

# Menopausal Symptoms and Technology: Annotated Questionnaire

January 2020

This online survey of 599 men and women age 35 and older was fielded December 6–12, 2019. The sample was drawn from AARP’s proprietary online panel (ages 35+).

## ASK ALL WOMEN

**Q1. Do you consider yourself to be premenopausal, peri-menopausal, menopausal, or postmenopausal?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	463	463	0
Premenopausal - I have no menopause-like symptoms e.g., hot flashes, anxiety, mood swings, etc.) and my menstruation patterns are as they have always been.	19	19	N/A
Perimenopausal - I have some menopause-like symptoms (e.g., hot flashes, anxiety, mood swings, etc.) and have seen changes in my menstruation patterns.	18	18	
Menopausal - Menstruation stopped within the past year, but not longer than 12 months ago, and I have consistent menopause symptoms (i.e., hot flashes, anxiety, mood swings).	8	8	
Postmenopausal - Menstruation stopped more than a year ago and I may or may not still be experiencing some symptoms (e.g., hot flashes, anxiety, mood swings, etc.).	55	55	

**ASK ALL MEN**

**Q2. Do you currently have a relationship(s) with or have you had a relationship(s) in the past with a woman who was premenopausal, peri-menopausal, menopausal, or postmenopausal?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	136	0	136
Premenopausal - I have no menopause-like symptoms e.g., hot flashes, anxiety, mood swings, etc.) and my menstruation patterns are as they have always been.	49	N/A	49
Perimenopausal - I have some menopause-like symptoms (e.g., hot flashes, anxiety, mood swings, etc.) and have seen changes in my menstruation patterns.	29		29
Menopausal - Menstruation stopped within the past year, but not longer than 12 months ago, and I have consistent menopause symptoms (i.e., hot flashes, anxiety, mood swings).	21		21
Postmenopausal - Menstruation stopped more than a year ago and I may or may not still be experiencing some symptoms (e.g., hot flashes, anxiety, mood swings, etc.).	44		44

**ASK ALL PREMENOPAUSAL WOMEN**

**Q3. How confident are you that you are prepared for the menopausal process?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	86	86	0
Very confident	20	20	N/A
Somewhat confident	41	41	
Not too confident	27	27	
Not at all confident	13	13	
Confident (top 2 box NET)	60	60	N/A
Not confident (bottom 2 box NET)	40	40	

**ASK ALL PERIMENOPAUSAL, MENOPAUSAL AND POSTMENOPAUSAL WOMEN**

**Q4. Based on what you knew prior to entering menopause vs. the actual experience, how prepared were you for the menopausal process?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	377	377	0
Very prepared	20	20	N/A
Somewhat prepared	43	43	
Not too prepared	22	22	
Not at all prepared	14	14	
Prepared (top 2 box NET)	64	64	N/A
Not prepared (bottom 2 box NET)	36	36	

**ASK ALL WOMEN**

**Q5. Using a scale of 1 to 5 where 1 means not at all knowledgeable and 5 means extremely knowledgeable, how knowledgeable [IF PREMENOPAUSAL are you about the menopausal process] [IF PERIMENOPAUSAL OR MENOPAUSAL were you about the menopausal process before you started]?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	463	463	0
1 Not at all knowledgeable	9	9	N/A
2	10	10	
3	41	41	
4	28	28	
5 Extremely knowledgeable	13	13	
Knowledgeable (top 2 box NET)	41	41	N/A
Not knowledgeable (bottom 2 box NET)	19	19	

**ASK ALL MEN**

**Q6. Using a scale of 1 to 5 where 1 means not at all knowledgeable and 5 means extremely knowledgeable, how knowledgeable [IF KNOW PREMENOPAUSAL WOMEN are you about the menopausal process] [IF KNOW PERIMENOPAUSAL OR MENOPAUSAL WOMEN were you about the menopausal process before you were in a relationship with someone who started the menopausal process]?**

	Total (%)	Gender	
		Females (%)	Males (%)
<i>Unweighted n</i>	136	0	136
1 Not at all knowledgeable	21	N/A	21
2	23		23
3	32		32
4	16		16
5 Extremely knowledgeable	9		9
Knowledgeable (top 2 box NET)	25	N/A	25
Not knowledgeable (bottom 2 box NET)	43		43

