

ORIGINAL ARTICLE

Psychometric properties of the Turkish version of the Menstrual Distress Questionnaire

Menstrüel Sıkıntı Anketi'nin Türkçe versiyonunun psikometrik özellikleri

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Abstract

Purpose: The Menstrual Distress Questionnaire (MEDI-Q) is a new, reliable, and valid instrument developed in Italy to assess menstrual distress. The aim of the current study was to assess the psychometric properties of the MEDI-Q.

Methods: MEDI-Q was translated into Turkish according to Beaton's recommendations. 234 patients (mean age, 31 years; range, 19-50 years) were recruited for the study. The test-retest reliability was evaluated in 44 women after an interval of two weeks. Cronbach's alpha was used to verify the internal consistency while the test-retest reliability was estimated using the intraclass correlation coefficient (ICC). Construct validity was analyzed using Pearson's correlation analysis to compare with the Brief Symptom Inventory (BSI). Floor and ceiling effects were also evaluated.

Results: The Turkish version of the MEDI-Q demonstrated acceptable internal consistency (Cronbach's alpha, 0.82) and test-retest reliability (ICC = 0.89). No significant correlations were found between age and the MEDI-Q total score or its subscales ($p > 0.05$). Positive significant correlations were identified between the BSI-Global Severity Index, BSI-Positive Symptom Total, and BSI-Positive Symptom Distress Index with the MEDI-Q total score ($r=0.207, p=0.001$; $r=0.229, p=0.000$; $r=0.176, p=0.007$, respectively). The MEDI-Q score and BSI scores showed significant correlation, indicating construct validity. There were no floor and ceiling effects were found.

Conclusion: The Turkish version of the MEDI-Q is reliable and valid for assessing menstruation distress in women whose native language is Turkish.

Key words: Distress, Menstruation, Questionnaire.

Öz

Amaç: Menstrüel Sıkıntı Anketi (MEDI-Q), menstrüel sıkıntıyı değerlendirmek için İtalya'da geliştirilmiş yeni, güvenilir ve geçerli bir araçtır. Bu çalışmanın amacı MEDI-Q'nun psikometrik özelliklerini değerlendirmektir.

Yöntem: MEDI-Q Beaton'ın önerileri doğrultusunda Türkçeye çevrildi. 234 hasta (ort. yaş; 31 yaş aralığı; 19-50) çalışmaya alındı. Test-tekrar test güvenilirliği iki hafta aradan sonra 44 kadında değerlendirildi. İç tutarlılık Cronbach alfa kullanılarak test edilirken, test-tekrar test güvenilirliği ise sınıf içi korelasyon katsayısı (intraclass correlation coefficient, ICC) kullanılarak hesaplandı. Yapı geçerliliği, Kısa Semptom Envanteri ile karşılaştırmak için Pearson korelasyon analizi kullanılarak analiz edildi. Ayrıca taban ve tavan etkileri de değerlendirildi.

Bulgular: MEDI-Q'nun Türkçe versiyonu kabul edilebilir iç tutarlılık (Cronbach's alpha, 0.82) ve test-tekrar test güvenilirliği (ICC = 0.89) gösterdi. Yaş ile MEDI-Q toplam puanı ve alt ölçekleri arasında anlamlı bir ilişki olmadığı bulundu ($p > 0.05$). BSI-Global Şiddet İndeksi, BSI-Pozitif Semptom Toplamı ve BSI-Pozitif Semptom Sıkıntı İndeksi ile MEDI-Q toplam puanı arasında pozitif yönde anlamlı korelasyonlar tespit edildi ($r=0.207, p=0.001$; $r=0.229, p=0.000$; $r=0.176, p=0.007$, sırasıyla). Yapı geçerliliğinde MEDI-Q skoru ve KSE skorları arasında anlamlı korelasyon bulundu. Herhangi bir taban ya da tavan etkisi görülmedi.

Sonuç: Kadınlarda menstruasyon sıkıntısını değerlendirmede MEDI-Q'nun Türkçe versiyonu güvenilir ve geçerlidir.

Anahtar kelimeler: Sıkıntı, Menstruasyon, Anket.

