jordanian adolescents, and almost half of the study population reported high severity scores. Additionally, there were associations between age of menarche below the mean, light periods and the presence of dysmenorrhea, and between the severity of dysmenorrhea and age group 13-15 years and light or average menstrual flow. The negative impact on daily activities and school attendance should be considered by healthcare policymakers who are interested in adolescent health.

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COMPLIANCE WITH ETHICAL STANDARDS

Authors contributions

LA, LE, MA, and IM: methodology, writing original draft, review, and editing

LA, LE, LAR, MA, and MAL: data curation

IM, L, LAR, and MA: formal analysis

IM: project administration and supervision

All authors reviewed and edited the final version of the manuscript.

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Study registration

Not applicable

Disclosure of interests

The authors declare that they have no conflict of interests.

Ethical approval

Ethical approval was obtained from the Research Ethical Committee of Faculty of Medicine, Al Balqa Applied University (Local Ethics Committee).

Informed consent

Informed consent was obtained from all participants included in this study.

Data sharing

Data are available from the corresponding author upon reasonable request.

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Table 1. Characteristics of the Study Population

Variable	**Category**	**Frequency**	**Percentages**
Age distribution (years)	13	112	11.9
	14	146	15.4
	15	247	26.1
	16	217	23.0
	17	206	21.8
	18	17	1.8
Body Mass Index (kg/m^2)	Underweight	184	19.5
	Normal weight	641	67.8
	Overweight	104	11.0
	Obese	16	1.7
Previous gynaecological illnesses	**No**	802	85.3
	Yes	138	14.7
	• Amenorrhea	13	11.3
	• PCOS*	19	16.5
	• Genital infection	43	37.4
	• Irregular period	9	7.8
	• Ovarian cyst	24	20.9
	• Endometriosis	7	6.0
Previous gynaecological surgeries	**Yes (all were ovarian cystectomies)**	6	0.6
	No	939	99.4

*PCOS: polycystic ovary disease

Table 2: Characteristics of the Menstrual Periods

Variable	Category	Frequency	Valid %
Age of menarche (below and above the mean of 12.8 years)	**< mean**	369	39.0
	=>mean	576	60.9
Are your periods regular?	**Yes**	428	45.3
	No	517	54.7
How often do you have a period if your period is irregular? (517 adolescents)	Less than 21	296	57.2
	More than 35	221	42.8
Menstrual flow	Light	95	10.1
	Average	752	79.6
	Heavy	98	10.4
Duration of menstruation (days)	**< 2**	4.7	4.7
	2-8	623	66.9
	> 8	28	3.0
	No regular pattern	241	25.5
Number of pads used every day	1-2 times	153	16.2
	3-4 times	611	64.7
	> 4 times	181	19.2
Blood clots during menstruation	None	432	45.7
	Occasional	434	45.9
	Always	79	8.4
Flooding	None	496	52.5

	Occasional	410	43.4
	Always	39	4.1

Table 3: Characteristics of Dysmenorrhea among the Recruited Girls

Variable	**Responses**	**Category**	**Frequency**	**Valid %**
Dysmenorrhea	945	Yes	772	81.7
		No	173	18.3
Onset of pain	824	Two days before period	219	26.6
		One day before period	258	31.3
		With the onset of the period	347	42.1
Site of pain	891	Lower abdomen	351	39.4
		Lower back	105	11.8
		Thigh	23	2.6
		Multiple sites	412	46.2
Duration of the pain (days)	894	< 1 day	272	30.4
		1 to 3 days	504	56.4
		All the days	118	13.2
Numeric analogue scale for dysmenorrhea below and above the mean (6.02)	919	< = the mean	505	55.0
		> the mean	414	45.0

The most painful day(s) of menstruation	894	The day before	136	15.2
		The first day	578	64.7
		The second day	137	15.3
		The 3rd and 4th days	43	4.8
Associated symptoms	770	None	48	602
		Physical	136	17.7
		Behavioral	196	25.5
		Both	390	50.6
Uses of medication during menstruation	912	Yes	507	55.6
		No	405	44.4
Type of medication	449	Paracetamol	344	68.9
		NSAIDs	97	19.4
		Combination	58	11.6
Number of Emergency Room visits per year	945	No	855	90.5
		Yes	90	9.5
		• 1	48/90	53.3
		• 2-5	27/90	30.0
		• > 5	15/90	16.7

Table 4: Multinomial regression between the presence of dysmenorrhea and the various variables