**ASK ALL**

**Q7. Using a scale of 1 to 5 where 1 means not at all aware and 5 means extremely aware, how aware are you/were you of the possible menopausal symptoms?**

	Total (%)	Gender	
		Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
1 Not at all aware	7	4	15
2	9	8	15
3	31	31	32
4	31	34	22
5 Extremely aware	22	24	15
Aware (top 2 box NET)	53	57	38
Not aware (bottom 2 box NET)	16	12	30

**ASK ALL**

**Q8\_1. Please indicate which, if any, of the following symptoms you have experienced?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
19. Fatigue/tired (more so than usual)	67	70	58
9. Sleep problems	64	64	61
15. Weight gain and slowed metabolism	60	66	39
3. Mood swings/irritability	58	55	69
1. Hot flashes	55	56	52
2. Night sweats	49	51	39
7. Anxiety/panic	43	43	41
18. Depression	42	40	47
6. Mental fog/difficulty concentrating	42	45	34
10. Reduced libido or sex drive	40	39	46
5. Vaginal dryness	39	40	36
16. Hair thinning or loss	38	41	25
21. Migraines/frequent headaches	37	37	38
22. Heart palpitations (fast-beating, fluttering or pounding heart)	35	37	28
20. Breast tenderness	34	34	35
23. Itchy/crawly skin	33	35	25
4. Extremely heavy periods	32	33	27
13. Incontinence (lack urination or bowel/stool control)	30	32	21
17. Increased hair growth on other areas of body	26	29	16
11. Painful intercourse	26	24	29
14. Tingling extremities	23	25	18
12. Difficulty achieving orgasm	21	21	24
24. Burning tongue	7	6	11

**ASK ALL**

**Q8\_2. Please indicate which, if any, of the following symptoms you are or would be interested in non-invasive solutions to manage them?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
19. Fatigue/tired (more so than usual)	57	58	51
15. Weight gain and slowed metabolism	54	59	38
9. Sleep problems	48	48	51
3. Mood swings/irritability	45	41	57
1. Hot flashes	42	42	43
6. Mental fog/difficulty concentrating	40	42	34
2. Night sweats	38	40	32
7. Anxiety/panic	37	37	38
18. Depression	30	28	38
16. Hair thinning or loss	35	37	28
5. Vaginal dryness	34	32	38
10. Reduced libido or sex drive	33	30	43
21. Migraines/frequent headaches	31	30	37
13. Incontinence (lack urination or bowel/stool control)	31	32	25
17. Increased hair growth on other areas of body	29	32	18
23. Itchy/crawly skin	28	29	23
22. Heart palpitations (fast-beating, fluttering or pounding heart)	25	25	27
11. Painful intercourse	23	20	32
14. Tingling extremities	23	24	22
12. Difficulty achieving orgasm	23	21	30
20. Breast tenderness	22	19	32
4. Extremely heavy periods	22	21	28
24. Burning tongue	14	12	18

**ASK ALL**

**Q9. What two symptoms are/were most bothersome [MALE for your companion]?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
15. Weight gain and slowed metabolism	36	39	21
1. Hot flashes	27	26	29
16. Hair thinning or loss	25	28	14
9. Sleep problems	25	24	29
2. Night sweats	20	22	11
7. Anxiety/panic	19	19	19
21. Migraines/frequent headaches	18	18	20
19. Fatigue/tired (more so than usual)	18	17	20
13. Incontinence (lack urination or bowel/stool control)	18	20	12
3. Mood swings/irritability	17	14	26
11. Painful intercourse	15	13	20
4. Extremely heavy periods	15	17	8
18. Depression	14	9	31
23. Itchy/crawly skin	13	13	13
22. Heart palpitations (fast-beating, fluttering or pounding heart)	12	11	15
6. Mental fog/difficulty concentrating	10	11	8
5. Vaginal dryness	10	10	12
17. Increased hair growth on other areas of body	10	11	3
10. Reduced libido or sex drive	9	7	14
14. Tingling extremities	6	7	3
20. Breast tenderness	6	5	10
12. Difficulty achieving orgasm	5	4	6
24. Burning tongue	3	0	9

