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# Understanding the Impacts of Menstruation on Quality of Life in Young Adults in a University Setting

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# **Understanding the Impacts of Menstruation on Quality of Life in Young Adults in a University Setting**

## **Abstract**

**Objective:** This study investigates how a sample of young adults' at one Midwestern University experience menstruation, including the impacts on quality of life.

**Design:** The study used a mixed methods design including an online survey and focus group.

**Setting:** Private mid-size university in the Midwest of the United States.

**Participants:** Participants included individuals aged 18-25 years who have had a menstrual cycle (n=167).

**Methods:** A 29-40 branched logic question survey was administered. Three focus groups (n=16) were conducted virtually.

**Results:** Our survey found that more than half of the respondents described their periods as "moderate" and a quarter described them as "heavy" or "very heavy." A majority of respondents rated they had slight or moderate pain during menstruation. Respondents reported "somewhat agree" to pain causing embarrassment, irritability, and low mood. Most answered "neutral" to more than half of the survey questions related to quality of life. Focus group participants reported a poor quality of life based on always thinking about their menstrual cycle. Findings also included participants feeling alone in their struggles and appreciated sharing with others.

**Conclusion:** Menstrual symptoms impact the daily lives of young adults, including their ability to work, study, and engage in social activities. The high number of neutral responses may suggest a sense of resignation to negative menstrual experiences and a need to support coping mechanisms. Differences in culture and upbringing were apparent in the way individuals expressed their symptoms, leading researchers to want to expand the research to include a more diverse group.

**Keywords:** menorrhagia, menstruation, pelvic pain, young adult, quality of life, psychological adaptation

## **Clinical Implications**

- Results highlight the need for better overall understanding of symptoms that occurs during menstruation and how they impact young adults.
- Symptoms impact quality of life, mental health, relationships, and success in school and at work.
- Awareness of these concerns can lead to increased patient comfort in discussing them with providers.
- Emphasizes the importance for complementary and multimodal approaches to care for young adults while menstruating.

## **Introduction**

Menstruation is a part of life for women throughout the world. Many women who menstruate have pain associated with their period (also called dysmenorrhea), and heavy menstrual bleeding (menorrhagia) (Davies & Kadir, 2017). Those with dysmenorrhea are more likely to have pain when not menstruating as well (chronic pelvic pain) (Ayorinde et al., 2017). Chronic pelvic pain affects approximately 14% of women in the United States (Dydyk, Alexander, M.; Gupta, Nichols, 2022), and 24% of women worldwide (Hansrani et al., 2016). . It is estimated that between 22.5-30% of women would describe their menstrual bleeding as heavy (Santer et al., 2005; Shapley et al., 2004; Weisberg et al., 2016). Menorrhagia can negatively impact women's daily lives and lead to anemia, making activities hard to complete (Davies & Kadir, 2017; Laksham et al., 2019). An estimated 84% report having pain during their periods (Grandi et al., 2012). Many women also report mood related symptoms associated with menstruation (Allyn et al., 2020; Rafique & Al-Sheikh, 2018a; Sveinsdóttir, 2018).

The literature on the effect of menstrual disorders on young women's quality of life is limited (Hennegan et al., 2019; Laksham et al., 2019; Sveinsdóttir, 2018), but studies have found widespread menstrual symptoms reported among participants influencing their ability to perform their activities of daily living (Santer et al., 2007; Schoep et al., 2019), and that chronic pelvic pain negatively influenced quality of life (Bernardi et al., 2017). Quality of life, according to the World Health Organization (WHO) is defined as “the individuals’ perception of their position in life in the context of culture and value systems in which they live and relate to their goals, expectations, standards, and concerns” (Power et al., 1998, p.2). Understanding quality of life is important in the improvement of various aspects of a person’s life, including improving symptoms, care, and overall health (Haraldstad et al., 2019).

