

# Polycystic Ovary Syndrome (PCOS) in ethnic Indian women: a global survey

**Polycystic Ovary Syndrome in ethnic Indian women: a global survey** Polycystic Ovary Syndrome (PCOS) is a rapidly growing concern among ethnic Indian women. Yet, little is known about their experiences of PCOS and use of their native medicines such as Ayurveda and yoga in managing symptoms of PCOS. You are invited to participate in this online anonymous survey seeking to gather information about your experiences of PCOS, diagnosis and treatment. Findings from this survey will help to understand the health needs of ethnic Indian women with PCOS and to inform the provision of culturally appropriate care, particularly for lifestyle treatments.

**Who can participate:** Women of Indian ancestry (Asian Indian women either born in India or have at least one parent/grandparent who was born in India), aged 18-55 years and with a medical diagnosis of PCOS.

Thank you for your participation.

End of Block: Introduction

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Start of Block: Eligibility



1. **Before we begin, let's make sure that you are eligible for this survey.**

Do you identify yourself as a woman of Indian ethnic ancestry? (Have at least one parent or grandparent who was born in India)

Yes (1)

No (2)



Q3 Have you been diagnosed with PCOS by a medical doctor?

Yes (1)

No (2)



Q4

What is your age in years?

▼ 18 (1) ... 55 (38)

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End of Block: Eligibility

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Start of Block: General health and family history

Q5

What is your current body weight in kilograms? ([use this convertor if needed to convert pounds to kilograms](#))

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Q6 What is your height in centimetres? ([use this convertor if needed to convert feet and inches to centimetres](#))

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Q7 Which of the following health conditions do you have other than PCOS? (multiple answers)

- Anxiety (1)
  - Chronic fatigue (2)
  - Coronary artery disease (myocardial infarction/heart attacks and/or angina) (3)
  - Depression (4)
  - Eating disorder (5)
  - Endometrial cancer (6)
  - High blood pressure (7)
  - High cholesterol levels or triglyceride levels (8)
  - Sleep disorders (eg. sleep apnea) (9)
  - Thyroid related problems (eg. hypothyroid, hyperthyroid) (10)
  - Type 2 diabetes (11)
  - I don't have any other health condition other than PCOS (12)
  - Other than above (please specify) (13)
- 

Page Break

X→

Q8 Which of the following immediate family members have been diagnosed with PCOS?  
(multiple answers)

- Mother (1)
  - Sister (2)
  - Daughter (3)
  - None of the above (4)
- 

X→

Q9 Which of the following immediate family members have been diagnosed with type 2 diabetes? (multiple answers)

- Brother (1)
- Daughter (2)
- Father (3)
- Mother (4)
- Sister (5)
- Son (6)
- None of the above (7)

End of Block: General health and family history

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Start of Block: Symptoms and diagnosis experiences

X→

**Q10 Now, please share your experience of diagnosis and signs and symptoms of PCOS.** How old were you when you first experienced the signs and symptoms of PCOS?

▼ Less than 10 (1) ... 55 (47)

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X→

Q11 How old were you when you first visited a doctor for any of the above signs and symptoms?

▼ Less than 10 (1) ... 55 (47)

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X→

Q12 At what age were you diagnosed with PCOS?

▼ Less than 10 (1) ... 55 (47)

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X→

Q13 Which country you were living in when you were diagnosed with PCOS?

▼ Afghanistan (1) ... Zimbabwe (195)

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X→

Q14 Who performed the diagnosis?

- Cardiologist (1)
- Dermatologist (2)
- Endocrinologist (3)
- Gynecologist/obstetrician (4)
- General practitioner/family physician/family doctor (5)
- Infertility specialist (6)
- Psychiatrist (7)

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Page Break



Q15 Which of the following signs and symptoms did you first experience? (multiple answers)

- Acne/pimples (1)
  - Anxiety (2)
  - Cysts on the ovaries (in an ultrasound) (3)
  - Depression (4)
  - Difficulty losing weight (5)
  - Excess unwanted hair growth over face (6)
  - Excess hair loss (7)
  - High blood levels of androgens/male hormones (eg. testosterone) (8)
  - Increased metabolic risk (eg. fear of developing type 2 diabetes) (9)
  - Increased tendency for weight gain (10)
  - Irregular menstrual cycles/periods (11)
  - Problems with ovulation (12)
  - Not able to fall pregnant (Infertility) (13)
  - I don't remember (14)
  - Other than above (please specify) (15)
-







Q16 How satisfied were you with the manner in which you were informed of the diagnosis?

