Supplementary Information 1

Exploring Female Riders' Awareness of Menopause and Its Effects

I would like to invite you to complete this short questionnaire, for my research project. I am initially aiming to establish how much knowledge female riders have about the impact of perimenopause, menopause and post-menopause.

It should not take any more than 2-3 minutes to complete. We will then go on to investigate in a larger study how the menopause transition may influence riding performance and whether an intervention could help to reduce these effects.

Participation in this study is entirely voluntary, and your submission will remain anonymous; no personal data or information will be disclosed. Should you decide to withdraw from the study at any time, you are free to do so without providing a reason. Your decision to withdraw will not have any repercussions, including your involvement in other studies.

If you would like to find out more about the larger study or require any further information about the questionnaire, you can email PhD Student Investigator: JPrescott2@lancashire.ac.uk or Principal Investigator Dr Sarah Jane Hobbs: SJHobbs1@lancashire.ac.uk Ethics Unique Reference Number: HEALTH 01189

* Required

1

CONSENT: I confirm that I am happy for my answers to the questions below to be used as part of this research project. *

- ◯ Yes
- ◯ No

2

AGE: What is your age? (Please state your age numerically to the nearest year) *

Enter your answer

3

What disciplines do you regularly participate in? (Please select which apply) *

- ☐ Show jumping
- ☐ Dressage
- ☐ Eventing
- ☐ Endurance
- ☐ TREC
- ☐ Scurry Racing
- ☐ Team Chasing
- ☐ Leisure Rider
- ☐ Other

Authors: J. Prescott, C. Uttley, P. J. Taylor & S. J. Hobbs

EFFECTS OF MENOPAUSE ON RIDING HABITS

4

ATTITUDE TO RIDING: How has the menopause impacted your riding? (Please select which apply)

*

- [ ] Considered Stopping Riding
- [ ] Considered Stopping Competing
- [ ] Stopped Competing
- [ ] Not as Confident When Riding
- [ ] Avoiding Lessons/Competing Due to Symptoms of Menopause
- [ ] Other

SYMPTOMS OF MENOPAUSE

5

CESSATION OF MENSES: If your periods have stopped, when was your last period? If they haven't stopped put a zero (Please state numerically how many months) *

Enter your answer

6

MENOPAUSE TREATMENT: Are you taking HRT or any other treatments? (Please state other treatments) *

- [ ] Yes
- [ ] No
- [ ] Other

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7

SYMPTOMS EXPERIENCED: What symptoms have you experienced with menopause? (Please select which apply) *

- [ ] Aching Hips
- [ ] Aching Knees
- [ ] Aching Hands
- [ ] Aching Fingers
- [ ] Aching Neck
- [ ] Aching Shoulders
- [ ] Brain Fog
- [ ] Urinary Incontinence
- [ ] Faecal Incontinence
- [ ] Hot Flashes
- [ ] Loss of Motivation
- [ ] Loss of Confidence
- [ ] Anxiety
- [ ] Panic Attacks
- [ ] Difficulty Sleeping
- [ ] Decline in Balance
- [ ] Decline in Coordination
- [ ] Decline in strength/power
- [ ] No Symptoms
- [ ] Other

ADDITIONAL TRAINING

8

ADDITIONAL EXERCISE: What additional exercise if any do you do regularly? (Please select which apply) *

- [ ] Strength Training
- [ ] Aerobics
- [ ] Running
- [ ] Cycling
- [ ] Swimming
- [ ] Pilates
- [ ] Walking
- [ ] None
- [ ] Other

9

HOURS OF TRAINING: How many hours of additional training do carry out in a week? (Please select which applies) *

- ○ Less than 1 hour
- ○ 1-2 hours
- ○ 3-5 hours
- ○ More than 5 hours
- ○ None

INSTRUCTORS/COACHES

10

SUPPORT: Do you feel supported by your instructor/coach whilst going through the menopause? *

- ○ Yes
- ○ No
- ○ Don't have an instructor/coach

11

SUPPORT: In reference to the above question, please can you explain why you feel this way about your instructor/coach?

Enter your answer

12

KNOWLEDGE: Do you feel there is enough information available for instructors/coaches to be able to support horse riders who are going through menopause or are post-menopause?

- ○ Yes
- ○ No
- ○ Not Sure

13

SUPPORT & INFORMATION: Do you attend any menopause support groups or have you found information about menopause from different sources? (Please state) *

Enter your answer