



Exercise serum skin study: Menstrual cycle questionnaire

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To be completed prior to each trial

Participant name:

(For staff to complete) Participant ID no.:

(For staff to complete) Participant acronym:

- 1) Are you currently on any contraceptive treatment Y/N
 - a. If so, what treatment are you currently taking?

- 2) Do you have any diagnosed gynaecological disorders?

- 3) Please provide the date of your last menstruation (dd-mmm-yyyy)

- 4) How many days was your last menstruation?
