



Menopause Supplement Study - Pre-qualification

Introduction

Thank you for your interest in taking part in the Menopause Supplement Study.

At talk**health**, we know how disruptive and challenging a time entering menopause can be to so many of our members. That's why we've teamed up with a well-known company looking for 550 people at this stage in their lives to try their **premium supplement** and explore its effects on their well-being. This is an advanced food supplement to naturally regulate hormones from the perimenopause onwards. The study is 90 days in total.

Ingredients summary:

The supplement is a formula of botanical ingredients, phytoestrogens, vitamins and minerals intended to be taken during menopause. The supplement only contains bioavailable ingredients and zero additives, it is free of allergens, and is completely free from added sugar, starch, sweeteners, gluten, wheat, soya, lactose, dairy, artificial flavours, colours and preservatives.

Here are the key dates:

Monday 6th January: You will receive an email from talk**health** to let you know if you are eligible to go on the study. We ask you to let us know by return if you no longer wish to go on the study.

Wednesday 8-10th January: You will receive the first questionnaire to complete along with delivery of your supplement.

Monday 13th January: We ask you to start taking the supplement.

If you are selected to take part, we will provide you with a 90 day supply of the premium supplement free of charge. You will be asked to complete 5 short questionnaires about your well-being during the study (details of which are explained on the next page). To those who complete the study in full, we'd like to offer an additional month's worth of the supplement, a 50% discount code for 3 months **PLUS** entry into a prize draw to win 1 of 10 bundles of goodies from the company.

There is also the option to submit either a written and/or video testimonial at the end of the study. We will be offering £100 for a video testimonial and £50 for a 100+ word written testimonial with a photo if either are used in published communications.

Please complete this short eligibility questionnaire so that we can determine your suitability to participate in this study. This study is only available to residents in the UK, with a UK postal address.

Please be assured that your personal identifiable information will NEVER be shared with any third parties unless we explicitly seek your permission. All your information is handled according to GDPR (General Data Protection Regulation) legislation, it is kept securely and in the strictest of confidence. For details on how we handle and process your details, please read our privacy policy on our website.

Best wishes

the talk**health** team.

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Study Details

If accepted onto the study, the following will be required of you:

Completion of a short questionnaire at the beginning of the study - day 0, and at days 14, 30, 60 and 90. Each questionnaire will take under 2 minutes to complete. You will be randomly assigned to either the 'product group' or the 'control group' for 90 days. The 'control' group will be given a placebo (a treatment that has no active properties).

Placebo ingredients: A blend of brown rice flour, rice extract, and botanical powder. The placebo is free of allergens, sugar, starch, sweeteners, gluten, wheat, soya, lactose, dairy, artificial flavours, colours and preservatives.

If you are randomised to the 'control group', you will be told immediately after the study and receive a 6-month supply of the real product completely free of charge if you complete the study, along with entry into the prize draw for the chance to win 1 of 10 bundles of goodies from the company.

Important: We ask that you maintain normal eating and lifestyle habits throughout the duration of the study (i.e. stick with your usual eating, exercise and sleep routines).

Disclaimer / Not suitable for:

- If you have had or are at risk of oestrogen-positive breast cancer.
- If you are pregnant or breastfeeding.
- If you are taking the combined contraceptive pill (containing oestrogen and progesterone).
- If you are taking any of these medications: Tamoxifen, Methotrexate, Levodopa, Carbidopa, Warfarin, Benzodiazepines eg Diazepam (Valium) and Clonazepam (Klonopin), Antidepressants.
- If you are taking any medications or under medical supervision, please consult a doctor or healthcare professional before joining this study if you are chosen.

Your participation in this study is entirely voluntary and you are free to withdraw at any time without giving any reason.

* 1. Please confirm that you are happy with the study requirements set out above and would like to continue with the questionnaire:

☒ Yes, I confirm

☐ No, I do not wish to continue

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* 2. Please confirm your email address

sample@me.com

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* 3. Please indicate which stage of menopause you are currently at

☒ You have had a period in the last 12 months

☐ You have been 12 consecutive months without a period

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* 4. Please confirm how you entered menopause

☐ Naturally

☐ Surgically induced

* 5. Please tell us what symptoms you have experienced. Please select an answer for each symptom.

	None	Mild	Moderate	Severe	Very Severe
Hot flushes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Night sweats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor sleep or insomnia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brain fog or inability to focus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tiredness or fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Joint aches or pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bloating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low self esteem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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* 6. Please tell us which age range you belong to now

☐ 25-30

☐ 31-35

☐ 36-40

☐ 41-45

☐ 46-50

☐ 51-55

☐ 56-60

☐ 61+

* 7. Please tell us the age you noticed your symptoms start

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8. Please tick **ONLY** the boxes that are **TRUE** to you:

- ☐ I have had or I am at of risk oestrogen-positive breast cancer
- ☐ I am pregnant or breastfeeding
- ☐ I am currently taking the combined contraceptive pill (containing oestrogen and progesterone).
- ☐ I am currently taking any one of these medications: Tamoxifen, Methotrexate, Levodopa, Carbidopa, Warfarin, Benzodiazepines eg Diazepam (Vallium) and Clonazepam (Klonopin), Antidepressants
- ☐ I am currently on HRT

Please remember if you have an existing medical condition, are taking any medication or under medical supervision please consult your GP before taking any supplements.

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* 9. If you are currently taking any supplements specifically for menopause and associated symptoms, you will need to stop taking these so we can measure the effects of this supplement. Please confirm you are happy to stop taking these during the study period.

☐ Yes

☐ No

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10. Would you potentially be interested in providing a testimonial at the end of the study. (Your answers do not affect whether you are accepted onto the study.) Tick all that apply?

- ☐ Yes I may be interested in submitting a written testimonial at the end of the study
- ☐ Yes I may be interested in submitting a video testimonial at the end of the study

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Consent

* 11. If I am eligible and chosen to take part in this study, I consent to taking part in the Menopause Supplement Study as described.

☐ Yes - I consent

☐ No - I do not consent

* 12. After the study is finished I would be interested to be emailed the results directly by talkhealth

☐ Yes I would be interested to read the results

☐ No thank you please do not send me the results

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* 13. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

☐ Yes

* 14. Please reconfirm your email address and provide us with your address for delivery purposes for the 90 day supply of the supplement.

Name *	<input type="text"/>
Address *	<input type="text"/>
Address 2	<input type="text"/>
City/Town *	<input type="text"/>
County	<input type="text"/>
Postcode *	<input type="text"/>
Email Address *	<input type="text"/>
Reconfirm Email Address *	<input type="text"/>

* 15. Please tick the box below to confirm you've read our T & C's. [You can read these by clicking here](#). If you agree to take part in this product study and are provided with products to use, you also agree that if after you have received the products you are then for any reason not able to participate in the study you will, if requested, return the product to talk**health** or the supplier at your own cost, in an unopened, unused condition.

☐ Yes

Thank you very much for registering your interest in this study. If you are chosen to take part in the Menopause Supplement Study you will be contacted early in the New Year with further information.

Best wishes
the talk**health** team

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