



MENOPAUSE SURVEY

Note: This document includes a wide array of questions which could be included in a GMB workplace menopause survey.

It is designed to be a pick and mix. Not every question will be relevant to every workplace and we would strongly advise reps and officers to tailor the survey to the specific issues in the workplace, for example reference to uniforms may not be relevant but there may be very specific questions which would be relevant to specific job roles or shift patterns for example.

It also may not be in the correct order for your specific workplace – for example you may only be doing a survey aimed at the people who have personally experienced the menopause, you may or may not choose to include the questions about the impact when a partner goes through the menopause.

Once you have agreed the content of your survey you can use the questions as a paper survey or an online one depending on what is ideal for the workplace.

Are you currently experiencing the menopause (perimenopausal) or have you been through the menopause in the past (post-menopausal) whilst working at XXXX?

Yes

No

Don't know

The following questions are now only for those who have personally experienced the menopause working for the relevant employer

Did you or are experiencing any of these symptoms during your menopause (please tick as many symptoms as you have experienced regardless of whether they impacted you at work)

Hot flushes

Urinary problems (including need for more toilet breaks) Night sweats

Hair loss

Increased sweating during the day

Changes to periods (irregular or heavy period) Palpitations

Vaginal dryness or itchiness Irritability

Depression

Insomnia and sleep disturbances Anxiety

Fatigue Panic attacks

Poor concentration Mood swings Headaches

Problems with memory Aching joints

Loss of Confidence

Skin irritation and dryness Dry eyes

None of the above

Other (please specify)

Did any of these symptoms have an impact at work (tick as many as apply)?

Hot flushes

Urinary problems (including need for more toilet breaks) Night sweats

Hair loss

Increased sweating during the day

Changes to periods (irregular or heavy period) Palpitations

Vaginal dryness or itchiness Irritability
Depression
Insomnia and sleep disturbances Anxiety
Fatigue Panic attacks
Poor concentration Mood swings Headaches
Problems with memory Aching joints
Loss of Confidence
Skin irritation and dryness Dry eyes
None of the above
Other (please specify)

Have XXXXX (employer) ever held an informal or formal disciplinary meetings/ sickness monitoring with you which has been as a result of, or partly as a result of, your symptoms of the menopause?

Yes (formal)
Yes (informal)
No

Please share more information about the disciplinary or sickness process if you can including what the outcome was (please do not share information which would identify an individual)...

During your menopause did you speak to XXXX(the employer) about adjustments they could make to support you through the menopause?

Yes
No
Not Applicable

What were the adjustments?

Were you satisfied with XXXXX(the employer) response?

- Yes
- No
- Not Applicable

Have you ever taken time off work as a result of the menopause?

- Yes
- No

If yes, did you inform your manager that it was as a result of the menopause?

- Yes
- No, I told my manager it was for another reason
- Not Applicable

Do any of the following factors make it harder for you to discuss the menopause with your line manager?

- Because my line manager is a man
- A poor relationship with your line manager (including bullying and harassment)
- You are generally uncomfortable discussing it
- A workplace culture where the menopause is not taken seriously
- Concerns about your line manager not maintaining confidentiality
- None of the above
- Other (please specify)

Please explain in more detail:

Did you experience, or are you going through the early menopause (i.e. before the age of 40)?

Yes

No

Don't know

Did you experience, or are you going through premature menopause (i.e. between the ages of 40 and 45)?

Yes

No

Don't know

Did you experience or are you going through a medical or surgical menopause (i.e. when the ovaries are damaged by treatments such as chemotherapy, radiotherapy or surgery including hysterectomy)?

Yes

No

Don't know

Has the impact of the menopause on you been increased as a result of the pressures of caring responsibilities for older relatives, or for grandchildren?

Yes

No

Do you have a disability or long-term health condition which is made worse by the menopause, or that worsens your menopausal symptoms?

Yes

No

Don't know

If yes what is the disability or long-term health condition and what is the impact?

Do you identify:

As a woman

As a man

As non-binary

Prefer not to say

Prefer to self-describe (please state) ...

Does your gender identity differ from your sex assigned at birth?

Yes

No

Rather not say

What could XXXX(your employer) have done/do to make your experience of the menopause at work easier?

A workplace menopause policy (which would include a statement from XXX about how they support staff going through the menopause, outlines what support an employee should expect from XXXX, what process to follow to access support)

A personalised risk assessment

Training on the menopause for your manager Training on the menopause for your colleagues Allowed you time off work

Allowed you more toilet breaks in addition to meal breaks without challenge Adjustments to your role

Changes to shift patterns (eg exemptions from night shifts, set hours)

Adjustments to uniform (please give more detail in the suggestion box) You didn't need any adjustments

Any other suggestions? (please specify)

Has your partner or someone in your immediate family or household experienced the menopause and it had an impact on your working life?

Yes

No

Don't know

The following question would only be asked of someone saying yes to the previous question

When your partner or someone in your immediate family or household experienced the menopause did it impact on your work at XXXXX in any of the following ways? (Again here we are not asking about your own personal experience of the menopause)

Tiredness at work / Sleep problems for you

Relationship challenges affecting your work

Your stress levels increased

It impacted on your work in other ways (please specify):

The following questions would be asked of every participant regardless of the answers to any of the previous questions

What is your job title?

What department/school/site do you work at?

Have you seen any workplace colleague(s) experiencing the menopause and it having an impact at work? (Here we are not asking about your own personal experience)

Yes

No

Don't know

If yes, you have seen a workplace colleague experiencing the menopause and it having an impact at work, please give details here (please do not share information which could identify an individual):

Do you think the menopause and the symptoms of the menopause are taken seriously in your workplace/by your employer?

Yes

No

Don't know

Have you ever heard the menopause be treated as a joke in your workplace?

Yes

No

Don't know