Much of the literature on these conditions study middle-aged women, who may have an official diagnosis such as chronic pelvic pain or menorrhagia. Studies that have focused on young adults found impacts on their lives from menstrual symptoms (Allyn et al., 2020; De Sanctis et al., 2016; Munro et al., 2021). There is literature that certain coping mechanisms such as yoga and exercise may improve symptoms (Allyn et al., 2020; De Sanctis et al., 2016; Munro et al., 2021; Yonglitthipagon et al., 2017). This study aims to investigate the impact of menstrual symptoms on a population of young adults at one University to increase knowledge and understanding on how they may experience menstrual problems, symptom management techniques, and quality of life indicators such as impact on work, school and relationships. The long-term goal was to support students on campus who are negatively impacted by menstruation by first understanding the problem.

## **Materials and Methods**

### ***Study Design***

A cross-sectional, mixed-methods study was performed to examine the experience of young adults between the ages of 18-25 who have experienced menstruation. The study started with an online survey (29-40 branched logic questions) with open and closed ended questions from validated tools (Matteson et al., 2015; Power et al., 1998) and pilot tested prior to use. The survey began by asking for written consent, stating the risks and benefits of the survey and that participants answers would be anonymous and questions could be skipped. The last question of the survey asked if participants were interested in participating in a virtual focus group. Survey participants were invited to add their email to enter into a drawing for the chance to win one of five \$25 gift cards. This incentive was advertised in the recruitment of participants, as was the incentive for

the focus group participation. Focus group participants were given a \$25 gift card. Focus group participants signed a consent form prior to the focus group taking place, which included written consent to the inclusion of responses to be used for research purposes, that participants cannot be identified and have been fully anonymized. Although more than half of the survey respondents originally indicated interest in the focus groups, many ended up with conflicts during focus group times and/or did not respond to email requests for focus group participation. The focus groups were facilitated by the authors of the study and lasted approximately 60 minutes. Ethical approval to conduct this study was obtained from the University's Institutional Review Board (IRB).

### ***Participants***

Recruitment was limited to those enrolled at one private, liberal arts university in an urban metropolitan city in the Midwest of the United States. The University has an average of 2,585 undergraduate students, with about 93% women, 41% as BIPOC, and 32% as first-generation college students. The inclusion criteria for the respondents included (1) being between the ages of 18-25 and (2) having experienced a menstrual cycle. Participants were recruited through university emails and fliers, which included a QR code and weblink taking them to the study introduction and survey. There were 167 online survey participants and 16 focus group participants. The study intended to be inclusive and recruit individuals of including those who are non-binary or identify as male but experience a menstrual cycle.

### ***Measures***

Survey questions were pilot-tested prior to use and were related to menstrual symptoms such as bleeding, pain, and impact on quality of life. Questions were adapted from the

Impact of Female Chronic Pelvic Pain Questionnaire (IF-CPPQ) and the World Health Organization Quality of Life BREF (Al-Abbadey et al., 2019; Skevington et al., 2004) . There were additional questions on menstrual bleeding based of the signs and symptoms of heavy menstrual bleeding provided by Mayo Clinic (for example, how many times pad needs to be changed) (Mayo Foundation for Medical Education and Research, 2022). Quantitative variables surrounding bleeding included amount of bleeding, period length, and number of pads soaked. Variables for chronic pelvic pain included rating (from strongly disagree to strongly agree), duration, and measures taken to relieve pain. Quality of life variables included the number of days of work, school, and social activities missed due to symptoms. For those in relationships, the impact on relationships was assessed with variables including whether symptoms bring the person closer to a partner and/or number of days they may avoid intimacy. Intimacy was not defined by the survey.

Focus group questions asked how individuals experience symptoms and their impact on quality of life, including barriers to treatment, use of app-based tools to monitor symptoms/engage in self-care, and impact on daily activities and relationships.

Survey results were stored in Qualtrics. Focus group data was stored on a password-protected computer and destroyed within one month of the event.

### ***Analysis***

Survey data were analyzed using descriptive analysis within the Qualtrics System. The percentage of participants who responded in demographics and in each category of categorical variables in the survey were reported. Focus groups were transcribed and categorized for themes.