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INTRODUCTION

Menstrual health is defined as a feeling of holistic well-being, encompassing physical, mental, and social aspects, rather than simply the absence of illness or weakness, particularly in regard to the menstrual cycle.¹ The menstrual cycle, which is a series of recurring changes in neuroendocrine physiology and endometrial growth, is a complex process that can result in a variety of disorders.² It affects women's health in various ways, including physical and psychological well-being. Heavy bleeding, discomfort, tiredness, and mood changes significantly impact a physical, social, and emotional well-being of a woman. Identifying and treating these disorders promptly can positively impact the lives of many women.³ Clinicians are encouraged to evaluate menstrual indicators as vital signs, highlighting possible present and future health risks.⁴ The significance of native language-translated assessment tools is increasing as detailed evaluation requires valid, reliable questionnaires translated into the native language.

Environmental changes trigger a stress response through the stress system, including the central nervous system, hypothalamus–pituitary–adrenal axis (HPA), and immune system. Distress is characterized by excessive activity of the stress response system, which is primarily mediated by hypothalamic corticotrophin-releasing hormone and locus coeruleus-derived norepinephrine.⁵ The menstrual cycle involves numerous changes in the HPA axis and hormonal regulation through sex hormones.⁶ Menstrual health is significantly influenced by distress, which can lead to numerous limitations and significantly impact the quality of life.⁷

Different questionnaires are used to assess menstrual health, such as the Menstrual Symptom Scale⁸, Menstrual Attitude Questionnaire⁹, and Menstrual Practices Questionnaire¹⁰, each with specific purposes for evaluating menstrual symptoms, attitudes, and experiences. In 1968, Moos et al. developed a menstrual distress questionnaire, which assesses 47 symptoms during the last menstrual cycle. However, it only covers the last cycle and lacks aspects such as gastrointestinal symptoms

and sexual health.¹¹ The Menstrual Distress Questionnaire (MEDI-Q) is a novel instrument created in the Italian language to assess menstrual distress, whose validity and reliability in English has also been studied.^{12,13} It is a comprehensive questionnaire with 25 items covering a wide range of topics such as gastrointestinal complaints, discomfort, mood changes, and sexual health in the previous year. It not only determines the frequency of various symptoms during menstruation but also discloses how these symptoms limit individuals during the pre-menstrual period, menstrual cycle, or on other days.

Menstrual problems have major public health effects, particularly in young women. Menstrual pain interferes with daily activities, reproductive health, and psychological well-being.¹⁴ Considering the multidimensional structure of menstrual health, the evaluation of menstrual distress is essential. Only validated English translations of the original version of MEDI-Q have been published.¹² Therefore, the objective of the current study was to evaluate the psychometric properties of the MEDI-Q.

METHODS

Study Design

Prior to the study, written authorization (via e-mail) on 19.12.2022 was obtained from S.V., who developed MEDI-Q. The research protocol received approval from the Gazi University Ethics Committee (approval number: 2023, 1568, date: 26.12.2023) and adhered to the ethical standards outlined in the 1964 Declaration of Helsinki (revised in Brazil 2013). Before participation in the study, all participants provided written informed consent.

Participants

This study involved 234 women aged 18-50, native Turkish speakers, and those with at least three menstrual cycles within the last 12 months. Exclusion criteria the existence of gynecological or psychiatric disorders defined by medical professionals, poor literacy skills, or incapacity to give informed permission.

Translation

Translation of the questionnaire was conducted in five stages, consistent with the stages outlined by Beaton.¹⁵ This study used forward and backward translation methods to

translate an English version into Turkish, addressing differences through consensus meetings, and back-translating to ensure precision. The questionnaire was then evaluated by five experts (one gynecologist, three physiotherapists working in the domain of women's health and one linguist) for content validity.