- Very dissatisfied (1)
  - Dissatisfied (2)
  - Neither satisfied nor dissatisfied (3)
  - Satisfied (4)
  - Very satisfied (5)
- 



Q17 How satisfied were you with the information given about : (select below)

	Information was not given (1)	Very dissatisfied (2)	Dissatisfied (3)	Neither satisfied now dissatisfied (4)	Satisfied (5)	Very satisfied (6)
PCOS (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long term complications (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment options (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate dietary advice (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate exercise advice (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate behavioral advice to improve diet or exercise (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional support after diagnosis (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Q18 Which of the following signs and symptoms of PCOS concern you the most? **(Please select any three)**

- Acne/pimples (1)
  - Anxiety (2)
  - Cysts on the ovaries (in an ultrasound) (3)
  - Depression (4)
  - Difficulty losing weight (5)
  - Excess unwanted hair growth over face (6)
  - Excess hair loss (7)
  - High blood levels of androgens/male hormones (eg. testosterone) (8)
  - Increased metabolic risk (eg. fear of developing type 2 diabetes) (9)
  - Increased tendency for weight gain (10)
  - Irregular menstrual cycles/periods (11)
  - Problems with ovulation (12)
  - Not able to fall pregnant (Infertility) (13)
  - Other than above (please specify) (14)
- 

End of Block: Symptoms and diagnosis experiences

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Start of Block: MPCOSQ



Q19 During the last two weeks, to what extent the followings issues have been a problem for you:

	A severe problem (1)	A major problem (2)	A moderate problem (3)	Some problem (4)	A little problem (5)	Hardly any problem (6)	No problem (7)
Growth of visible body hair (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Growth of visible hair on your face? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Growth of visible hair on chin? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Growth of visible hair on upper lip? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acne (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page Break



Q20 During the past two weeks, how much of the time have you felt:

*Display This Choice:*  
 If Duirng the last two weeks, to what extent the followings issues have been a problem for you: !=  
 Acne [ No problem ]

*Display This Choice:*  
 If Duirng the last two weeks, to what extent the followings issues have been a problem for you: !=  
 Acne [ No problem ]

*Display This Choice:*  
 If Duirng the last two weeks, to what extent the followings issues have been a problem for you: !=  
 Growth of visible body hair [ No problem ]

	All of the time (1)	Most of the time (2)	A good bit of the time (3)	Some of the time (4)	A little of the time (5)	Hardly any of the time (6)	None of the time (7)
Depressed as a result of having PCOS? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerned about being overweight? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Easily tired? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concerned about infertility problems? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moody as a result of having PCOS? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>Display This Choice:</i> If Duirng the last two weeks, to what extent the followings issues have been a problem for you: != Acne [ No problem ]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unattractive because of acne? (6)							

*Display This Choice:*

*If During the last two weeks, to what extent the followings issues have been a problem for you: != Acne [ No problem ]*

**Depressed because of acne? (7)**

*Display This Choice:*

*If During the last two weeks, to what extent the followings issues have been a problem for you: != Growth of visible body hair [ No problem ]*

**Embarrassment about excessive body hair? (8)**



Q21 During the past two weeks, how much of the time have you:

	All of the time (1)	Most of the time (2)	A good bit of the time (3)	Some of the time (4)	A little of the time (5)	Hardly any of the time (6)	None of the time (7)
Had trouble dealing with your weight? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had low self-esteem as a result of having PCOS? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt frustration in trying to lose weight? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt afraid of not being able to have children? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt frightened of getting cancer? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been worried about having PCOS? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Been self-conscious as a	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



result of  
having  
PCOS?  
(7)

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Q22 How much of the time during the last two weeks did you:

	All of the time (1)	Most of the time (2)	A good bit of the time (3)	Some of the time (4)	A little of the time (5)	Hardly any of the time (6)	None of the time (7)
Feel like you are not sexy because of being overweight? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel lack of control over the situation with PCOS? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have difficulties staying at your ideal weight? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feel sad because of infertility problems? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q23 In relation to your last menstruation, how much were the following issues a problem for you:

	A severe problem (1)	A major problem (2)	A moderate problem (3)	Some problem (4)	A little problem (5)	Hardly any problem (6)	No problem (7)
Headaches (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Irregular cycles (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abdominal bloating (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Late menstrual periods (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menstrual cramps (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acne (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Page Break

Start of Block: Conventional/western medical treatment of PCOS



Q24 So far, which of the following health practitioners have you consulted for PCOS? (multiple answers)

- Allied health professionals (eg. dietician, exercise physiologist) (1)
  - Cardiologist (2)
  - Dermatologist (3)
  - Endocrinologist (4)
  - General practitioner/family physician/family doctor (5)
  - Gynecologist/obstetrician (6)
  - Infertility specialist (7)
  - Psychiatrist (8)
  - Never seen a medical doctor or allied health practitioner for PCOS treatment (9)
  - Other than above (please specify) (10)
- 

*Skip To: End of Survey If So far, which of the following health practitioners have you consulted for PCOS? (multiple answers) =*

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Q25 Which of the following medical treatment methods have you used to manage PCOS?  
(multiple answers)

- Anti-androgen drugs (to correct male-hormone levels) (1)
  - Anti-obesity drugs (2)
  - Bariatric surgery (3)
  - Combined oral contraceptive pills (estrogen + progestin) (4)
  - Intrauterine device (IUD) (eg. Mirena or Depo Provera) (5)
  - Intrauterine insemination (IUI) (6)
  - In-vitro fertilization (IVF) or intracytoplasmic sperm injection (ICSI) (7)
  - Laparoscopic surgery (ovarian drilling) (8)
  - Metformin (insulin-sensitizing medicines) (9)
  - Ovulation induction to fall pregnant (eg. Letrozole, Clomid, gonadotropins) (10)
  - Never used any modern medications for PCOS (11)
  - Other than above (please specify) (12)
- 

End of Block: Conventional/western medical treatment of PCOS

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Start of Block: T&CM- Ayurveda



**Q26 Now we would like to ask you about any traditional and complementary medicine (T&CM) that you may have used to manage PCOS.**

Please tell us which of the following traditional health systems you have tried to manage PCOS?

- Acupuncture (1)
  - Ayurveda (Traditional Indian Medicine) (2)
  - Chiropractic (3)
  - Homeopathy (4)
  - Naturopathy (5)
  - Osteopathy (6)
  - Siddha Medicines (7)
  - Unani Medicines (8)
  - Western herbal medicines (9)
  - Traditional Chinese medicines (10)
  - Never used any of the T&CM (11)
  - Other than above (please specify) (12)
- 

*Skip To: Q27 If Now we would like to ask you about any traditional and complementary medicine (T&CM) that you may... != Ayurveda (Traditional Indian Medicine)*

*Skip To: End of Block If Now we would like to ask you about any traditional and complementary medicine (T&CM) that you may... = Ayurveda (Traditional Indian Medicine)*



Q27 What are your reasons for not choosing Ayurvedic medicines? (multiple answers)

- Lack of scientific evidence (1)
  - Poor quality of herbal medicines (2)
  - Not prescribed or recommended by my doctor (3)
  - Not recommended by family/friends (4)
  - Not enough information (5)
  - Not covered by my insurance (6)
  - Not easily available (7)
  - Not confident to use in conjunction with medical drugs (8)
  - Takes too long to work (9)
  - Smell or taste of the preparations (10)
  - Not sure if it will work (11)
  - Not sure/no definite reason (12)
  - Other than above (please specify) (13)
- 



Q28 In future, how interested you would be in trying Ayurvedic diet or medicines to manage PCOS?

- Not interested at all (1)
- Slightly interested (2)
- Neither interested nor disinterested (3)
- Very interested (4)
- Extremely interested (5)

End of Block: T&CM- Ayurveda

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Start of Block: Ayurveda Q



**Q29 You indicated that you have used Ayurvedic medicine (Traditional Indian Medicine) to manage PCOS, please tell us more about it.**

When did you first visit an Ayurvedic practitioner for PCOS related management?