**ASK ALL MALES**

**Q10. What two symptoms are/were most bothersome for you?**

	Total (%)	Gender	
		Females (%)	Males (%)
<i>Unweighted n</i>	136	0	136
3. Mood swings/irritability	45	N/A	45
10. Reduced libido or sex drive	37		37
9. Sleep problems	29		29
11. Painful intercourse	28		28
18. Depression	24		24
5. Vaginal dryness	24		24
16. Hair thinning or loss	18		18
7. Anxiety/panic	16		16
19. Fatigue/tired (more so than usual)	14		14
1. Hot flashes	14		14
4. Extremely heavy periods	13		13
15. Weight gain and slowed metabolism	13		13
13. Incontinence (lack urination or bowel/stool control)	12		12
6. Mental fog/difficulty concentrating	13		13
12. Difficulty achieving orgasm	11		11
2. Night sweats	8		8
24. Burning tongue	6		6
21. Migraines/frequent headaches	5		5
14. Tingling extremities	3		3
20. Breast tenderness	3		3
23. Itchy/crawly skin	2		2
22. Heart palpitations (fast-beating, fluttering or pounding heart)	2		2
17. Increased hair growth on other areas of body	0	0	



**ASK ALL PERIMENOPAUSAL, MENOPAUSAL AND POSTMENOPAUSAL WOMEN**

**Q11. Have you ever had to miss work as a result of menopausal symptoms?**

		Gender	
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	377	377	0
Yes	8	8	N/A
No	92	92	

**ASK ALL MISSING WORK DUE TO MENOPAUSAL SYMPTOMS**

**Q12. On average, about how many days of work did you miss in a year as a result of menopause?**

		Gender	
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	31	31	0
1 or less	32	32	N/A
2 to 3	19	19	
4 to 5	26	26	
6 or more	23	23	

**ASK ALL MISSING WORK DUE TO MENOPAUSAL SYMPTOMS**

**Q13. Did you ever tell your boss you missed work because of menopausal symptoms?**

		Gender	
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	31	31	0
Yes	32	32	N/A
No	68	68	

**ASK ALL PERIMENOPAUSAL, MENOPAUSAL AND POSTMENOPAUSAL WOMEN**

**Q14. Using a scale of 0 to 10 where 0 means not at all concerned and 10 means extremely concerned, how concerned are you/were you about letting your boss or co-workers know that you are/were experiencing menopausal symptoms?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	377	377	0
0 Not at all concerned	44	44	N/A
1	5	5	
2	6	6	
3	4	4	
4	3	3	
5	11	11	
6	4	4	
7	7	7	
8	5	5	
9	2	2	
10 Extremely concerned	9	9	
Not concerned (bottom 2 box NET)	49	49	
Concerned (top 2 box NET)	11	11	

**ASK ALL PERIMENOPAUSAL, MENOPAUSAL AND POSTMENOPAUSAL WOMEN**

**Q15. Have you felt embarrassed to let people outside of your immediate social circle (family, close friends) know that you are experiencing menopausal symptoms?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	377	377	0
Yes, always	10	10	N/A
Yes, sometimes	30	30	
No, never	60	60	

**ASK ALL**

**Q16\_1. Using a scale of 0 to 10, where 0 means it does/did not interfere with the listed item/area and 10 means it interferes/interfered a great deal, how much has/did your/your companion’s menopausal symptoms interfere/interfered with the following [MALE for you personally]?**

**Sleep**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
0 Does/Did not interfere	15	13	18
1	5	5	7
2	5	6	3
3	6	7	5
4	5	5	7
5	10	10	9
6	11	12	7
7	11	9	15
8	12	12	12
9	8	8	10
10 Interferes/Interfered a great deal	12	14	7
Bottom 2 box (NET)	20	18	26
Bottom 3 box (NET)	25	24	29
Top 2 box (NET)	20	21	16
Top 3 box (NET)	32	33	28