Patient reported outcome questionnaires

Menstrual Distress Questionnaire

The MEDI-Q is a questionnaire that evaluates the total distress experienced by women during menstruation. It consists of 25 questions covering pain, discomfort, psychological or cognitive abnormalities, gastrointestinal symptoms, and physiological system changes. The MEDI-Q Total Score is a combined indicator of overall distress linked to menstruation. It also includes three subscales: Menstrual Symptoms (MS), Menstrual Symptoms Distress (MSD), and Menstrual Specificity Index (MESI). The MS assesses the number of symptoms causing greater distress during menstruation, MSD measures the average distress level, and MESI measures the proportion of symptoms causing increased distress.¹³

Scoring:

Each symptom is scored in 4 different subcategories. In subcategory A, the frequency of symptoms is determined specifically during menstrual days. The Likert scale is utilized to assign scores, which are as follows: A score of 0 shows that the symptom wasn't present during any of the menstrual cycles. A score of 1 shows that the symptom occurred in less than 50% of the menstrual cycles. A score of 2 shows that the symptom occurred in more than 50% of the menstrual cycles. Symptom-related distress is assessed in subcategories B (menstruation distress), C (premenstrual phase distress), and D (intermenstrual phase distress). The scoring of each item is conducted using a 4-point Likert scale with scores ranging from 0 "no distress (or the symptom never occurred)" to 3 "severe distress". A detailed scoring system for the MEDI-Q Overall Score and subscales of the MEDI-Q (MS, MSD and MESI) is provided in Supplementary Materials.

Brief Symptom Inventory

Brief Symptom Inventory (BSI) is an instrument that assesses levels of psychological discomfort and overall psychopathology. The

assessment comprises 53 items that evaluate nine symptom dimensions.¹⁶

The questionnaires were created as digital form, allowing for easy administration on including smartphones, and tablets. The comprehensive form was administered via the online platform Google Forms. Data on demographics, such as age, menarche age, and common characteristics of the menstrual period over the past year (including interval and duration), as well as information on contraceptive hormone usage and the existence of gynecological or psychiatric disorders defined by medical professionals, were gathered.

In accordance with the initial validation study, the Turkish version included assessing construct validity by administering a general psychopathology test. Consequently, all individuals were requested to complete the Turkish adaptations of the MEDI-Q and BSI.

Preliminary testing

The Turkish draft of the MEDI-Q was tested on a focus group of 10 women aged 26-32 who had no prior interest in menstrual and sexual dysfunction studies, who provided their opinions on potential interpretation confusions, ensuring its finality. The women who were enlisted for the initial test were excluded from the population for the rest of the study. Consequently, they did not undergo retesting.

Statistical analysis

The study analyzed data using IBM SPSS Statistics 24, using methods: Kolmogorov-Smirnov test, Q-Q graphs, and histograms. Demographic and clinical characteristics were assessed using descriptive statistical methods. Measurement properties were analyzed for instruments, including test-retest reliability, internal consistency, construct validity, and ceiling and floor effects.

Test-retest reliability

The test-retest reliability of the instrument was assessed through calculation of the intraclass correlation coefficient (ICC). The coefficient represents the level of concordance between measurements conducted two weeks intervals using a single-measurement two-way mixed-effects model. A subset of participants (n=44) was asked to complete the paper format of the questionnaire initially and then to recomplete it two weeks later, allowing for the examination of test–retest reliability.

Internal consistency

The assessment of the instrument's internal consistency and reliability was conducted by the calculation of Cronbach's alpha, which measures the degree to which the items assess the same concept. The reliability coefficients are within the range of 0 to 1, where larger values signify superior reliability. A threshold of 0.7 was established as the acceptable value for both coefficients.¹⁷

Validity

The MEDI-Q's construct validity was determined by its correlation with BSI and age as in the original article (Pearson's correlation), while content validity was determined by its distribution and the presence of ceiling and floor effects. If more than 30% of the patients scored at the upper or lower end of the scale, the floor and ceiling effects were considered significant.¹⁸

Sample sizes

It is commonly recommended that sample sizes in questionnaire validations fall within the range of 2–20 participants per item.²⁰ The analysis of a priori power determined that a sample size of at least 167 individuals is needed to detect a Cronbach's alpha of 0.85 or higher (relative to a null hypothesis of 0.85) with a power of 95%. This analysis is derived from a survey of 25 items.²⁰