- In the last 6 months (1)
- In the last 1 year (2)
- In the last 1-5 years (3)
- More than 5 years (4)





Q30 How long have you been using Ayurveda medicine to manage PCOS?

- From past 6 months (1)
  - Past 1 year (2)
  - Past 1-5 years (3)
  - More than 5 years (4)
- 



Q31 What or who most influenced your decision to use Ayurvedic medicine? (multiple answers)

- Allied health professional (eg. dietician, exercise physiologist) (1)
  - Family/friends/neighbors/colleagues (2)
  - Internet (3)
  - Magazine or newspaper (4)
  - Medical doctor/fertility specialist (5)
  - Self (6)
  - Television (7)
  - Another complementary medicine practitioner (eg. naturopath, homeopath) (8)
  - Other than above (please specify) (9)
- 



Q32 What are the reasons for choosing Ayurvedic medicine? (multiple answers)

- Agree with its principles (1)
  - Easily available (2)
  - Cheaper/affordable (3)
  - Has multiple benefits (4)
  - Has natural ingredients (5)
  - Helps in overall health and well-being (6)
  - Lack of success with trying other treatment (7)
  - Recommended by friends/family (8)
  - Safe and no side effect (9)
  - Traditionally accepted (10)
  - Using as additional therapy alongside other treatment (11)
  - Other than above (please specify) (12)
- 

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Page Break

X→

Q33 What forms of Ayurvedic treatment you have tried to manage the symptom of PCOS?  
(multiple answers)

- Ayurvedic lifestyle (eg. Ayurvedic diet/regimen) (1)
  - Ayurvedic medicines for internal consumption (2)
  - Ayurvedic medicines for external applications (3)
  - Panchakarma (eg. Vamana, Virechana, Basti, Nasya) (4)
  - Other than above (please specify) (5)
- 

X→

Q34 Have you ever had a negative reaction or unwanted side effects to Ayurvedic medicines?

- Yes (1)
- No (2)
- Unsure (3)

*Skip To: Q35 If Have you ever had a negative reaction or unwanted side effects to Ayurvedic medicines? = Yes*

*Skip To: Q36 If Have you ever had a negative reaction or unwanted side effects to Ayurvedic medicines? = No*

*Skip To: Q36 If Have you ever had a negative reaction or unwanted side effects to Ayurvedic medicines? = Unsure*

Q35 Please write what were those negative reaction or unwanted effects.

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Q36 On a scale of 0-10, how likely are you to recommend Ayurveda to your family members or friends to manage PCOS?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 (10)

End of Block: Ayurveda Q

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Start of Block: Yoga



Q37 Have you ever practised yoga since your diagnosis of PCOS?

- Yes (1)
- No (2)

*Skip To: End of Block If Have you ever practised yoga since your diagnosis of PCOS? = Yes*

*Skip To: Q38 If Have you ever practised yoga since your diagnosis of PCOS? = No*

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Q38 What are your reasons for not choosing yoga? (multiple answers)

- Cannot find the right yoga teacher (1)
  - Distance (yoga place is far from me) (2)
  - Do not feel flexible enough (3)
  - Do not feel fit enough (4)
  - Do not feel strong enough (5)
  - Financial (not enough money to pay for yoga classes) (6)
  - Feel embarrassed about my body (7)
  - Lack of time (to practice yoga at home or attend classes) (8)
  - Lack of motivation (to do practice at home or attend classes) (9)
  - Physical barriers such as injury (10)
  - Other than above (please specify) (11)
-



Q39 In future, how interested you would be in practicing yoga to manage PCOS?

- Not at all interested (1)
- Slightly interested (2)
- Neither interested nor disinterested (3)
- Very interested (4)
- Extremely interested (5)

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Page Break

End of Block: Yoga

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Start of Block: Yoga Q



**Q40 You indicated that you have used yoga to manage PCOS, please tell us more about it.**

How long have you been practising yoga?