Category	df	Sig.	OR	(95% CI)
Age groups				
13-15 years	1	.07	1.87	(0.95-3.68)
16-18 years (reference)	-			
Body ,mass index groups				
Underweight	1	.21	3.54	(0.49-25.5)
Normal weight	1	.33	2.49	(0.40-15.37)
Overweight	1	.48	2.05	(0.28-14.85)
Obese (reference)				
Age of menarche				
Below the mean	1	.009	3.10	(1.33-7.24)
Above the mean (reference)				
Menstrual cycle regularity				
Regular	1	.87	0.89	(0.21-3.6)
Irregular (reference)				
Frequency of period if irregular				
Less than 21 days	1	.20	1.55	(0.80-2.98)
More than 35 days (reference)				
Duration of menstruation				
2 – 8 days	1	.64	0.84	(0.42-1.72)
Less than 2 days	1	.99	0.99	(0.23-4.31)
More than 8 days (reference)				
Irregular duration (reference)				
Menstrual blood flow				
Light	1	.01	0.13	(0.02-0.66)
Average	1	.09	0.28	(0.06-1.23)

Heavy (reference)	

CI: confidence interval

Table 5: Multinomial regression between the severity of dysmenorrhea and the various variables

Category	df	Sig.	OR	(95% CI)
Age groups				
13-15 years	1	.000	2.54	(1.52-4.25)
16-18 years(reference)	..			
Body mass index groups				
Underweight	1	.36	2.26	(0.39-13.07)
Normal weight	1	.40	2.07	(0.38-11.20)
Overweight	1	.69	1.43	(0.2-8.67)
Obese(reference)	..			
Age of menarche				
Below the mean	1	.21	1.42	(0.82-2.45)
Above the mean(reference)	-			
Menstrual cycle regularity				
Regular	1	.40	1.66	(0.51-5.37)
Irregular(reference)	..			
Frequency of period if irregular				
Less than 21 days	1	.99	.99	0.60-1.66)
More than 35 days (reference)	-			
Duration of menstruation				
2 – 8 days	1	.80	1.07	0.63-1.83
Less than 2 days	1	.59	1.43	(0.39-5.24)
More than 8 days	1	.19	0.34	(0.07-1.75)
Irregular duration (reference)	..			
Menstrual blood flow				

Light	1	.000	12.31	(4.09-37.02)
Average	1	.01	2.57	(1.24-5.31)
Heavy(reference)	..			

CI: confidence interval

Appendix 1

جامعة البلقاء التطبيقية
كلية الطب

نشكر حضراتكن على المشاركة في هذه الدراسة العلمية ونود أن نبين النقاط التالية :

- تهدف هذه الدراسة إلى قياس مدى انتشار المشاكل النسائية المرتبطة بالدورة الشهرية لدى الفئة العمرية (١٣ ـ ١٨ عام)
- نرجو من حضراتكن التكرم بالإجابة على الأسئلة بدقة.
- جميع البيانات والمعلومات الواردة في هذا الاستبيان سوف يتم التعامل معها بسرية تامة.

1. ما هو عمرك؟ .....

2. هل تعاني من إحدى الأمراض المزمنة التالية؟: (يمكنك اختيار أكثر من إجابة)
   - الضغط.
   - السكري.
   - أمراض في الكلى.
   - أمراض في القلب.
   - أمراض غدة درقية.
   - غير ذلك (مع ذكر المرض) :.....

3. الطول (بالسنتيمتر): .....

4. الوزن (بالكيلوغرام): .....

5. هل بدأت لديك الدورة الشهرية؟
   - نعم. (أي عمر: .....)
   - لا.

6. هل دورتك الشهرية منتظمة؟
(تكون الدورة منتظمة إذا كان عدد الأيام من بداية الدورة إلى بدايه الدورة التي تليها بين ٢١-٣٥ يوم)
   - نعم.
   - لا (إذا كان عدد الأيام من بداية الدورة الى بداية الدورة التي تليها):
     - أقل من ٢١ يوم.
     - أكثر من ٣٥ يوم.
   - في بعض الأحيان تكون منتظمة وفي بعض الأحيان غير منتظمة.

7. كم يوم يستمر نزول الدم أثناء الدورة الشهرية؟
   - أقل من يومين.
   - من يومين إلى ثمانية أيام.
   - أكثر من ثمانية أيام.
   - لا أعلم لأنها تختلف في كل مرة.

8. كيف يكون تدفق الحيض أثناء دورتك الشهرية؟ (كمية الدم)
   - خفيف .
   - متوسط.
   - غزير.

9. كم مرة في اليوم خلال دورتك الشهرية تقومين بتغيير الفوطة الصحية ؟
   - مرة واحدة (مرة حتى يأتي اليوم الأخر).
   - مرتين (مثال: مرة في الصباح ومرة في الليل).
   - ٣ مرات (مثال: مرة في الصباح ومرة في المساء ومرة خلال اليوم).
   - ٤ مرات (مثال: مرة في الصباح ومرة في الليل ومرتين خلال اليوم).
   - أكثر من ٤ مرات.