RESULTS

A total of 234 women completed the Turkish version of MEDI-Q. The mean age of the participants was 31.08±8.38 (19-50). There were 72 women in the age range of 18 to 25 years, 78 women within the age range of 25 and 35 years, and 84 women who were 35 years old or older. Table 1 shows the general characteristics of the sample. The average age of women for menarche is 13.05±1.31. While 83% of the women had a menstrual cycle interval of 21–35 days, the duration of the menstrual cycle was between 2 and 7 days (Table 1). Table 2 shows the average distress score for each item experienced by the women. The findings indicated that the symptoms with the greatest average distress scores were breast tenderness or a sensation of widespread swelling, lower abdominal pain, muscle pain, osteoarticular pain, and fatigue. In addition, factors such as the influence on mood (feelings of sadness, emotional instability, and

irritability/anger), as well as discomfort caused by vaginal bleeding, were found to have higher average distress levels than other factors. The symptoms that women reported less frequently were decreased appetite, constipation, and urinary pain (Table 2).

The ICC between the answers provided by participants evaluated two weeks apart was 0.896, demonstrating strong consistency and establishing the test–retest reliability of the questionnaire. The internal consistency of the data was high, as shown by Cronbach's alpha coefficient of 0.82 (95% CI: 0.79-0.85).

The correlations between the MEDI-Q and BSI scores are shown in Table 3. There was a significant association observed between the MEDI-Q Total Score, MS, and MSD with general distress, as assessed by the three primary subscales of the BSI questionnaire. No correlation was observed between age and the MEDI-Q total and other subsections (Table 3). The score distribution showed no ceiling or floor effect in the MEDI-Q total score.

DISCUSSION

The study provided a Turkish translation and psychometric testing in terms of the reliability and validity of MEDI-Q (Appendix). The Turkish version of the MEDI-Q was found to be acceptable in terms of reliability and validity in assessing menstrual-related distress.

The current study exhibited a slightly lesser degree of internal consistency ($\alpha = 0.82$) compared to the initial validation study ($\alpha = 0.85$).¹³ This study assessed the construct validity by investigating the associations between the MEDI-Q scores and the BSI. In line with research conducted in both Italian and English, a significant positive connection was observed between the MEDI-Q Total Score, MS, MSD, and overall psychopathology. Good reliability was demonstrated by the test–retest, with an ICC of 0.89 for the MEDI-Q total. Both the original and English versions of the MEDI-Q scale demonstrated good test–retest reliability with an ICC of 0.95^{12,13} This is consistent with the research goals, confirming that the questionnaire serves the purpose of evaluating menstrual distress.

In this study, experts were consulted regarding the clarity and usefulness of the scale

Table 1. General characteristics of the participants (N=234).

		Mean±SD
Age (years)		31.08±8.38
Age at menarche (years)		13.05± 1.31
Brief Symptom Inventory- Global Severity Index		0.77±0.68
Brief Symptom Inventory-Positive Symptom Total		23.73±13.79
Brief Symptom Inventory- Positive Symptom Distress Index		1.47±0.62
Menstrual Distress Questionnaire- Total Score		15.19±11.64
Menstrual Distress Questionnaire- Menstrual Symptoms		6.79±4.38
Menstrual Distress Questionnaire- Menstrual Symptom Distress		2.11±0.98
Menstrual Distress Questionnaire- Menstrual Specificity Index		0.52±0.35
		n (%)
Menstrual Cycle Interval	<21 days	17 (7.3%)
	21-35 days	196 (83.8%)
	>35 days	21 (9%)
Menstrual Cycle Duration (days)	<2	2 (9%)
	2-7 days	195 (83.3%)
	>7 days	37 (15.8%)
Hormonal Contraceptive Use	Yes	15 (93.6%)
	No	219 (6.4%)

Table 2. Average Distress Score foreach item.