**ASK ALL**

**Q16\_2. Using a scale of 0 to 10, where 0 means it does/did not interfere with the listed item/area and 10 means it interferes/interfered a great deal, how much has/did your/your companion’s menopausal symptoms interfere/interfered with the following [MALE for you personally]?**

**Work**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
0 Does/Did not interfere	45	48	38
1	7	7	7
2	8	8	7
3	7	6	7
4	7	7	4
5	9	9	10
6	5	5	7
7	5	4	8
8	3	2	7
9	1	1	2
10 Interferes/Interfered a great deal	3	4	2
Bottom 2 box (NET)	52	54	46
Bottom 3 box (NET)	60	62	52
Top 2 box (NET)	4	4	4
Top 3 box (NET)	8	7	11

**ASK ALL**

**Q16\_3. Using a scale of 0 to 10, where 0 means it does/did not interfere with the listed item/area and 10 means it interferes/interfered a great deal, how much has/did your/your companion’s menopausal symptoms interfere/interfered with the following [MALE for you personally]?**

**Hobbies/Leisure activities**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
0 Does/Did not interfere	37	39	28
1	10	10	8
2	7	7	8
3	6	6	4
4	6	6	5
5	12	11	13
6	6	5	12
7	7	6	9
8	4	4	7
9	2	2	3
10 Interferes/Interfered a great deal	4	4	3
Bottom 2 box (NET)	46	49	36
Bottom 3 box (NET)	54	56	44
Top 2 box (NET)	6	6	6
Top 3 box (NET)	10	10	13

**ASK ALL**

**Q16\_4. Using a scale of 0 to 10, where 0 means it does/did not interfere with the listed item/area and 10 means it interferes/interfered a great deal, how much has/did your/your companion’s menopausal symptoms interfere/interfered with the following [MALE for you personally]?**

**Personality/Mood**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
0 Does/Did not interfere	18	19	17
1	6	6	9
2	6	8	2
3	8	8	4
4	6	6	4
5	14	14	13
6	8	8	8
7	10	10	12
8	11	9	15
9	5	4	5
10 Interferes/Interfered a great deal	8	8	11
Bottom 2 box (NET)	25	24	26
Bottom 3 box (NET)	31	32	28
Top 2 box (NET)	13	12	16
Top 3 box (NET)	23	21	31

**ASK ALL**

**Q16\_5. Using a scale of 0 to 10, where 0 means it does/did not interfere with the listed item/area and 10 means it interferes/interfered a great deal, how much has/did your/your companion’s menopausal symptoms interfere/interfered with the following [MALE for you personally]?**

**Level of confidence**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
0 Does/Did not interfere	30	31	24
1	9	9	7
2	7	8	4
3	6	6	5
4	6	5	9
5	11	10	13
6	7	6	8
7	11	10	15
8	5	6	4
9	4	4	6
10 Interferes/Interfered a great deal	5	6	4
Bottom 2 box (NET)	38	40	31
Bottom 3 box (NET)	45	48	35
Top 2 box (NET)	9	9	10
Top 3 box (NET)	15	15	14

**ASK ALL**

**Q16\_6. Using a scale of 0 to 10, where 0 means it does/did not interfere with the listed item/area and 10 means it interferes/interfered a great deal, how much has/did your/your companion’s menopausal symptoms interfere/interfered with the following [MALE for you personally]?**

**Healthy lifestyle**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
0 Does/Did not interfere	28	29	26
1	7	7	8
2	6	6	4
3	8	8	7
4	6	6	4
5	16	16	15
6	10	9	11
7	7	7	6
8	5	4	10
9	3	3	3
10 Interferes/Interfered a great deal	5	5	4
Bottom 2 box (NET)	35	36	35
Bottom 3 box (NET)	41	42	39
Top 2 box (NET)	7	7	7
Top 3 box (NET)	13	11	18



**ASK ALL**

**Q16\_7. Using a scale of 0 to 10, where 0 means it does/did not interfere with the listed item/area and 10 means it interferes/interfered a great deal, how much has/did your/your companion’s menopausal symptoms interfere/interfered with the following [MALE for you personally]?**