## **Results**

### ***Survey Results***

Fifty-six percent of the respondents were willing to be contacted to participate in the focus groups (all were eligible).

Demographic characteristics of participants are displayed in Table 1. The majority of participants were between the ages of 20 to 23. Nearly all reported their gender as female while 1.2% reported as nonbinary. The majority of the participants were White, although there were a range of participants reporting other ethnicities. Most participants had health insurance and lived off campus. No one reported homelessness even though a small percentage (1.2%) indicated unstable living situation.

Questions related to pain and bleeding are displayed in Table 2. Overall, a majority of participants reported that they would describe their periods as “moderate, heavy, or very heavy”. Regarding pain, most respondents answered in the middle range of pain, with a small percentage reporting no pain and slightly higher reporting severe pain. When asked about chronic pelvic pain, more than half reported “no”, with the rest reporting either “yes” or “unsure”.

Questions regarding how pain impacts emotions, social activity, and relationships are displayed in Table 3. The highest number of respondents in all three areas reported “somewhat agree” with their pain influencing embarrassment, irritability, and low mood. The top three measures used to cope with pain were over the counter medications, exercise and heat/ice packs. In the four questions asked related to the impact of pain on social activity and relationships, “neither agree nor disagree” had the highest number of responses. Two questions were asked related to the impact of pain on work/school. While the highest number of respondents were neutral to days missed,



the highest number of responses were “somewhat agree” to the negative impact of pain on performance in work or school.

### ***Focus Group Results***

1. Three focus groups were conducted with 16 participants (five, three and eight per group). Focus group questions asked participants to describe their biggest concerns about menstrual symptoms, if/how the symptoms influence relationships, school, and/or work, whether or not self-care behaviors and monitoring of symptoms help. Themes were identified in regards to menstrual symptoms, barriers to treatment, quality of life, and menstrual symptom relievers. Focus group participants were eligible based on interest and availability, not diagnosis of either heavy menstrual bleeding and/or chronic pelvic pain. Quotes from participants related to each theme follow.

#### *Menstrual Symptoms*

Regarding symptoms, participants discussed having severe pain (either menstrual or chronic pelvic pain), irregular periods, excessive bleeding, mood swings, and anemia.

- *There is anxiety with the pain management, trying to stay on top of Advil or ibuprofen just so that you do not get cramps or discomfort. I find that if I'm trying to do school or in class trying to focus, I can find it a huge distraction. Throws off your whole routine of the day.*
- *My pain is where I can't even get out of bed. I also get sharp pains throughout the day. It makes me not want to do anything. It affects school, relationships, hormones. Mostly menstrual cycle-related pain, severe cramping.*

#### *Barriers to Care*

Participants expressed their concerns about providers not listening to them and having to advocate for themselves regarding medication change or pain and heavy bleeding.

Participants explained feeling dismissed when tests came back “normal.” Students expressed not being able to find time to see a provider. Stigma around family dynamics and how menstrual cycles and treatments are not talked about were brought up.

- *I am a full-time student and in a grad program, trying to renew my birth control. It has been difficult. Last month I needed to renew my birth control and I don't really have a break for school that matched up with my doctor. They called me and said you need to come in for your yearly physical so we can renew your birth control. Birth control has worked phenomenally for me to work with*

*menstrual symptoms and keeping them regular. When they are difficult about renewing it when you can't get in, that is a big barrier.*

- *One barrier that arose for me when I was dealing with cycle issues is that I am from a small community and we didn't have a specialist who could deal with my issues. I ended up needing to travel over 2 hours to see someone who could help and get me on the correct medication and management system to help with my cycle.*
- *For me, as a barrier, in the Hispanic community, you are not supposed to talk to someone who is not your mom or another female figure in your household. If I had cramps, I wouldn't tell my dad or uncle, just say I need a stomach ache. My mom was raised in a mindset where you shouldn't be talking about stuff like that with men. It is only women talk. Growing up, was very hard, especially when I was in middle school when I needed someone to pick me up from school. I couldn't tell them what was really wrong.*

### *Quality of Life*

Respondents listed health, happiness, and enjoyment as integral parts of their quality of life, and discussed how their symptoms impacted it. This included always thinking about their menstrual cycle, even when they are not experiencing symptoms. Concerns with mood swings and disruption of professional relationships was also discussed. One participant stated that “it is part of being a woman” while another participant said “it is what it is” in relation to their quality of life and recurring symptoms.