Item number	Description	Mean ± SD
1	Abdominal pain in the lower abdomen	1.20±0.66
2	Urinary pain	0.31±0.70
3	Defecation-related pain	0.79±0.88
4	Pain in the muscles or joints	1.12±0.78
5	Breast tenderness or a sense of extensive swelling	1.21±0.61
6	Nausea	0.58±0.83
7	Headache	0.86±0.83
8	Digestive problems	0.48±0.76
9	Diarrhea	0.85±0.85
10	Constipation	0.38±0.73
11	Feeling uncomfortable about vaginal bleeding	0.88±0.78
12	Feeling of impurity	0.71±0.75
13	Sadness	1.14±0.71
14	Emotional lability	1.23±0.64
15	Anger	1.19±0.64
16	Impulsive behavior	0.45±0.77
17	Anxiety	0.87±0.78
18	Increased appetite	0.86±0.77
19	A reduction in appetite	0.30±0.68
20	Insomnia	0.44±0.75
21	Sleepiness	0.56±0.80
22	Fatigue	0.96±0.75
23	Diminished sexual drive	0.42±0.71
24	impaired concentration	0.47±0.72
25	Pain while sexual intercourse	0.54±0.49

Table 3. Construct Validity of the Turkish version of the Menstrual Distress Questionnaire (MEDI-Q).

	MEDI-Q Total Score	MEDI-Q MS	MEDI-Q MSD	MEDI-Q MESI
	r (p)	r (p)	r (p)	r (p)
Age	-0.057 (0.386)	-0.066 (0.317)	-0.022 (0.733)	-0.048 (0.463)
BSI- GSI	0.207 (0.001)*	0.202 (0.002)*	0.157 (0.016)*	0.030 (0.644)
BSI-PST	0.229 (<0.001)	0.243 (<0.001)	0.139 (0.034)*	0.068 (0.298)
BSI- PSDT	0.176 (0.007)*	0.167 (0.010)*	0.145 (0.027)*	-0.020 (0.756)

*p<0.05. r: Pearson's correlation coefficient. BSI, Brief Symptom Inventory. GSI, Global Severity Index. PST, Positive Symptom Total. PSTI, Positive Symptom Distress Index. MEDI-Q, Menstrual Distress Questionnaire. MSD, Menstrual Symptoms Distress. MESI, Menstrual Specificity Index.

items. The term "menstruation," as it was used in the original scale, is translated into the new scale as "adet," which is a term commonly used in Turkish culture. Similarly, on the new scale, "vaginal sex" was used in place of "vaginal penetration" in terms of clarity.

The MEDI-Q questionnaire assesses the level of distress associated with menstrual symptoms. This questionnaire asks the individual how much the symptom impact individual's quality of life, their engagement in work or recreational activities, and their interpersonal relationships. The availability of internationally recognized scales that thoroughly assess distress associated with menstruation in the Turkish language is limited. Thus, the Turkish version of MEDI-Q will fulfill this requirement. The MEDI-Q evaluates all possible domains impacted by menstrual distress, such as mood, mental skills, energy levels, diet, sleep quality, and sexual function, in addition to pain and bleeding. One of the significant advantages of using MEDI-Q is its ability to evaluate symptoms not only during menstruation but also during premenstruation and intermenstruation. It is noteworthy that menstruation-related symptoms were typically investigated solely during the menstruation or premenstrual phases in previous studies. The calculation technique of the MEDI-Q scores (Supplementary Materials) specifically considers the distress associated with the menstrual cycle, disregarding any symptoms or discomfort experienced outside of this phase. The MESI index is especially intended to quantify the degree of discomfort related to the menstrual phase.

In our study, a weak positive correlation

was identified between the MEDI-Q Total Score, MS, MSD, and BSI, aligning with findings from the original and English studies.^{12,13} While only the BSI was used for construct validity in our study, both the original and English versions of the MEDI-Q validation also employed the Shortened Premenstrual Assessment Form (SPAF), which exhibited a moderately positive correlation with the MEDI-Q Total Score and all its subscales. Unfortunately, SPAF could not be used in our study because of the lack of Turkish translation. Incorporating a questionnaire directly related to menstruation for validation would have been more effective. However, we believe that overall distress has a considerable effect on the psychological well-being of women. While MEDI-Q items have been closely investigated, it has been noted that more than half of them inquire about a broad range of psychological symptoms in individuals. Therefore, we agree with Vannuccini et al. and Cassioli et al. in choosing BSI for the construct validity of MEDI-Q, in addition to observing a weak positive correlation. It should also be noted that the validation analyses revealed acceptable floor and ceiling effects.^{12,13}