- Last 6 months (1)
- Last 1 year (2)
- Last 1-5 year (3)
- More than 5 years (4)



Q41 What were your specific reasons for practising yoga? (multiple answers)

- For general health and wellbeing (1)
  - For emotional well-being (2)
  - For stress relief (3)
  - Recommended by my doctor/family physician (4)
  - To manage hormonal imbalance (5)
  - To maintain weight (6)
  - To prevent weight gain (7)
  - To reduce weight (8)
  - To reduce anxiety (9)
  - To reduce depression (10)
  - Not sure/No definite reason (11)
  - Other than above (please specify) (12)
- 





Q42 Which type/style of yoga have you been practising since your diagnosis of PCOS?  
(multiple answers)

- Ashtanga (1)
  - Bikram /Hot yoga (2)
  - Iyengar (3)
  - Krishnamacharya tradition or (Viniyoga) (4)
  - Kundalini (5)
  - Mixed style (6)
  - Power Yoga (7)
  - Shivananda Yoga/Yoga Vidya (8)
  - Traditional Hatha Yoga (9)
  - Unsure about the style (10)
  - Vinyasa (11)
  - Whatever is available (12)
  - Other than above (please specify) (13)
- 



Q43 On average, how often you currently practice yoga?

- Daily (1)
- 5-6 times per week (2)
- 3-4 times per week (3)
- 1-2 times per week (4)
- Twice a month (5)
- Once in a month (6)
- Less than once a month (7)
- I don't practice yoga anymore (8)

*Skip To: Q46 If On average, how often you currently practice yoga? = I don't practice yoga anymore*

*Skip To: Q46 If On average, how often you currently practice yoga? = I don't practice yoga anymore*

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Q44 Where do you practise yoga? (multiple answers)

- Home (1)
  - Workplace (2)
  - Yoga studio/school/institute (3)
  - Fitness center/gym (4)
  - Park or other public outdoor location (5)
  - Other than above (please specify) (6)
-



X→

Q45 What elements generally involves in your yoga practise? (multiple answers)

- Asana (physical postures) (1)
  - Dhyana (meditation) (2)
  - Mantra chanting (3)
  - Pranayama (breathing practices) (4)
  - Yama/Niyama (5)
  - Yogic diet (6)
  - Yogic kriya (eg. jala neti, vamana dhouti) (7)
  - Other than above (please specify) (8)
- 

X→

Q46 What type of yoga practise would you prefer? (multiple answers)

- Individual one-on-one (1)
  - Group practice (2)
  - General yoga class (3)
  - Yoga class designed to manage symptoms of PCOS (4)
  - Other than above (please specify) (5)
-



Q47 Which of the following mode of instruction would you prefer to practise yoga? (multiple answers)

- Face to face sessions (1)
  - Live online sessions (2)
  - Pre-recorded online sessions (eg. internet, social media, DVD, TV) (3)
  - Anything which is available/mixed (4)
  - Other than above (please specify) (5)
- 

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Page Break



Q48 Are there any challenges or barriers that prevent you from participating in yoga?

- Yes (1)
- No (2)
- Not sure (3)

*Skip To: Q49 If Are there any challenges or barriers that prevent you from participating in yoga? = Yes*

*Skip To: Q50 If Are there any challenges or barriers that prevent you from participating in yoga? = No*

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Q49 What are those challenges? (multiple answers)

- Cannot find the right yoga teacher (1)
  - Distance (yoga place is far from me) (2)
  - Do not feel flexible enough (3)
  - Do not feel fit enough (4)
  - Do not feel strong enough (5)
  - Financial (not enough money to pay for yoga classes) (6)
  - Feel embarrassed about my body (7)
  - Lack of time (to practice yoga at home or attend classes) (8)
  - Lack of motivation (to do practice at home or attend classes) (9)
  - Physical barriers such as injury (10)
  - Other than above (please specify) (11)
-

Q50 On a scale of 0-10, how helpful has the yoga practice been in managing PCOS?

- 0 (0)
  - 1 (1)
  - 2 (2)
  - 3 (3)
  - 4 (4)
  - 5 (5)
  - 6 (6)
  - 7 (7)
  - 8 (8)
  - 9 (9)
  - 10 (10)
-



Q51 On a scale of 0-10, how likely are you to recommend yoga to your family members or friends to manage PCOS?