- *I would like to think that my symptoms do not impact my quality of life, but when I do have heavy periods, I get more anxious and think I might bleed through a tampon. Am I going to be on vacation when I get my period? Am I going to be in a swimsuit? Am I going to have pelvic pain when I'm out to dinner with friends? I get anxious about it. If it does occur, it is disheartening because in the last year I think about being able to finally get out with family and friends, when the pelvic pain hits you, you get into a mode of 'oh this is horrible and I'm not enjoying my time'.*
- *I think it impacts my quality of life since I'm always thinking about it. When is it going to pop up, am I going to miss something important.*

### *Menstrual Symptom Relievers*

The most common menstrual symptom relievers reported were over-the-counter pain medications, natural teas, hot packs, eating healthy, and exercise. Some stated that they

do not use anything and just suffer through the pain. Many participants reported use of app-based tools to track timeliness and symptoms of their menstrual cycle. Some reported their choice was impacted by their culture.

- *I've never had the same day, the same week, the same length of time. Trying to predict with other stressors. I have tried to record if it was a stressful time or if I'm eating things that I know irritate me. Dairy is one I avoid that does help with fewer cramps. I haven't been able to find any correlation between stress and having my period. I think it's been sort of helpful to track it, to have evidence that I'm not crazy. It's not just in my head.*
- *I have done research on my own and experimented. For me, eliminating foods that cause inflammation like dairy and gluten. Managing stress has helped.*
- *I think my period, alters my life, but it honestly builds resilience, which I think is cool. Even though this is something that I desperately do not want to suffer through, I think finding solidarity in finding groups like this.*

## **Discussion**

The demographics of this sample appeared to be representative of college age students in this setting. Even though there was a slight diverse gender representation in the sample, the racial and ethnic characteristics did not happen to represent the diverse BIPOC student population of the college setting. Most participants had health insurance as part of college requirement that offers students adequate access to healthcare. All students having living arrangement either off campus or on campus, suggesting no one experiencing homelessness.

Overall, survey data showed heavy menstrual bleeding and chronic pelvic pain impact aspects of quality of life, including performance at work and school. Heavy menstrual bleeding was reported by more respondents, as compared to chronic pelvic pain. Studies on college students in different countries revealed various results of menstrual symptoms such as pain with 70.6% in Saudi Arabia (Alsalem, 2018). Our study corroborates this evidence; however, a standardized tool would make it easier to compare. A high prevalence of menstrual pain was associated with stress among

college health science students (Rafique & Al-Sheikh, 2018b), which indicates the impact of quality of life on menstrual symptoms and warrants further exploration of the internal or external factors that may contribute. Results showed an impact of symptoms on relationships. Focus group participants discussed how rumination of their menstrual cycles can impact their ability to focus on their relationships including enjoyment in dating or sexual activity. Some respondents reported pain caused them to avoid intimate relationships altogether. Other research also found that pain and bleeding impacted students' social relationships with friends and family and caused hardships in their activities of daily living (Assefa et al., 2016). One study of university students in Spanish students found those with dysmenorrhea to have significant differences on the pain/discomfort scale, as well as the total score for perceived quality of life (Fernández-Martínez et al., 2019). In another study, young adults were found to miss school and social activities due to dysmenorrhea (De Sanctis et al., 2016). Symptoms also negatively influenced the mental health of our respondents, especially related to low mood. The prevalence of psychological disorders such as depression and anxiety are higher among patients with chronic pelvic pain compared to the general population (Till et al., 2019). When mental health is affected, especially in college aged individuals, academic performance can take a toll. Academic performance has shown to be negatively affected by chronic pelvic pain including study time, concentration, participation in group activities, examination performance, and class attendance (Assefa et al., 2016). The need for more attention toward pain and mental health needs to be implemented in higher education settings.