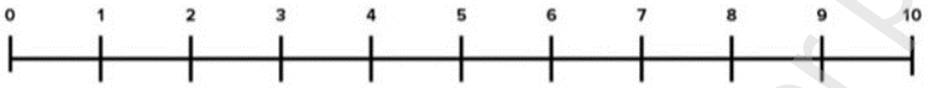
10. هل تلاحظين وجود تخثرات (دم متجلط) أثناء دورتك الشهرية ؟
- نعم، دائما.
- نعم، في بعض الأحيان.
- لا.

11. هل يحدث ان تسرب الدم على ملابسك من غزارة الحيض؟
- نعم، دائما.
- نعم، في بعض الأحيان.
- لا.

12. هل سبق وأن عانيتِ من عسر الطمث (ألم أثناء الدورة الشهرية)؟
- نعم.
- لا.

13. هل تعانين من عسر الطمث (ألم أثناء الدورة الشهرية في الوقت الحالي)؟
- نعم.
- لا.

14. كيف تصفين آلام الدورة الشهرية ؟ من صفر إلى 10على اعتبار أن رقم 0 يمثل عدم وجود ألم ورقم 10 يمثل أشد ألم



15. ما هو مكان الألم ؟ (يمكنك اختيار أكثر من إجابة)
- أسفل البطن.
- أسفل الظهر.
- الفخذ.

16. متى تبدأ آلام الدورة الشهرية؟
- يومين قبل بدء الدورة الشهرية.
- يوم قبل من بدء الدورة الشهرية.
- نفس يوم بدء الدورة الشهرية.
- بعد بدء الدورة الشهرية.

17. كم تستمر آلام الدورة؟
- أقل من يوم.
- من يوم إلى ثلاثة أيام.
- في جميع أيام الطمث.

18. في أي يوم من أيام الدورة الشهرية يكون الألم أشد؟
- اليوم الذي يكون قبل بدء الدورة الشهرية.
- اليوم الأول من الدورة الشهرية.
- اليوم الثاني من الدورة الشهرية.
- اليوم الثالث أو الرابع من الدورة الشهرية.

19. ما هي الأعراض الأخرى التي ترافق ألم الدورة الشهرية؟ (يمكنك اختيار أكثر من إجابة)
- اللعيان والاستفراغ.
- الصداع.
- المزاج السيء (الاكتئاب).
- ظهور الحبوب على الوجه.
- فقدان الشهية.
- غير ذلك (مع ذكر العرض): .....

20. هل تقومي بتناول أية أدوية لتخفيف ألم الدورة الشهرية؟
- o نعم.
- o لا.

✓ إذا كان الجواب نعم، ما هي الادوية التي تقومين باستخدامها؟
- o الريفانين/البنادول.
- o أسبرين.
- o البروفن.
- o غير ذلك (مع ذكر الدواء): .....

21. هل تقومين بزيارة قسم الطوارئ بسبب ألم الدورة الشهرية لتلقي المسكنات (عن طريق الوريد أو الإبر العضلية)؟
- o نعم.
- o لا.

✓ اذا كان الجواب نعم – كم عدد المرات في السنة التى تذهبي فيها الى المستشفى لاخذ المسكن لألام الدورة؟
- o مرة واحدة.
- o من مرتين الى خمس مرات.
- o أكثر من خمس مرات.

22. هل زرتِ طبيب نسائية من قبل لأي سبب كان؟
- o نعم.
- o لا.

✓ إذا كانت إجابتك نعم، ماذا كان تشخيص طبيب النسائية لحالتك المرضية؟ (يمكنك اختيار أكثر من إجابة)

- o بطانة الرحم الهاجرة.
- o متلازمة تكيس المبيض.
- o كيس على المبيض.
- o أمراض خلقية في الجهاز التناسلي (مع ذكرها): .....
- o التهابات نسائية (بكتيرية أو فيروسية أو فطرية)
- o انقطاع الطمث.
- o غير ذلك، اذكريها: .....

23. إذا كان قد تم تشخيصك سابقا لاي مرض يتعلق بالجهاز التناسلي، هل خضعتِ/تخضعين حاليا للعلاج؟
- o نعم، اذكر العلاج: .....
- o لا.

24. هل أجريتِ أي عمليات نسائية سابقة؟
- o نعم، اذكر نوع العملية/العمليات: .....
- o لا.

25. إذا لم تزوري طبيب نسائية مطلقا، ما السبب؟ (يمكنك اختيار أكثر من إجابة)

- o أشعر بالحرج.
- o أسباب مادية.
- o يتعارض مع ثقافة المجتمع.
- o لا يوجد طبيب نسائية في المنطقة التي أسكن فيها.
- o لا أعاني من أي مشاكل نسائية.
- o غير ذلك، اذكريها: .....

26. هل أدت مشاكلك النسائية إلى زيادة معدل غيابك المدرسيّ ؟
- o نعم.
- o لا.