Menstruation is an important period in women's lives. The term "menstrual distress" refers to a novel concept that includes symptoms associated with menstruation, prolonged menses, and greater blood loss. In addition, reduced plasma progesterone levels have a physiological inverse relationship with symptoms associated with menstruation.²¹ According to a study conducted in America by Strine and colleagues, menstruation-related symptoms affected about 20% of women, and these women were more prone to experience depression, anxiety, insomnia, and excessive

sleepiness. In addition to being more likely to be overweight and obese and to engage in unhealthy behaviors such as alcohol use or smoking, women who experience menstruation-related discomfort may also feel sadder and more hopeless.²² Given that problems associated with menstruation have a significant impact on public health, it could be worthwhile to translate the MEDI-Q, which assesses various menstrual-related symptoms.

The MEDI-Q original study and the English version of MEDI-Q revealed a negative relationship between age and menstrual distress. This was explained by the fact that as women age, primary dysmenorrhea and premenstrual symptoms get better.^{23,24} However, in our study, no significant relationship was found between menstrual distress and age. There have been conflicting findings about how premenstrual symptoms worsen with aging. This may be due to the fact that different menstrual symptoms can be seen at different frequencies in different age groups. The study, which included 238,114 women of various ages, found that the frequency of abdominal spasms in the premenstrual period decreased significantly as age increased, while food cravings, breast sensations, and increased appetite increased. In addition, mood swings and anxiety did not significantly differ by age.²⁵

MEDI-Q can serve as an early indicator for issues connected to menstruation. In addition, MEDI-Q can serve as a scanning instrument to evaluate the effectiveness of medical, surgical or physiotherapy care by comparing MEDI-Q scores before and after treatment. Given that stress can impact the regularity of the menstrual cycle and fertility, it may be beneficial to assess the level of discomfort related to menstruation as an additional source of information.

Limitations:

This study was carried out by translating the English version into Turkish upon the request of the author of the original article. However, it was assumed that there would be no significant difference between English and Italian version since the original (Italian) and the back-translation (English to Italian) versions were compared, and incongruences were discussed between the translators and the authors of the original version. Only healthy women were included in the study population to

minimize bias resulting from the presence of mental or gynecological diseases, which could affect the assessment of distress.²⁶ Women aged 18 to 50 were included in both the original and English translation studies similar to our study. The fact that there are at least 70 people in each of the 18-25, 25-35 and 35 and more age groups may prevent the results from representing the characteristics of only a single age group. However, we would like to point out that an 18-year-old and a pre-menopausal woman may differ in terms of menstrual distress. Future studies could investigate MEDI-Q in patients with clinically diagnosed psychological disorders and focus on its responsiveness. Although the original study states that a clinically significant condition is indicated by MEDI-Q Total Score of 20 or above, this hypothesis needs to be tested in Turkish population.

Conclusion

In conclusion, this study demonstrated that the Turkish version of the MEDI-Q is a reliable and valid instrument that can be used to assess menstruation-related distress and its influence on the psychological well-being of women.

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Appendix. The Turkish version of the Menstrual Distress Questionnaire (MEDI-Q).

Menstrual Sıkıntı Anketi (MEDI-Q)

Açıklamalar: Lütfen belirtilen semptomların listesini dikkatlice inceleyin. Lütfen son 12 aydaki adet dönemlerinizde yaşadığınız her semptom için A bölümündeki soruları yanıtlayınız. Belirtilen semptomla karşılaşmadıysanız lütfen "Hayır" yanıtını verin ve listedeki bir sonraki semptomu geçin. Ancak, eğer bir semptom yaşadığınız lütfen bu semptomun işlevselliğini ve yaşam kalitenizi üzerindeki etkisine ilişkin B, C ve D bölümlerini de cevaplayınız.