Participants reported feeling alone in their struggles and uncomfortable sharing them with others. Results suggested participants may have felt resigned to their negative menstrual experiences and therefore not sure they should try to support

themselves in feeling better. Other research has shown that women don't reach out for help with their menstrual problems (Chen et al., 2018). However, results also indicated a need for improved support from healthcare providers, menstruation support groups, free personalized symptom tracking tools, and other nonpharmacological treatments for symptom management.

Since there is no formal "cure" for menstrual symptoms, many find other symptom relief measures to help improve their quality of life. The top three choices were the use of over-the-counter medications, heat/ice packs, and exercise. All of these are generally positive factors and relatively easy to access. There were also respondents who choose symptom relievers that are not considered positive in nature- such as alcohol use, smoking, marijuana use, and eating. It would have been interesting to have included an open-ended question response to see if there were other factors individuals would have self-identified. Awareness of more accessible methods of symptom relief could benefit others. One example might be a period tracking app that is set to remind or offer choices from a menu (yoga, take a walk, practice deep breathing) that may benefit an individual surrounding menstruation. More awareness could be brought to both the suffering surrounding menstruation as well as non-pharmacological measures that could be used to cope with symptoms.

Barriers to care included communication issues, accessibility to health care, and normalization around period talk. Participants expressed poor or non-existent communication with their health care provider, feelings of dismissal and not being listened to, lack of access to care, and menstruation being considered a taboo topic within their families and/or cultural groups or that they could only be discussed with other women. An increase in health literacy related to menstruation and normalization of period talk are needed.

A theme related to menstrual symptom relievers had to do with cultural traditions including the use of herbal remedies such as teas. Although not fully understood, traditional [herbal] medicines of most ethnic groups have been found to contribute positively to women's health care and treatment of gynecological diseases (Jiao et al., 2022). In some cases, medical treatment prescribed from a provider is perceived as going against cultural or family norms. Further study of the effect of menstrual disorders on women's quality of life in relation to socioeconomic status and race/ethnicity can help generate knowledge discovery, increase self-awareness and self-care, enhance culturally responsive care, and promote gender equity and empowerment.

### **Limitations**

The sample was limited to students at one private university and may not be generalizable to other campuses. To be more generalizable, recruiting would need to be expanded to individuals of this age group that are not enrolled at this University or in higher education. While our sample did have some diversity in regards to race, it was limited. Most respondents were insured and had stable living situations, likely because of their student status. The survey used inclusive language about gender in the hopes this would include anyone who has menstrual cycles or has had them, but may not identify as female, such as those who are nonbinary, transgender, and gender nonconforming. A larger sample size outside of a university campus would likely include respondents with more diversity in all of these factors. Another limitation was that questions on quality of life and chronic pelvic pain were adapted from validated tools and were pilot tested on the survey, but all questions were not used. This was done to decrease the survey length. It is possible that there was bias in those who replied to the survey- they may have been more likely to reply if they have experience menstrual symptoms. Participants were randomly selected for the focus groups, so

results are not correlated to those who have more menstrual symptoms. Finally, the focus group number and size was limited, therefore did not meet saturation according to Hennick et al.'s description of either code or meaning saturation (Hennink et al., 2019).

### **Implications for Practice**

This study contributes new knowledge and insights to practice related to care to promote the health and quality of life in young adults experiencing menstrual symptoms including pain and heavy bleeding. It uncovers the impact of self-awareness and family and cultural practice on this population and the importance to incorporate culturally responsive care and modalities to manage their conditions. The findings in this study could potentially provide guidance to providers in delivering equitable care and initiate change practice to better manage these health issues in young adults with diverse needs.