**Social activities**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
0 Does/Did not interfere	37	40	26
1	8	8	5
2	7	7	5
3	7	6	10
4	7	6	9
5	9	8	13
6	6	6	6
7	8	8	8
8	6	4	10
9	3	2	5
10 Interferes/Interfered a great deal	4	4	3
Bottom 2 box (NET)	44	48	31
Bottom 3 box (NET)	51	56	36
Top 2 box (NET)	7	6	8
Top 3 box (NET)	12	11	18

**ASK ALL**

**Q16\_8. Using a scale of 0 to 10, where 0 means it does/did not interfere with the listed item/area and 10 means it interferes/interfered a great deal, how much has/did your/your companion’s menopausal symptoms interfere/interfered with the following [MALE for you personally]?**

**Concentration**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
0 Does/Did not interfere	26	26	26
1	7	7	4
2	6	6	4
3	6	6	4
4	7	7	7
5	13	12	16
6	8	7	10
7	11	10	13
8	7	7	7
9	4	5	1
10 Interferes/Interfered a great deal	7	6	7
Bottom 2 box (NET)	32	33	29
Bottom 3 box (NET)	38	40	34
Top 2 box (NET)	10	11	9
Top 3 box (NET)	18	18	16

**ASK ALL**

**Q16\_9. Using a scale of 0 to 10, where 0 means it does/did not interfere with the listed item/area and 10 means it interferes/interfered a great deal, how much has/did your/your companion’s menopausal symptoms interfere/interfered with the following [MALE for you personally]?**

**Sexual activities**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
0 Does/Did not interfere	30	33	18
1	5	5	5
2	4	4	4
3	5	5	4
4	5	5	3
5	12	11	13
6	9	8	10
7	6	6	8
8	9	7	16
9	6	6	7
10 Interferes/Interfered a great deal	11	10	12
Bottom 2 box (NET)	35	38	23
Bottom 3 box (NET)	39	43	26
Top 2 box (NET)	17	16	19
Top 3 box (NET)	25	22	35

**ASK ALL**

**Q16\_10. Using a scale of 0 to 10, where 0 means it does/did not interfere with the listed item/area and 10 means it interferes/interfered a great deal, how much has/did your/your companion’s menopausal symptoms interfere/interfered with the following [MALE for you personally]?**

**Romantic relationship(s)**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
0 Does/Did not interfere	31	34	20
1	7	8	4
2	6	5	7
3	5	5	5
4	4	4	4
5	11	11	12
6	8	7	9
7	8	7	13
8	7	6	10
9	6	6	7
10 Interferes/Interfered a great deal	8	8	10
Bottom 2 box (NET)	38	42	24
Bottom 3 box (NET)	43	47	31
Top 2 box (NET)	14	14	17
Top 3 box (NET)	21	19	27

**ASK ALL**

**Q16\_11. Using a scale of 0 to 10, where 0 means it does/did not interfere with the listed item/area and 10 means it interferes/interfered a great deal, how much has/did your/your companion’s menopausal symptoms interfere/interfered with the following [MALE for you personally]?**

**Relationships with others**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
0 Does/Did not interfere	34	36	29
1	9	10	4
2	9	9	10
3	6	6	6
4	7	6	10
5	10	10	10
6	8	9	4
7	5	4	10
8	6	6	6
9	3	2	7
10 Interferes/Interfered a great deal	3	2	4
Bottom 2 box (NET)	43	46	33
Bottom 3 box (NET)	52	55	43
Top 2 box (NET)	6	4	11
Top 3 box (NET)	11	10	17

**ASK ALL**

**Q16\_12. Using a scale of 0 to 10, where 0 means it does/did not interfere with the listed item/area and 10 means it interferes/interfered a great deal, how much has/did your/your companion’s menopausal symptoms interfere/interfered with the following [MALE for you personally]?**

**Overall quality of life**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
0 Does/Did not interfere	21	22	19
1	9	9	10
2	7	8	4
3	9	10	7
4	9	9	7
5	12	12	14
6	9	9	7
7	10	8	15
8	7	6	8
9	2	2	4
10 Interferes/Interfered a great deal	4	4	6
Bottom 2 box (NET)	31	31	29
Bottom 3 box (NET)	38	40	32
Top 2 box (NET)	7	6	10
Top 3 box (NET)	13	12	18

