Title: Prevalence and management of dysmenorrhea among secondary school adolescents in Enugu State, Nigeria

Authors

1. Onu, Amaka E. (PhD)

Department of Educational Foundations,

Faculty of Education

University of Nigeria, Nsukka.

onu.amaka@unn.edu.ng

1. Deborah Oyine Aluh (Corresponding Author)

Department of Clinical Pharmacy and Pharmacy Management. University of Nigeria Nsukka. Enugu State. Nigeria

aluhdeborah@yahoo.com, deborah.aluh@unn.edu.ng

1. Ikehi, Michael E. (PhD)

Department of Agricultural Education,

Faculty of Vocational and Technical Education,

University of Nigeria, Nsukka.

ORCID: 0000-0002-2341-7082

michael.ikehi@unn.edu.ng

**Dear respondent,**

This questionnaire aims to assess the prevalence of Dysmenorrhea and management practices among adolescents. We request about 5 minutes of your time to respond to the questions, there are no right or wrong answers. All the information that you will provide in the questionnaire will be treated with confidentiality.

**SECTION A: SOCIODEMOGRAPHIC DATA**

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class of study: JSS 1 [ ] JSS2 [ ] JSS 3 [ ] SSS 1 [ ] SSS 2 [ ] SSS 3 [ ]

Have you had your first period (Menstruation)? Yes [ ] No [ ]

How old were you when you had your first period? \_\_\_\_\_\_\_\_

**SECTION B: ASSESSMENT OF MENSTRUAL SYMPTOMS**

***Dysmenorrhea is defined as a painful menstruation in the 3 previous months***.

1. Do you have Dysmenorrhea?
2. Yes b. No
3. How long does your menstruation last?
4. 1-5 days b. More than 5 days
5. How heavy is your menstrual flow?
6. Scant b. Moderate c. Heavy
7. How long is your menstrual cycle?
8. 20 -30 days b.> 30 days
9. How would you describe your menstrual cycle?
10. Regular b. Irregular
11. Do you experience any of these symptoms during menstruation? (Please tick all that apply)
12. Cramping in the lower abdomen b. Swollen abdomen c. Pain in the waist d. Back ache e. Painful/tender breasts f. Gastrointestinal disturbances g. Swelling legs h. Headache
13. How long do these symptoms last?
14. 1-5 hours b. 6-12 hours c. 13-24 hours d. 25-48 hours e. >48 hours
15. How would you rate the severity of your menstrual pains?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**0 1 2 3 5 6 7 8 9 10**

 **No Pain Worst imaginable pain**

1. What do you do to alleviate your menstrual pain? **(Please tick all that apply)**
2. Take drugs e.g. *Paracetamol, Felvin, Buscopan*
3. Reduce sugar intake and eat less
4. heat therapy e.g. Hot water bottle
5. Hot beverages e.g. tea
6. Sleep
7. massage therapy
8. Exercise
9. Herbal concoctions
10. Do Nothing