

**STRICTLY CONFIDENTIAL**

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RCDD94 RCDM94 RCDY94

SERNOB94

**MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT**

**University College London Medical School  
Department of Epidemiology and Public Health  
66-72 Gower Street  
London WC1E 6EA**

SERNO

**WOMEN'S HEALTH IN THE MIDDLE YEARS**

**Postal Questionnaire 1994**

When completing the questionnaire please use a pen to circle the appropriate response to each question and provide further details where requested. Please feel free to add any further explanations or comments which will help us to understand your particular experiences.

All information you give us will be treated in the strictest confidence. If you have any queries please do not hesitate to telephone Diana Kuh on 071 380 7607 or write to us at the above address.

When you have finished filling in the questionnaire please use the pre-paid envelope provided to post it back to us. Thank you very much for your time and cooperation.

Address (if different from above)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Please give the date you completed this questionnaire:

\_\_\_ day \_\_\_\_\_ month 19 \_\_\_

INTD94 INTM94 INTY94



1. In the last 12 months have you experienced any changes in the following aspects of your life?  
(Please circle the response that best describes the changes.)

**a. Your physical health:**

PHYCH94

1. Got a lot better    2. Got a little better    3. No change    4. Got a little worse    5. Got a lot worse

**b. Your nervous and emotional state:**

NERCH94

1. Got a lot better    2. Got a little better    3. No change    4. Got a little worse    5. Got a lot worse

**c. Your body weight:**

WTCH94

1. Gained a lot of weight    2. Gained a little weight    3. No change    4. Lost a little weight    5. Lost a lot of weight

**d. Your energy level:**

ENECH94

1. A lot more energy    2. A little more energy    3. No change    4. A little less energy    5. A lot less energy

**e. Your self confidence:**

SECCH94

1. Gained a lot of confidence    2. Gained a little confidence    3. No change    4. Lost a little confidence    5. Lost a lot of confidence

**f. Your work life:**

WKCH94

1. Got a lot better    2. Got a little better    3. No change    4. Got a little worse    5. Got a lot worse

**g. Your family life:**

FAMCH94

1. Got a lot better    2. Got a little better    3. No change    4. Got a little worse    5. Got a lot worse

**h. Your sex life:**

SEXCH94

1. Got a lot better    2. Got a little better    3. No change    4. Got a little worse    5. Got a lot worse

**i. Time for yourself, your hobbies and interests:**

TIMCH94

1. Got a lot better    2. Got a little better    3. No change    4. Got a little worse    5. Got a lot worse

**j. Your ability to make decisions:**

DECCH94

1. Got a lot better    2. Got a little better    3. No change    4. Got a little worse    5. Got a lot worse

**k. Your ability to concentrate:**

CONCH94

1. Got a lot better    2. Got a little better    3. No change    4. Got a little worse    5. Got a lot worse



2. If your health has got *worse* in the last 12 months please give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HW194 HW294 HW394

3. If your health has got *better* in the last 12 months please give details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HB194 HB294 HB394

4. In the last 12 months was there anything in particular which made life *worse* in some way? No 0

LW94 Yes 1

If yes, please give details: \_\_\_\_\_

LW194 LW294 LW394

01-99 01-99 01-99

5. In the last 12 months was there anything in particular which made life *better* in some way? No 0

LB94 Yes 1

If yes, please give details: \_\_\_\_\_

LB194 LB294 LB394

01-99 01-99 01-99

6. Do you regularly take any prescribed medicines? No 0

PM94

Yes 1

If yes, please give the following details:

Name of prescribed medicine		What is it for?		
1.	PM194	PM1R194	PM1R294	PM1R394
2.	PM294	PM2R194	PM2R294	PM2R394
3.	PM394	PM3R194	PM3R294	PM3R394
4.	PM494	PM4R194	PM4R294	PM4R394

PMMR494

7. Since October 1993 have you had any of the following operations? (Circle 0 (no) or 1 (yes) for a-e. If yes, please give dates of all operations. If you cannot remember the month and year give your age at the time of the operation.)

	No	Yes	Month/Year	or	Age at the time
a) Removal of uterus (womb) and both ovaries (hysterectomy and bilateral oophorectomy) WOP194	0	1 ⇒	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/>	or	<input type="checkbox"/> <input type="checkbox"/> yrs
b) Removal of uterus (womb) only (hysterectomy) WOP294	0	1 ⇒	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/>	or	<input type="checkbox"/> <input type="checkbox"/> yrs
c) Removal of uterus (womb) and one ovary (hysterectomy and oophorectomy) WOP394	0	1 ⇒	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/>	or	<input type="checkbox"/> <input type="checkbox"/> yrs
d) Removal of both ovaries only (bilateral oophorectomy) WOP494	0	1 ⇒	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/>	or	<input type="checkbox"/> <input type="checkbox"/> yrs
e) Removal of one ovary only (oophorectomy) WOP594	0	1 ⇒	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> 1 9 <input type="checkbox"/> <input type="checkbox"/>	or	<input type="checkbox"/> <input type="checkbox"/> yrs

