Supplementary Table 1. Symptom questions

1.	**Have you gone without your period for 12 months or more?**
a	Yes
b	No
c	I'm not sure
2.	**Are you taking hormonal replacement therapy (HRT)?**
a	Yes
b	No
3.	**In the past 12 months, have you gone more than 60 days without a period? Please exclude absences that were due to using birth control and exclude any pregnancies.**
a	Yes
b	No
c	I'm not sure
4.	**In the last 12 months, was your period often unpredictable, and if so, how many days early/late is it?**
a	Up to 7 days
b	8 days or more
c	It's not unpredictable
d	I'm not sure
5.	**Did your periods become unpredictable recently (in the last couple of years), or were they like that most of the time in your life?**
a	Yes they became unpredictable recently
b	No, my periods were unpredictable all the time
c	I'm not sure
6.	**In the past 12 months, how long were your cycles?**
a	2 (or more) were shorter than 21 days
b	2 (or more) were longer than 35 days
c	My cycles were mostly 21-35 days
d	I don't remember

7.	**Did your menstrual flow become more heavy than usual in the last 12 months?**
a	Yes
b	No
c	I'm not sure
8.	**Did your period become more painful than usual in the last 12 months?**
a	Yes
b	No
c	I'm not sure
9.	**Is penetrative, vaginal sex painful for you? (This is sex that involves inserting a penis, object or fingers into your vagina)**
a	No
b	Only sometimes
c	Yes, often
d	Yes, always
e	I don't have penetrative sex
f	I'd prefer not to answer
10.	**During penetrative sex, do you experience any of these? (You can select multiple answers)**
a	I feel pain with initial penetration
b	I have light bleeding after intercourse
c	I'm not sure
d	I'd prefer not to answer
	If a or b selected, ask for each:
a	Does this happen:
b	every time,
c	½ the time,
d	less than ½ the time
11.	**In the past 3 months have you noticed any of these related to your genital area? (You can select multiple options)**

a	Vaginal dryness
b	Genital burning or itching
c	I'm not sure
d	None of these
	If a or b selected, ask for each:
	How often do you notice this:
a	All the time
b	More than once a week
c	Once a week
d	Once or twice a week
e	Once a month
f	A few times
12.	**Please indicate if you have noticed any marked emotional changes within at least last 3 months: (Select all that apply to you)**
a	Depressed, unhappy, hopeless mood
b	Irritable or angry
c	Moody for no apparent reason
d	Anxiety
e	No
	If a, b, c or d selected, ask for each:
	How often do you notice this:
a	All the time
b	More than once a week
c	Once a week
d	Once or twice a week
e	Once a month
f	A few times
13.	**In the past 3 months have any of the following related to your sex life? (You can select multiple options)**
a	Decrease in sex drive
b	Difficulty reaching orgasm
c	I'm not sure

d	None of these
	If a, or b selected, ask for each:
	How often do you notice this:
a	All the time
b	More than once a week
c	Once a week
d	Once or twice a week
e	Once a month
f	A few times
14.	**Have you had any sleep problems in the past three months? For example, struggling to fall and stay asleep, waking in the middle of the night, sleepwalking, night terrors, oversleeping or difficulty waking up.**
a	No
b	Yes, occasionally
c	Yes, every night
15.	**In the past three months, have you regularly experienced any of the following symptoms? (Please select all that apply to you)**
a	Hot flashes
b	Excessive sweating, night sweats
c	Unexplained fatigue
d	Heart palpitations
e	Difficulty to concentrate or forgetfulness
f	Burning mouth
g	Joint or muscle pain
h	Brain fog
i	None of the above
	If a, b, c, d, e, f, g or h selected, ask for each:
	How often do you notice this:
a	All the time
b	More than once a week
c	Once a week
d	Once or twice a week
e	Once a month

f	A few times
16.	**Did you gain weight during the last 12 months?**
a	Yes, no more that 5% of body weight
b	Yes, more than 5% of body weight
c	No
d	I prefer not to answer
17.	**Did you experience any urogenital symptoms?**
a	Pain or burning when you pee
b	Needing to pee more often than usual
c	Difficulty in urinating
d	Urinary incontinence
e	Recurrent urinary tract infections
f	No
	If a, b, c, d or e selected, ask for each:
	How often do you notice this:
a	All the time
b	More than once a week
c	Once a week
d	Once or twice a week
e	Once a month
f	A few times

Supplementary Table 2. Significant pairwise differences in MRS Total, Urogenital, Psychological and Somato-vegatitive Domain Scores between perimenopause status groups using Post Hoc Dunn Tests.

Score	Group 1	Group 2	statistic	p.adj
Total	Did not see a clinician	Not Perimenopausal	5.302	0.0
Total	Did not see a clinician	Perimenopausal	12.405	0.0
Total	Did not see a clinician	Premature Menopause	4.507	0.0
Urogenital	Did not see a clinician	I was diagnosed with something else	3.241	0.014
Urogenital	Did not see a clinician	Not Perimenopausal	4.783	0.0
Urogenital	Did not see a clinician	Perimenopausal	14.847	0.0
Urogenital	Did not see a clinician	Post Menopausal	2.871	0.041
Urogenital	Did not see a clinician	Premature Menopause	3.653	0.003
Urogenital	Not Perimenopausal	Perimenopausal	3.062	0.024
Psychological	Did not see a clinician	Not Perimenopausal	3.662	0.004
Psychological	Did not see a clinician	Perimenopausal	4.552	0.0
Psychological	Did not see a clinician	Premature Menopause	3.553	0.005
Somato-vegatitive	Did not see a clinician	I was diagnosed with something else	3.241	0.014
Somato-vegatitive	Did not see a clinician	Not Perimenopausal	4.783	0.0
Somato-vegatitive	Did not see a clinician	Perimenopausal	14.847	0.0
Somato-vegatitive	Did not see a clinician	Post Menopausal	2.871	0.041
Somato-vegatitive	Did not see a clinician	Premature Menopause	3.653	0.003
Somato-vegatitive	Not Perimenopausal	Perimenopausal	3.062	0.024