

## **Appendix i**

### **Consent Form**

Study Title: **“Menopause and Phytoestrogen”**

Name of the participant :

.....

Address :

.....

Purpose and procedure:

The study aims to assess the impact of consumption of phytoestrogen rich food to combat menopause related symptoms.

The study involves the consumption of pomegranate seeds/yam in a specified quantity on a daily basis for 45 days by the participants. Supplementation of food will be carried out by researchers. To assess the biochemical parameters, blood (5 ml) will be withdrawn twice-before and after supplementation of food. No risks or discomforts are associated with consumption of foods, as the supplementing foods are commonly consumed and given in its natural form (without any processing).

The proposed and expected benefit to supplementation is to get relief in menopause related symptoms.

- I feel free to accept or refuse to participate in the study.
- I have had a chance to ask questions and all my questions have been answered to my satisfaction.
- I have been given and I understand the information on the above study concerning its nature, purpose and duration as well as the procedures involved in the study, including any known or expected inconveniences, risks, discomforts or potential side effects and of their implications as far as they are currently known by the researchers.
- My medical data is strictly confidential and I authorize its consultation and publication only by persons involved in the research.
- By signing this form, I give my free and informed consent to take part in the study.

Signature of the participant : .....

Date: .....

Name of the investigator : Ms. Mital Joshi

Signature of the investigator : .....

Date: .....

## **Appendix ii**

### **General Questionnaire**

#### ***PERSONAL INFORMATION***

Name of the Respondent :

Age :

Religion :

Height and Weight :

BMI :

Education :

Profession :

Monthly Income :

Address :

Contact Details :

Date :

## CLINICAL BRIEFS

- [illegible]

## Appendix iii

### MRS Scale and Other symptoms

#### Menopause Rating Scale (MRS)

Which of the following symptoms apply to you at this time? Please, mark the appropriate box for each symptom. For symptoms that do not apply, please mark 'none'.

**Symptoms:**

	none	mild	moderate	severe	very severe
Score =	0	1	2	3	4
1. Hot flushes, sweating (episodes of sweating).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Irritability (feeling nervous, inner tension, feeling aggressive) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Anxiety (inner restlessness, feeling panicky).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Sexual problems (change in sexual desire, in sexual activity and satisfaction).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Joint and muscular discomfort (pain in the joints, rheumatoid complaints) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

No.	Symptoms	Frequency level				
		None	Mild	Moderate	Severe	Very severe
1	Irrgular menses					
2	Swelling					
3	Weight fluctuations					
4	Hair loss					
5	Constipation					
6	Visual problems					
7	Nails cracking					

## Appendix iv

## Knowledge Attitude and Practices

- 1) Do you know about menopause?  
a) Yes                                      b) No  
If Yes, then what are the symptoms?  

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- 2) What should be the age for onset of menopause?  
a) 35 -45 years            b) 45-55 years c) more than 55 years
- 3) Which factors affect/lead to the onset of menopause?  

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- 4) Are you aware about the HRT?  
a) Yes                                      b) No
- 5) What are the risks associated with HRT?  

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- 6) What are the symptoms for thyroid disorders?  

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- 7) Is it necessary to use iodised salt?  
a) Yes                                      b) No  
If Yes, then what is it required for?  

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- 8) Is there any association between thyroid hormones and menopause?  
a) Yes                                      b) No
- 9) Is there any association between menopause and bone loss (osteoporosis)?  
a) Yes                                      b) No
- 10) Have you ever heard about calcium?  
a) Yes                                      b) No  
If Yes, then what is it required for?  

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- 11) Have you ever heard about Phytoestrogens?  
a) Yes                                      b) No  
If Yes, then what are they required for?  

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- 12) Which are the sources for calcium?  

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- 13) Which are the sources for Phytoestrogens?

## Appendix v

### Frequency consumption of foods rich in phytoestrogen, iodine and iron

Foods	Daily	Once a week	2-3 times/week	Once a month	2-3 times/month	Seasonally	Occasionally	Never
<b>Phytoestrogen rich foods</b>								
Fenugreek seed								
Sesame seeds								
Soy beans								
Yam								
Dates, dried								
Mung bean sprouts								
Cabbage								
Almonds								
Onion								
Coffee, regular								
Watermelon								
<b>Iodine rich foods</b>								
Water chestnut								
Spinach								
Soyabean								
Fish								
Eggs								
<b>Iron rich foods</b>								
Rice, flakes								
Shepu								
Soyabean (bhatmas)								
Bengal gram, roasted								
Gingelly seeds (til)								
Bajra								
Watermelon								
Raisins								
Dates, dried (khajur)								
Rice, puffed								
Fenugreek seeds								
Almonds								
Wheat flour, whole								
Bengal gram, whole (chole)								
Green gram, whole (mag)								
Jowar								