**ASK ALL**

**Q17\_1. What treatments, medications, etc. or measures are you or were you taking to specifically ease any of your menopausal symptom(s)?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	463	463	0
Vitamin supplements	47	47	N/A
Prescription medication (hormone therapy, low-dose antidepressants, sleeping pills, etc.)	30	30	
Increased/started exercise	30	30	
OTC medication (sleeping pills, vaginal estrogen, etc.)	28	28	
Changed diet	28	28	
Natural or herbal treatments or supplements	26	26	
Vaginal lubricants	25	25	
Specific exercises (i.e. Kegel)	16	16	
Yoga, tai chi	14	14	
Massage/Chiropractic adjustments	14	14	
Cooling devices	13	13	
Tracking apps	11	11	
Stopped/reduced smoking	11	11	
Meditation/Hypnosis	8	8	
Tech devices (i.e. wearables)	7	7	
Cognitive-behavioral therapy	5	5	
Acupuncture/Acupressure	4	4	
Other	1	1	
None	32	32	

**ASK ALL**

**Q17\_2. What treatments, medications, etc. or measures are you considering doing in the future?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	463	463	0
Increased/started exercise	26	26	
Vitamin supplements	25	25	
Natural or herbal treatments or supplements	23	23	
Changed diet	21	21	
Prescription medication (hormone therapy, low-dose antidepressants, sleeping pills, etc.)	19	19	
OTC medication (sleeping pills, vaginal estrogen, etc.)	19	19	
Yoga, tai chi	19	19	
Massage/Chiropractic adjustments	19	19	
Vaginal lubricants	19	19	
Meditation/Hypnosis	15	15	N/A
Acupuncture/Acupressure	15	15	
Cooling devices	13	13	
Specific exercises (i.e. Kegel)	13	13	
Cognitive-behavioral therapy	11	11	
Stopped/reduced smoking	11	11	
Tracking apps	10	10	
Tech devices (i.e. wearables)	8	8	
Other	0	0	
None	45	45	



**ASK ALL USING PRESCRIPTION MEDICATION**

**Q18. How long have you been taking/did you take prescription medication to ease your menopausal symptom(s)?**

		Gender	
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	137	137	0
Less than one year	41	41	N/A
1 year to less than 2 years	18	18	
2 years to less than 3 years	7	7	
3 or more years	34	34	

**ASK ALL NOT USING PRESCRIPTION MEDICATION**

**Q19. What are some reasons why you have not or did not take any prescription medications to ease your menopausal symptom(s)?**

		Gender	
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	326	326	0
Possible side effects	41	41	N/A
Don't like taking medicine	32	32	
Didn't need them	31	31	
They are/may be harmful	27	27	
Didn't want to get dependent on them	22	22	
Too expensive	20	20	
Didn't know about them	13	13	
Didn't think they would work	11	11	
Doctor wouldn't prescribe/didn't discuss	6	6	
Other	5	5	

**ASK ALL**

**Q20. If there was a non-invasive, tech-related solution (e.g., a device that you wear, clothing, apps, etc.) that could relieve or minimize one menopausal symptom, which one symptom do you think would be most important to most women to relieve or minimize?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
1. Hot flashes	26	29	15
15. Weight gain and slowed metabolism	13	15	7
3. Mood swings/irritability	9	8	13
9. Sleep problems	7	7	7
7. Anxiety/panic	6	5	7
2. Night sweats	5	6	3
18. Depression	4	3	10
16. Hair thinning or loss	4	5	2
4. Extremely heavy periods	4	4	2
5. Vaginal dryness	3	2	4
19. Fatigue/tired (more so than usual)	2	2	1
6. Mental fog/difficulty concentrating	2	2	3
11. Painful intercourse	2	2	4
10. Reduced libido or sex drive	2	1	5
21. Migraines/frequent headaches	2	2	3
13. Incontinence (lack urination or bowel/stool control)	2	2	1
22. Heart palpitations (fast-beating, fluttering or pounding heart)	2	2	4
17. Increased hair growth on other areas of body	1	1	1
14. Tingling extremities	1	1	0
12. Difficulty achieving orgasm	1	1	3
23. Itchy/crawly skin	1	1	1
24. Burning tongue	1	0	4
20. Breast tenderness	0	0	0