- 0 (0)
- 1 (1)
- 2 (2)
- 3 (3)
- 4 (4)
- 5 (5)
- 6 (6)
- 7 (7)
- 8 (8)
- 9 (9)
- 10 (10)

End of Block: Yoga Q

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Start of Block: Diet and Exercise



Q52 In the past 5 years, have you tried any of the following diets to manage PCOS? (multiple answers)

- Dairy-free diet (1)
- Gluten-free diet (2)
- Higher protein diet (3)
- High omega-3 diet (4)
- Low FODMAP (Fermentable Oligosaccharides, Disaccharides, Monosaccharides, and Polyols) (5)
- Low-fat diet (6)
- Low sugar diet (7)
- Low glycemic index (low GI) or low glycemic load (low GL) diet (8)
- Mediterranean diet (9)
- Moderate carbohydrate (eg. CSIRO diet, South Beach diet) (10)
- Paleo/paleolithic diet (11)
- Reduced energy or calorie/kilojoule intake (12)
- Soy free diet (13)
- Vegan diet (14)
- Vegetarian diet (15)
- Very low carbohydrate (eg. ketogenic, Atkins) (16)

Never tried any specific diet (17)

Other than above (please specify) (18)

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Page Break

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**Q53 Now, please lets know how active you were in the last 7 days.** How much time do you usually spend sitting on a typical day? (eg. sitting at work, at home, travelling in a car/bus)

Hours per day (1-24) (1) \_\_\_\_\_

Minutes per day (1-60) (2) \_\_\_\_\_

Do not know/Not sure (3)

---

Page Break

X→

**Q54 Think about the time you spent walking in the last 7 days. (eg. walking outside or inside the home, walking from work to home)** During the last 7 days, on how many days did you walk?

- Days per week (1-7) (1) \_\_\_\_\_
- No walking (2)

*Skip To: Q56 If Think about the time you spent walking in the last 7 days. (eg. walking outside or inside the hom... = No walking*

*Skip To: Q55 If Think about the time you spent walking in the last 7 days. (eg. walking outside or inside the hom... = Days per week (1-7)*

---

X→

**Q55 How much time did you usually spend walking on one of those days?**

- Hours per day (1-24) (1) \_\_\_\_\_
- Minutes per day (1-60) (2) \_\_\_\_\_
- Do not know / not sure (3)

---

Page Break \_\_\_\_\_

X→

**Q56 Think about all the moderate activities that you did in the last 7 days that cause a small increase in breathing physical activities** (eg. carrying light loads, bicycling at a regular pace, or doubles tennis etc). During the last 7 days, on how many days did you do these activities? Do not include walking.

- Days per week (1-7) (1) \_\_\_\_\_
- No moderate physical activities (2)

*Skip To: Q58 If Think about all the moderate activities that you did in the last 7 days that cause a small increa... = No moderate physical activities*

*Skip To: Q57 If Think about all the moderate activities that you did in the last 7 days that cause a small increa... = Days per week (1-7)*

X→

**Q57 How much time did you usually spend doing these activities on one of those days?**

- Hours per day (1-24) (1) \_\_\_\_\_
- Minutes per day (1-60) (2) \_\_\_\_\_
- Do not know/Not sure (3)

Page Break \_\_\_\_\_

X→

**Q58 Now, think about all the vigorous activities that you did in the last 7 days such as that cause large increases in breathing or heart rate (eg. strenuous sports or recreational activities such as jogging, cycling, single tennis, swimming etc). During the last 7 days, on how many days did you do vigorous physical activities?**

- Days per week (1-7) (1) \_\_\_\_\_
- No vigorous physical activities (2)

*Skip To: Q60 If Now, think about all the vigorous activities that you did in the last 7 days such as that cause l... = No vigorous physical activities*

*Skip To: Q59 If Now, think about all the vigorous activities that you did in the last 7 days such as that cause l... = Days per week (1-7)*

X→

**Q59 How much time did you usually spend doing these activities on one of those days?**

- Hours per day (1-24) (1) \_\_\_\_\_
- Minutes per day (1-60) (2) \_\_\_\_\_
- Do not know / Not sure (3)