8. In the last 12 months have you taken the oral contraceptive pill? PILL94

No 0  
Yes 1

If yes, please give the brand name of the most recent contraceptive pill PILLM94



9. In the last 2 years have you had a period or menstrual bleeding? **BL2Y94**

No 0 (go to question 14) Yes 1

10. In the last 12 months have you had a period or menstrual bleeding? **BLY94**

No 0  
Yes 1

If no, were your periods stopped by (circle all that apply)

- i. Surgery? **BLEYS94** 1
- ii. Chemotherapy or radiation therapy? **BLEYC94** 2
- iii. No obvious reason/menopause? **BLEYN94** 3
- iv. Other reason, please specify: **BLEYT94** 4

11. In the last 3 months have you have a period or menstrual bleeding? **BLQ94**

No 0  
Yes 1

12. When was your last period? (Include current period if bleeding now)

month year **BLLY94**  
**BLLM94**   1 9

If you cannot remember the month and year **BLLA94** please give your age at the time   yrs

13. In the 12 months up until your last period

a. did your periods **BLREG94** (circle one)

- become more regular? 1
  - become less regular? 2
  - remain about the same 3
- (ie as regular/irregular as before)

b. did your periods **BLYFR94** (circle one)

- become more frequent? 1
- become less frequent? 2
- remain about the same? 3

c. did the number of days you **BLYDA94** (circle one) bled each month

- increase? 1
- decrease? 2
- remain about the same? 3

d. did your menstrual flow **BLYFL94** (circle one)

- become heavier? 1
- become lighter? 2
- remain about the same? 3

14. How old were you when you had your first menstrual period?

**MCYLF94**   years

15.

a. In the last 12 months have you had any of these symptoms and how much have they bothered you in everyday life? (circle one response for each symptom)

In the last 12 months have you had any of these symptoms?	Have not had this symptom in last 12 months	Have had this symptom but it didn't bother me	Have had this symptom and it bothered me a little	Have had this symptom and it bothered me a lot
Trouble sleeping <b>SLEPY94</b>	0	1	2	3
Aches and pains in the joints <b>ACHY94</b>	0	1	2	3
Breast tenderness <b>BREY94</b>	0	1	2	3
Hot flushes <b>HOTY94</b>	0	1	2	3
Palpitations (rapid heart beat not due to exercise) <b>PALPY94</b>	0	1	2	3
Dizziness <b>DIZY94</b>	0	1	2	3
Pins and needles in hands and feet <b>PINY94</b>	0	1	2	3
Skin-crawling sensations <b>ANTY94</b>	0	1	2	3
Irritability <b>IRRY94</b>	0	1	2	3
Anxiety or depression <b>ANXY94</b>	0	1	2	3
Tearfulness <b>TEARY94</b>	0	1	2	3
Feelings of panic <b>PANY94</b>	0	1	2	3
Forgetfulness <b>FORY94</b>	0	1	2	3
Hair loss <b>HLSSY94</b>	0	1	2	3
Cold sweats/night sweats <b>CNSWY94</b>	0	1	2	3
Skin wrinkling <b>SKWRY94</b>	0	1	2	3
Heavy periods <b>HPEY94</b>	0	1	2	3
Painful periods <b>PPY94</b>	0	1	2	3
Vaginal dryness <b>VAG94</b>	0	1	2	3
Difficulties with intercourse <b>INTCY94</b>	0	1	2	3
Frequency of passing urine <b>URY94</b>	0	1	2	3
Lost urine when you didn't mean to <b>LURY94</b>	0	1	2	3
Pain when passing urine <b>PURY94</b>	0	1	2	3
Frequent severe headaches/migraine <b>HAKY94</b>	0	1	2	3
Other: _____ <b>SYOTY94</b>	0	1	2	3

b. In the last 12 months have you consulted a doctor or other health professional about any symptoms in question 15a? (circle all that apply)

**SYYDP94** No 0  
Doctor 1  
Other health professional 2

c. In the last 12 months have you taken any prescribed medicines or tablets for any symptoms in question 15a? **SYYM94**

No 0  
Yes 1

If yes, what are/were they called? \_\_\_\_\_

**SYYM194**

**SYYM294**



Many women suffer from bladder problems in middle life. We recognise this can be an embarrassing problem. We would like to find out more about this common problem and we would be grateful if you would answer a few more questions on this topic this year.

16. On average how often do you pass urine during the day? *(circle one)*

- URD94
- About every 30 minutes or less 0
  - About every hour 1
  - About every 2 hours 2
  - About every 3 hours or more 3

17. On average how often do you have to get up in the night to pass urine? *(circle one)*

- URN94
- Never or almost never 0
  - No more than once a night 1
  - No more than twice a night 2
  - Three times a night or more 3

18. Do you ever lose any urine when you cough, sneeze, laugh, run or exercise? *(circle one)*

- URLEX94
- No 0
  - Occasionally 1
  - Frequently 2

19. a. Do you ever have an urgent and strong desire to pass urine which is difficult to control? *(circle one)*

- URU94
- No 0
  - Occasionally 1
  - Frequently 2

b. Do you ever lose any urine before you reach the toilet? *(circle one)*

- URLBT94
- No 0
  - Occasionally 1
  - Frequently 2

20. a. Over the last 12 months how often, if at all, have you lost any urine when you did not mean to (for whatever reason)? *(circle one)*

