



You are being given a diary because you are a participant in the MENISCUS study. Your parent or guardian consented and you assented to receiving one. You will be asked to fill in this diary for a period of about 12 weeks (10 weeks of school and 2 weeks holiday). MENISCUS research assistants will guide you on how to complete the diary. The diary has been given to randomly selected Senior 3 female students.

- Diary entries should be done on a day-to-day basis. Each row corresponds to one day whose date appears on the row.
- Remember to fill in **one** square per question on each day.
- Please ask a MENISCUS research assistant where you do not understand.
- Do not pluck out any pages of the diary as this will be done only by the research assistants.

Please shade one square per question and try to fill it in completely.

*Correct* ☺

*Incorrect* ☹



Please make sure you do not shade outside the square, and do not write any other information in the diary.

**How many of your classes did you attend today?**

- **Attended all** = Please shade if you attended all classes that you were meant to attend at school.
- **Missed some** = Please shade if you attended some classes but missed others that you were meant to attend.
- **Missed all** = Please shade if you missed all classes that you had to attend when you were either at school or home.
- **No Classes/ Closed**= Please shade when you personally had no classes taking place at school or when the school was closed.

**Did you have an exam today? (Not tests)**

- **No** = Please shade if you personally did not have an exam to do at school.
- **Yes** = Please shade if you personally had an exam to do at the school.

**Are you in your period today?**

- **No** = Please shade if you are *not* having your period.
- **Light period** = Please shade if you are having your period and have light blood flow.
- **Moderate period** = Please shade if you are having your period and have average blood flow.
- **Heavy period** = Please shade if you are having your period and have heavy blood flow.

**Did you have period pain today?**

- **No** = Please shade if you do not have headache, stomach pain, back ache, or any other pain today due to your period.
- **Yes** = Please shade if you have headache, stomach pain, back ache, or any other pain due to your period.

**Did you take painkillers today?**

- **No** = Please shade if you did not take any painkillers.
- **Yes** = Please shade if you took any painkillers (analgesics) such as ibuprofen or paracetamol.

**How was your sleep last night?**

- **Good** = Please shade if you had good sleep last night (you slept well).
- **Fair** = Please shade if you had fair sleep last night (you slept okay, but not well).
- **Poor** = Please shade if you had poor sleep last night (you did not sleep well).



	How many of your classes did you attend today?	Did you have an exam today?	Are you in your period today?	Did you have period pain today?	Did you take painkillers today?	How was your sleep last night?
10001	Attended all Missed some Missed all No classes/Closed	No Yes	No Light Period Moderate Period Heavy Period	No Yes	No Yes	Good Fair Poor
Mon, 03 Apr	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tue, 04 Apr	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Wed, 05 Apr	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Thu, 06 Apr	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fri, 07 Apr	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sat, 08 Apr	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Sun, 09 Apr	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

