Supplementary Material
Use of phytoestrogens and effects perceived by postmenopausal women:
results of a questionnaire-based survey

QUESTIONNAIRE*

PART 1 - GENERAL INFORMATION
1. Date of Birth |__ |__ |__ |__ |
   Height |__ |__ |__ | cm
   Weight |__ |__ | kg

2. Nationality
   ☐ Italian
   ☐ Not Italian (specify)___________________________
   (How many years have you been in Italy?______________)

3. Marital Status
   ☐ single
   ☐ married or cohabiting
   ☐ widow
   ☐ separated or divorced

4. How many children do you have?
   ☐ 0
   ☐ 1
   ☐ 2
   ☐ more than 2

5. With whom do you live?
   ☐ alone
   ☐ husband or partner
   ☐ children
   ☐ other relatives (parents,..)
   ☐ other persons (not relatives)

6. What is your educational level?
   ☐ none
   ☐ elementary school
   ☐ high school
   ☐ bachelor degree (in _________________)

7. What is your current work position?
   ☐ self-employed
   ☐ employee
   ☐ unemployed
   ☐ houswife
   ☐ retired
PART 2 - PATTERN OF USE

8. Who advised you about phytoestrogen-containing food supplement?
   □ friends
   □ advertisement
   □ general practitioner
   □ pharmacist
   □ specialist (gynecologist or endocrinologist)
   □ other _____________________________________________________________

9. If the advisor was someone different from general practitioner, did you tell him about the use of this product?
   □ Yes
   □ No If no, why? ______________________________________________________

10. Why do you take phytoestrogens? (Multiple choice)
    □ to prevent osteoporosis
    □ to reduce circulating cholesterol levels
    □ to improve venous circulation
    □ to reduce palpitations
    □ to reduce hot flushes
    □ to prevent skin aging
    □ to improve mood
    □ to treat insomnia
    □ other _____________________________________________________________

11. Are you already in the postmenopausal period?
    □ Yes If yes, from how long? _________________________________
    □ No

12. How long have you been taking the phytoestrogen?
    □ this is the first time I bought it (new user) [please do not fill-in questions 14, 18, 19 and 20]
    □ less than 1 month
    □ 1 – 6 months
    □ 6 months – 1 year
    □ more than 1 year (specify) __________________________________________

13. For how long do you think you will take phytoestrogen?
    □ forever
    □ for a defined period (specify) __________________________________________
    □ it depends on benefits and side effects
14. How many times do you take the phytoestrogen? [Please not fill-in if you are new user]
☐ in cycles
   If yes, please specify
   1) cycle length
      ☐ 1-month-cycle
      ☐ 2-months-cycle
      ☐ 3-months-cycle
      ☐ more than 3 months
   2) interval between cycles
      ☐ 2-3 weeks
      ☐ 1 month
      ☐ 2 months
      ☐ more than 2 months

☐ routinely
   If yes, please specify
      ☐ once daily
      ☐ twice daily
      ☐ more than once a week
      ☐ less than once a week
      ☐ other _______________

Please answer Yes or No to each item
15. Do you suffer from or have you ever suffered from

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>☐</td>
</tr>
<tr>
<td>Diabetes</td>
<td>☐</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>☐</td>
</tr>
<tr>
<td>Heart disorders</td>
<td>☐</td>
</tr>
<tr>
<td>Circulatory disorders (es. thrombosis)</td>
<td>☐</td>
</tr>
<tr>
<td>High levels of Cholesterol</td>
<td>☐</td>
</tr>
<tr>
<td>Liver diseases</td>
<td>☐</td>
</tr>
<tr>
<td>Hepatic lithiasis (calculus)</td>
<td>☐</td>
</tr>
<tr>
<td>Obesity</td>
<td>☐</td>
</tr>
</tbody>
</table>

Please answer Yes or No to each item
16. Do you have history of:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fracture of the thigh-bone or spine</td>
<td>☐</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>☐</td>
</tr>
<tr>
<td>Uterine cancer</td>
<td>☐</td>
</tr>
<tr>
<td>Ovarian cancer</td>
<td>☐</td>
</tr>
<tr>
<td>Other cancer ________________________</td>
<td></td>
</tr>
</tbody>
</table>

17. Did someone in your family suffer from breast cancer?
☐ Yes If yes, how old was she/he at the time of the diagnosis and which was the outcome? _______________________
☐ No
Please answer Yes or No to each item

18. After starting the treatment, have you perceived: [Please not fill-in if you are new user]

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction of hot flushes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction of palpitations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement of venous circulation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mood improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well-being improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other positive perception</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please answer Yes or No to each item

19. Your laboratory analysis, if available, showed: [Please not fill-in if you are new user]

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase of bone mineral density (BMD)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction of total cholesterol levels</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduction of glycemia (blood sugar)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please answer Yes or No to each item

20. Which of the following negative perceptions have you noticed so far? [Please not fill-in if you are new user]

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fatigue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somnolence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea and vomiting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swelling sensation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oedema</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abnormal bleedings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thyroid disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21. Comments on personal feelings (other than what already declared)

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

NAME OF THE PRODUCT _______________________________________________________________________________
(Please attach copy of the product’s label)

* Translated from the original Italian version