### **Conclusion**

Individuals who menstruate often experience negative symptoms associated with their periods, and sometimes these symptoms extend for longer. These symptoms can extend into their relationships with others, as well as their activities at work and school. Having providers ask about these symptoms and provide resources could improve the quality of life for individuals impacted. Support groups are a good way for individuals to feel that they are not alone in their experiences.

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### **Declaration of Interest Statement**

The authors declared no potential conflict of interest.

### **Data Availability Statement**

The data that support the findings of this study are openly available in Mendeley Data at [http://doi.org/ 10.17632/tpg8yvk9z3.1](http://doi.org/10.17632/tpg8yvk9z3.1).



Table 1. Demographics

	<i>n</i>	%		<i>n</i>	%
<b>Age</b>			<b>Race/Ethnicity</b>		
18-19	14	8.4	American Indian or Alaska Native	4	2.3
20-21	69	41.3	Asian	13	7.7
22-23	47	28.1	Black or African American	10	6
24-25	37	22.2	Middle Eastern or Arab American	1	0.6
<b>Gender</b>			White	134	80.2
Female	165	98.8	Other	1	0.6
Nonbinary	2	1.2	Hispanic	7	4.2
<b>Student Status</b>			Latino	6	3.5
Student	166	99.4	Prefer not to respond	1	0.6
Non-Student	1	0.6			
<b>Insurance</b>			<b>Living Arrangement</b>		
Insured	159	95.2	On campus	22	13.2
Not insured	7	4.2	Off campus	142	85
Not responded	1	0.6	Unstable living situation	2	1.2
			Experiencing homelessness	0	0
			Other	1	0.6
			Total n = 167		

Table 2. Questions Related to Menstrual Bleeding and Pain

Question/Response	n	%	Question/Response	n	%
<b>Q14: Menstrual cycles</b>	<b>156</b>		<b>Q19: Number of days work or school suffered because of bleeding</b>	<b>156</b>	
Very Light	9	5.7	Currently not working or attending school	2	1.3
Light	20	12.7	Not affect my work or school	62	39.7
<b>Moderate</b>	88	56.1	1-3 days	71	<b>45.5</b>
Heavy	30	19.1	4-8 days	16	10.3
Very Heavy	10	6.4	9-12 days	5	3.2
			13 days or more	0	
<b>Q15: Number of soaked high absorbency sanitary products on heaviest day of bleeding</b>	<b>155</b>		<b>Q20: Number of days missing work or school because of bleeding in last three months</b>	<b>155</b>	
0	13	8.4	Currently not working or attending school	4	2.6
<b>1-4</b>	88	56.8	Not affecting my work or school	122	<b>78.7</b>
5-8	39	25.2	1-3 days	28	18.1
9-12	11	7.1	4-8 days	1	0.7
13-16	3	1.9	9-12 days	0	
More than 16	1	0.7	13 days or more	0	
<b>Q16: Number of times out of bed at night to change sanitary products</b>	<b>156</b>		<b>Q21: Number of days avoiding social activities because of bleeding</b>	<b>156</b>	
Never	103	66.0	Never	76	<b>48.7</b>
<b>1-3 times</b>	42	26.9	1-3 days	58	<b>37.2</b>
4-6 times	9	5.8	4-8 days	21	13.5
7-10 times	2	1.3	9-12 days	1	0.6
11 times or greater	0		13 days or more	0	
<b>Q18: Number of weeks periods typically last</b>	<b>156</b>		<b>Q23: Overall rating of concern about bleeding on a scale of 0 (none) - 10 (extreme)</b>	<b>155</b>	
<b>1 week or less out of 4 weeks</b>	127	81.4	0	36	23
More than 1 week, less than 2 weeks out of 4 weeks	25	16.0	1 -3	68	43.9
More than 2 weeks, less than 3 weeks out of 4 weeks	4	2.6	4-6	35	22.6
More than 3 weeks out of 4 weeks	0		<b>7-10</b>	<b>16</b>	<b>10.4</b>
<b>Q 17: Period was associated with...</b>	<b>157</b>		<b>Q 25: Chronic pelvic pain</b>	<b>156</b>	
No pain	8	5.1	Yes	23	14.7
<b>Slight pain</b>	66	42.0	Unsure	28	18.0
<b>Moderate pain</b>	60	38.2	No	105	67.3
Severe pain	23	14.7			



