

Appendix 1 Demographics

1. What is your age group?
 - 1) 44-46
 - 2) 47-49
 - 3) 50-52
 - 4) 53-55

2. What is your educational level?
 - 1) High school diploma or less
 - 2) College graduate or higher

3. What is your marital status?
 - 1) Not married
 - 2) Married

4. What is your family type?
 - 1) Living alone
 - 2) Couple-centered nuclear family
 - 3) Extended family

5. Do you have a job?
 - 1) No
 - 2) Yes

6. What is your average monthly income?
 - 1) Less than 2 million Korean Won
 - 2) 2 to 3 million Korean Won
 - 3) Over 3 million Korean Won

7. Do you drink alcohol?
 - 1) No
 - 2) Yes

8. Do you exercise?
 - 1) No
 - 2) Yes

9. What is your health status?
 - 1) Healthy
 - 2) Unhealthy

Menopause-related

10. What is your menopausal status?
 - 1) still menstruating
 - 2) amenorrhea less than a year since the last menstrual period
 - 3) amenorrhea more than a year since the last menstrual period

11. What is the severity of menopause symptoms?

- 1) None
- 2) Mild
- 3) Moderate
- 4) Severe

12. Are you taking female hormonal medicine?

- 1) No
- 2) Yes

Appendix 2 Personal Burnout

1. How often do you feel tired?

- 1) Never
- 2) Seldom
- 3) Sometimes
- 4) Often
- 5) Always

2. How often are you physically exhausted?

- 1) Never
- 2) Seldom
- 3) Sometimes
- 4) Often
- 5) Always

3. How often are you emotionally exhausted?

- 1) Never
- 2) Seldom
- 3) Sometimes
- 4) Often
- 5) Always

4. How often do you think: "I can't take it anymore"?

- 1) Never
- 2) Seldom
- 3) Sometimes
- 4) Often
- 5) Always

5. How often do you feel worn out?

- 1) Never
- 2) Seldom
- 3) Sometimes
- 4) Often
- 5) Always

6. How often do you feel weak and susceptible to illness?

- 1) Never
- 2) Seldom
- 3) Sometimes
- 4) Often
- 5) Always

Appendix 3 Sleep Quality

1. How long does it usually take you to fall asleep each night over the last month?

- 1) Less than 5 hours
- 2) 5 hours to less than 6 hours
- 3) 6 hours to less than 7 hours
- 4) 7 hours or more

2. How many hours of actual sleep did you get at night over the last month?

- 1) more than an hour
- 2) 31 minutes to an hour
- 3) 16 minutes to 30 minutes
- 4) 15 minutes or less

3. Have you had trouble sleeping because you wake up in the middle of the night or early in the morning over the last month?

- 1) 3 times or more a week
- 2) 1-2 times a week

- 3) Less than once a week
- 4) None

4. How would you rate your sleep quality overall over the last month?

- 1) Very bad
- 2) Fairly bad
- 3) Fairly good
- 4) Very good