A. Ortalama olarak geçtiğimiz yıl adet olduğunuz günlerde...		Eğer bu semptomu yaşadığınız, yaşam kalitenizi, eğlence veya iş faaliyetlerinizi veya sosyal ilişkilerinizi ne ölçüde etkiliyor?									
Evet, adet olduğum zamanların yarısından fazlasında	Evet, adet olduğum zamanların yarısından azında	Hayır (Bir sonraki maddeye geçin)	B. ...adet olduğunuz günlerde								
			HİÇ	ÇOK AZ	ORTA	ÇOK SIK					
		C. ...adet öncesi dönemde (adetin başlamasından önceki 7 gün içinde)?									
		Adet öncesi dönemde bu semptomu hiç yaşamadım									
		D. ...diğer günlerde (adet dönemi dışında / adet öncesi dönem dışında)									
		Diğer günlerde bu semptomu hiç yaşamadım									
1. ...karnuzun alt kısmında ağrınız oldu mu?											
2. ... idrar yaparken ağrınız oldu mu?											
3. ... bağırsak hareketi sırasında ağrınız oldu mu?											
4. ... kas/kemik/eklem ağrınız oldu mu?											
5. ... şişkinlik ya da göğüslerinizde hassasiyet hissettiniz mi?											
6. ... mide bulantınız oldu mu?											
7. ...başınız ağrıdı mı?											
8. ... (mide yanması, yemeklerden sonra rahatsız edici tokluk hissi gibi..) sindirim sorunlarınız oldu mu?											
9. ...ishal oldunuz mu?											
10.kabız oldunuz mu?											

A. Ortalama olarak geçtiğimiz yıl adet olduğunuz günlerde...		Eğer bu semptomu yaşadysanız, yaşam kalitenizi, eğlence veya iş faaliyetlerinizi veya sosyal ilişkilerinizi ne ölçüde etkiliyor?																
	Evet, adet olduğum zamanların yarısından fazlasında	Evet, adet olduğum zamanların yarısından azında	Hayır (Bir sonraki maddeye geçin)	B. ...adet olduğunuz günlerde				C. ...adet öncesi dönemde (adetin başlamasından önceki 7 gün içinde)?				D. ...diğer günlerde (adet öncesi dönem dışında / adet öncesi dönemde dışında)						
				HİÇ	ÇOK AZ	ORTA	ÇOK SIK	HİÇ	ÇOK AZ	ORTA	ÇOK SIK	HİÇ	ÇOK AZ	ORTA	ÇOK SIK	Diğer günlerde bu semptomu hiç yaşamadım		
11.... vajinal kanama nedeniyle rahatsızlık duyduunuz mu (leke veya koku konusunda korkunuz, tamponun yarattığı rahatsızlık, cinsel aktiviteler sırasında zorluk veya utanç vb...)?																		
12. ... kendinizi kirli hissettiğiniz oldu mu?																		
13. ... kendinizi aşırı derecede üzgün hissettiniz mi kolayca ağlama, yapmanız gereken işlere karşı çok az istek duyma, günlük olağan faaliyetlere karşı ilgi kaybı vs...)?																		
14....duygusal iniş çıkış yaşıyor musunuz (değişken bir ruh hali, çok az uyarana rağmen bir ruh halinden diğerine hızlı geçiş...)?																		
15....kendinizi asabi ya da sinirli hissettiniz mi? (gergin hissetme, beklenmedik olay, kişi veya durumlara dayanamama, kolayca sinirlenme...)?																		