Table 3. Impact of Chronic Pelvic Pain on Emotional Factors/Relationships

<b>Question/Response</b>	<b>n</b>	<b>%</b>	<b>Question/Response</b>	<b>n</b>	<b>%</b>
<b>Q 26: Feeling embarrassed about pain</b>	<b>48</b>		<b>Q 27: Feeling irritable or snappy because of pain</b>	<b>48</b>	
Strongly agree	2	4.2	Strongly agree	17	35.4
<b>Somewhat agree</b>	16	33.3	Somewhat agree	25	52.1
<b>Neither agree nor disagree</b>	13	27.1	Neither agree nor disagree	4	8.3
Somewhat disagree	8	16.7	Somewhat disagree	2	4.2
Strongly disagree	9	18.8	Strongly disagree	0	0
<b>Q 28: Feeling unable to cope with pain</b>	<b>48</b>		<b>Q 29: Experiencing low mood because of pain</b>	<b>48</b>	
Strongly agree	5	10.4	Strongly agree	16	33.3
<b>Somewhat agree</b>	12	25	Somewhat agree	26	54.2
<b>Neither agree nor disagree</b>	17	35.4	Neither agree nor disagree	4	8.3
Somewhat disagree	10	20.8	Somewhat disagree	1	2.1
Strongly disagree	4	8.3	Strongly disagree	1	2.1
<b>Q 30: Feeling socially isolated because of pain</b>	<b>48</b>		<b>Q 31: Feeling less connected to my partner because of pain</b>	<b>48</b>	
Strongly agree	9	18.8	Strongly agree	3	6.3
<b>Somewhat agree</b>	13	27.1	Somewhat agree	10	20.8
<b>Neither agree nor disagree</b>	13	27.1	Neither agree nor disagree	12	25
Somewhat disagree	5	10.4	Somewhat disagree	6	12.5
Strongly disagree	8	16.7	Strongly disagree	3	6.3
			Does not apply	14	29.2
<b>Q 32: Feeling closer to my partner because of pain</b>	<b>48</b>		<b>Q 33: Avoiding sexual activity because of pain</b>	<b>48</b>	
Strongly agree	0	0	Strongly agree	5	10.4
Somewhat agree	1	2.1	Somewhat agree	16	33.3
<b>Neither agree nor disagree</b>	16	33.3	Neither agree nor disagree	19	39.6
<b>Somewhat disagree</b>	10	20.8	Somewhat disagree	5	10.4
Strongly disagree	5	10.4	Strongly disagree	3	6.3

Does not apply	16	33.3			
<b>Q 34: Taking time off work or school because of pain</b>	<b>48</b>		<b>Q 35: Pain negatively affecting performance at work or school</b>	<b>48</b>	
Strongly agree	3	6.3	Strongly agree	4	8.3
Somewhat agree	7	14.6	Somewhat agree	21	43.8
<b>Neither agree nor disagree</b>	11	22.9	Neither agree nor disagree	12	25
Somewhat disagree	9	18.8	Somewhat disagree	7	14.6
<b>Strongly disagree</b>	18	37.5	Strongly disagree	4	8.3
<b>Q 36: Measures taken to cope with (select all that apply)</b>	<b>167</b>				
<b>Over the counter medications</b>	37	22.2			
Prescription medications	7	4.2			
<b>Heat/ice packs</b>	37	22.2			
Alcohol Consumption	4	2.4			
Yoga	16	9.6			
Exercise	31	18.6			
Smoking cigarettes or e-cigarettes	2	1.2			
Smoking marijuana either medically prescribed or recreational	3	1.8			
Eating	23	13.8			
Nothing	3	1.8			
Other	4	2.4			

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