**ASK ALL**

**Q21. If there was a non-invasive, tech-related solution (e.g., a device that you wear, clothing, apps, etc.) that could relieve or minimize one menopausal symptom, which one symptom would you want to relieve or minimize?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
1. Hot flashes	15	16	11
15. Weight gain and slowed metabolism	13	16	2
3. Mood swings/irritability	9	6	22
9. Sleep problems	8	8	7
2. Night sweats	8	10	2
7. Anxiety/panic	6	6	7
16. Hair thinning or loss	4	5	1
19. Fatigue/tired (more so than usual)	4	5	4
4. Extremely heavy periods	4	5	3
10. Reduced libido or sex drive	4	2	9
5. Vaginal dryness	3	2	4
18. Depression	3	2	7
6. Mental fog/difficulty concentrating	3	3	2
11. Painful intercourse	3	2	4
21. Migraines/frequent headaches	3	3	1
13. Incontinence (lack urination or bowel/stool control)	3	3	1
22. Heart palpitations (fast-beating, fluttering or pounding heart)	2	2	3
14. Tingling extremities	2	1	2
17. Increased hair growth on other areas of body	1	1	0
12. Difficulty achieving orgasm	1	1	4
23. Itchy/crawly skin	1	1	1
24. Burning tongue	1	0	2
20. Breast tenderness	0	0	0

**ASK ALL WOMEN**

**Q22. If there was a non-invasive, tech-related solution (e.g., a device that you wear, clothing, apps, etc.) that could relieve or minimize one or more menopausal symptoms how interested would you be in learning more about that product?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	463	463	0
Extremely interested	40	40	N/A
Somewhat interested	40	40	
Not too interested	10	10	
Not at all interested	10	10	
Interested (top 2 box NET)	80	80	N/A
Not interested (bottom 2 box NET)	20	20	

**Partial Demographics**

**D1. Are you?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
Male	23	0	100
Female	77	100	0

**D2. What is your age?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
35-44	27	24	37
45-54	28	29	21
55-64	23	23	21
65+	23	24	21

**D3. Which of the following best describes your race?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
American Indian or Alaska Native	2	2	2
Asian	3	3	4
Black or African American	13	13	12
Native Hawaiian or other Pacific Islander	0	0	0
White	83	83	85
Other race	2	2	1

**D4. Are you of Spanish, Hispanic or Latino background?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
Yes	7	7	9
No	93	93	91

**D5. What is your current marital / relationship status?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
Married	54	52	60
Living with a partner	7	7	6
Widowed	6	7	4
Divorced or Separated	15	16	12
Never Married	18	17	19

**D6. What is the highest degree or level of school you have completed?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
0 through 12 <sup>th</sup> grade (no diploma)	1	2	1
High school graduate (or equivalent)	21	24	11
Post-high school vocational or technical training	7	7	4
Some college (no degree)	26	28	19
College graduate (4-year degree)	29	25	40
Post-graduate study	3	3	2
Graduate or professional degree	14	12	22

**D7. What is your current employment status?**

	Gender		
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
Employed full-time	44	36	70
Employed part-time	10	11	6
Retired	19	20	15
Not employed for pay	4	5	1
Disabled	7	7	6
Homemaker	15	19	1
Other	1	1	1

**D8. What was your household's income from all sources in 2018?**

		Gender	
	Total (%)	Females (%)	Males (%)
<i>Unweighted n</i>	599	463	136
Less than \$10,000	5	6	3
\$10,000 to under \$25,000	15	18	4
\$25,000 to under \$50,000	26	28	21
\$50,000 to under \$75,000	22	23	20
\$75,000 to under \$100,000	13	11	17
\$100,000 to under \$150,000	13	10	21
\$150,000 to under \$200,000	4	2	9
\$200,000 or more	2	1	4

**D9 – D15 omitted**