A. Ortalama olarak geçtiğimiz yıl adet olduğunuz günlerde...	Eğer bu semptomu yaşadysanız, yaşam kalitenizi, eğlence veya iş faaliyetlerinizi veya sosyal ilişkilerinizi ne ölçüde etkiliyor?											
	B.adet olduğunuz günlerde		C. ...adet öncesi dönemde (adetin başlamasından önceki 7 gün içinde)?				D. ...diğer günlerde (adet öncesi dönemde / adet öncesi dönem dışında)					
	Evet, adet olduğum zamanların yarısından fazlasında	Evet, adet olduğum zamanların yarısından azında	Hayır (Bir sonraki maddeye geçin)	HİÇ	ÇOK AZ	ORTA	ÇOK SIK	HİÇ	ÇOK AZ	ORTA	ÇOK SIK	Diğer günlerde bu semptomu hiç yaşamadım
16...dürtüsel olarak hareket etme isteği hissettiniz mi (düşünmeden veya planlamadan hareket etme)												
17...kendinizi kaygılı hissettiniz mi (telaşlı, gergin, aşırı derecede güvensiz, kararsız ya da her an kötü bir şey olabileceğinden korkma....)?												
18...aşırı derecede açlık hissettiniz mi (aşırı derecede açlık hissettiniz mi (aşırı yemek yeme isteği ve yediğiniz miktarı kontrol edememe durumunuz oldu mu?)												
19...açlık hissinizde kayıp yaşadınız mı?												
20...uykusuzluk yaşadınız mı (uykuya dalama veya uykuyu sürdürmemeye siktiniz var mı?)												
21...aşırı uyku hali yaşadınız mı (gündüzleri uyuma, sabah uyanamama gibi)?												
22...aşırı yorgun hissettiniz mi (bitkinlik, enerji eksikliği gibi)?												

A. Ortalama olarak geçtiğimiz yıl adet olduğunuz günlerde...		Eğer bu semptomu yaşıyorsanız, yaşam kalitenizi, eğlence veya iş faaliyetlerinizi veya sosyal ilişkilerinizi ne ölçüde etkiliyor?															
	Evet, adet olduğum zamanların yarısından fazlasında	Evet, adet olduğum zamanların yarısından azında	Hayır (Bir sonraki maddeye geçin)	B. ...adet olduğunuz günlerde				C. ...adet öncesi dönemde (adetin başlamasından önceki 7 gün içinde)?				D. ...diğer günlerde (adet öncesi dönem dışında / adet öncesi dönem dışında)					
				HIÇ	ÇOK AZ	ORTA	ÇOK SIK	HIÇ	ÇOK AZ	ORTA	ÇOK SIK	Adet öncesi dönemde bu semptomu hiç yaşamadım	HIÇ	ÇOK AZ	ORTA	ÇOK SIK	Diğer günlerde bu semptomu hiç yaşamadım
23...cinsel arzularımız (cinsel aktivitelere katılma isteğiniz ve cinsel fantazileriniz) azaldı mı?																	
24...odaklanmada zorluk çektiniz mi?																	
25. Geçen yıl içerisinde vajinal cinsel ilişkiniz oldu mu?																	
25A. Ortalama olarak geçen yıl adet olduğunuz günlerde yaşadığınız vajinal cinsel ilişkiler sırasında ağrınız oldu mu?																	
				<p>Evet</p> <input type="checkbox"/> Evet, adet dönemimin yarısından çoğunda vajinal cinsel ilişki sırasında ağrı yaşadım (2) <input type="checkbox"/> Evet, adet dönemimin yarısından azında vajinal cinsel ilişki sırasında ağrı yaşadım (1) <input type="checkbox"/> Hayır, vajinal cinsel ilişki sırasında hiç ağrım olmadı (anketiniz bitmiştir) (0) <input type="checkbox"/> Adet gördüğüm günlerde hiç vajinal cinsel ilişki yaşamadım çünkü çok fazla ağrım olabildi (2) <input type="checkbox"/> Ağrı dışında başka sebeplerden dolayı adet gördüğüm günlerde hiç vajinal cinsel ilişki yaşamadım. (anketiniz bitmiştir) (0)													
25B. Adet olduğunuz günlerde bu ağrı (veya vajinal cinsel ilişkiden kaçınmanız) yaşam kalitenizi, eğlence veya iş faaliyetlerinizi ve sosyal ilişkilerinizi ne ölçüde etkiledi?																	
25C. Adet öncesi dönemde (adetin başlamasından önceki 7 gün içinde), eğer bu semptom görüldüyse, yaşam kalitenizi, eğlence veya iş faaliyetlerinizi veya sosyal ilişkilerinizi ne ölçüde etkiledi?																	
25D. Diğer günlerde (adet/adet öncesi dönem dışında) bu semptom görüldüyse bu durum yaşam kalitenizi, eğlence veya iş faaliyetlerinizi ve sosyal ilişkilerinizi ne ölçüde etkiledi?																	