Page Break \_\_\_\_\_

X→

**Q60 Finally, think about the exercises that you specifically do to increase muscle strength and endurance (eg. lifting weights and push-ups) Over the past 7 days, on how many days did you do any such exercises?**

- Days per week (1-7) (1) \_\_\_\_\_
- No such exercises (2)

*Skip To: Q61 If Finally, think about the exercises that you specifically do to increase muscle strength and endur... = Days per week (1-7)*

*Skip To: Q62 If Finally, think about the exercises that you specifically do to increase muscle strength and endur... = No such exercises*

---

X→

**Q61 How much time did you usually spend doing these exercises on one of those days?**

- Hours per day (1-24) (1) \_\_\_\_\_
- Minutes per day (1-60) (2) \_\_\_\_\_
- Do not know / Not sure (3)

---

Page Break \_\_\_\_\_



X→

Q62 Which of the following exercise forms has helped you to manage PCOS? (multiple answer)

- Aerobic circuit (squats, lunges, pushups, dips, torso twists) (1)
- Cardio-kickboxing (2)
- Cycling (pedal cycle outdoor) (3)
- Cycling (stationary cycle indoor) (4)
- High intensity interval training (HIIT) (5)
- Jumping rope (6)
- Low impact aerobic dance (7)
- Pilates/ stretching (8)
- Running or jogging (9)
- Swimming (10)
- Strength or resistance exercise (eg. weight-lifting machines, free weights, rubber bands, press-ups, squats, pushups, muscle power) (11)
- Tai-chi (12)
- Team sport (13)
- Walking (eg. brisk walking, walking a dog, leisure-time walking outside the home) (14)
- Zumba (15)
- None of the above (16)

Other than above (please specify) (17)

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End of Block: Diet and Exercise

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Start of Block: Demographics



**Q63 Finally, please tell us a few general things about yourself. Please note that this is an anonymous survey and your answers will be kept confidential.**

In which country were you born?

▼ Afghanistan (1) ... Zimbabwe (195)

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Q64 In which country do you currently reside?

▼ Afghanistan (1) ... Zimbabwe (195)

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Q65 How long have you been living here?

- Last 1 year (1)
  - Last 1-5 years (2)
  - Last 6-10 years (3)
  - More than 10 years (4)
- 



Q66 What is the highest level of school you have completed or the highest degree you have received?

- No formal education (1)
  - Lower secondary (2)
  - Upper secondary (3)
  - Post-secondary non tertiary education (eg. vocational/ apprenticeship/ certificate) (4)
  - First stage of tertiary education (not leading directly to an advanced research qualification) (5)
  - Second stage of tertiary education (leading to an advanced research qualification) (6)
  - Undergraduate degree (bachelor's degree) (7)
  - Postgraduate (master's degree/PhD/post-doctoral degree) (8)
- 



Q67 What is your current relationship status?

- Divorced (1)
  - In a relationship/ de facto (2)
  - Married- living with a partner (3)
  - Single (4)
  - Widowed (5)
  - Separated (6)
- 



Q68 Which statement best describes your current occupation? (multiple answer)

- Employed full time (1)
- Employed part-time (2)
- Home duties/ caring for family or children (3)
- Retired (4)
- Self-employed/Freelance (5)
- Studying (eg. going to school/college/university) (6)
- Unemployed- Looking for work (7)
- Unemployed- not looking for work (8)
- Unable to work because of symptoms/treatment of PCOS (9)
- Volunteer work (10)
- Other (please specify) (11) \_\_\_\_\_



Q69 Have you ever been pregnant?

- Yes (1)
- No (2)

*Skip To: End of Block If Have you ever been pregnant? = No*

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Q70 Have you ever needed any treatments to help you become pregnant?

Yes (1)

No (2)

---



Q71 How many biological children do you have?

None (1)

Currently Pregnant (2)

1 (3)

2 (4)

More than 2 (5)

End of Block: Demographics

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Start of Block: Final question

Q72 Finally, is there anything else you would like to share about your experience of PCOS?

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End of Block: Final question

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