- URLY94
- Not at all (go to Q21) 0
  - Less than once a month 1
  - Once a month 2
  - Twice a month 3
  - Once a week 4
  - Daily 5

b. On average, how much urine is lost? *(circle one)*

- URLYA94
- Just a few drops 1
  - A little more than a few drops 2
  - A lot more than a few drops 3

c. Do you use pads or any other sanitary product to protect against the loss of urine? *(circle one)*

- URLYP94
- No 0
  - Occasionally 1
  - Frequently 2

d. Can you remember when you first started losing any urine when you did not mean to? *(circle one)*

- URLF94
- In the last month 1
  - In the last 12 months 2
  - In the last 5 years 3
  - More than 5 years ago 4

e. Do you think anything in particular caused this problem? *(circle one)*

- URLC94
- No 0
  - Yes 1
  - Don't know 9

If yes, please specify \_\_\_\_\_

URLC194   URLC294   URLC394    
 01-99 01-99 01-99

Now we would like you to think about how your health has been just recently. Thinking only about the last 4 weeks which of these common symptoms have you had?

21. In the last 4 weeks have you had any of these symptoms?	Circle 0 (no) or 1 (yes) for each symptom		
	Not in the last 4 weeks	Yes in the last 4 weeks	
Lack of energy/tiredness	0	1	LENM94
Aches and pains in the joints	0	1	ACHM94
Diarrhoea and/or constipation	0	1	DIAM94
Hot flushes	0	1	HOTM94
Persistent cough	0	1	PCOFM94
Dizziness	0	1	DIZM94
Backache	0	1	BACK94
Skin-crawling sensations	0	1	ANTM94
Loss of appetite	0	1	LAPM94
Anxiety or depression	0	1	ANXM94
Nausea	0	1	NAUM94
Feelings of panic	0	1	PANM94
Difficulty making decisions	0	1	DEC94
Cold sweats or night sweats	0	1	CNSWM94
Frequent headaches/migraine	0	1	HAKM94
Trouble sleeping	0	1	SLEP94
Breast tenderness	0	1	BREM94
Palpitations (rapid heartbeat not due to exercise)	0	1	PALPM94
Pins and needles in hands and feet	0	1	PINM94
Irritability	0	1	IRRM94
Tearfulness	0	1	TEARM94
Forgetfulness	0	1	FORM94
Vaginal dryness	0	1	VAGM94
Difficulty in concentrating	0	1	CONC94



- 22.** In the last 12 months have any of your children left home? No 0  
CHLH94 Yes 1  
No children 8
- 
- 23.** In the last 12 months have you had a parent, parent-in-law (or other elderly relative) come and live with you? No 0  
PACL94 Yes 1
- 
- 24.** In the last 12 months have you had to go without things you really needed because you were short of money? No 0  
GWINC94 Yes, sometimes 1  
Yes, often 2
- 
- 25.** In the last 12 months have you had serious difficulties with your spouse/partner because of their health, behaviour or for other reasons? No 0  
SPDF94 Yes 1  
No spouse/partner 8
- 
- 26.** In the last 12 months have you had serious difficulties with any of your children because of their health, behaviour or for other reasons? No 0  
CHDF94 Yes 1  
No children 8
- 
- 27.** In the last 12 months have you had serious difficulties with your parents, or parents-in-law (or other relatives) because of their health, behaviour or for other reasons? No 0  
PADF94 Yes 1
- 
- 28.** In the last 12 months have you had any serious difficulties at work? No 0  
WKDF94 Yes 1  
No paid job in last 12 months 8
- 
- 29.** On the whole would you describe the last year as (circle one)  
LASTY94 a very good year for you 1  
quite a good year for you 2  
neither a particularly good nor bad year 3  
quite a bad year for you 4  
a very bad year for you 5
- 
- 30.** Do you feel your life is better or worse than the lives of other women of the same age? (circle one)  
LIFE94 Better 1  
Worse 2  
Neither better nor worse 3

- 31.**
- a.** Since October 1993 have you had hormone replacement therapy (HRT)? No 0 (go to last page)  
HRTY94 Yes 1 (go to question 32)  
Yes, for the first time 2
- b.** When did you first start HRT?  
HRTSM94 month year HRTSY94  
1 9
- If you cannot remember the month and year HRTSA94 please give your age at the time [ ] yrs
- c.** Before you first started HRT had your menstrual periods stopped? No 0  
BLEH94 Yes 1
- If yes, what was the date of your last period before starting HRT?  
BLHM94 month year BLHY94  
1 9
- If you cannot remember the month and year BLHA94 please give your age at the time [ ] yrs
- and were your periods stopped by:  
(circle all that apply)
- i. surgery? BLEHS94 1  
ii. chemotherapy or radiation therapy? BLEHC94 2  
iii. no obvious reason/menopause? BLEHN94 3  
iv. Other reason, please specify: BLEHT94 4
- 
- d.** Please give your 3 most important reasons for starting HRT, ranking them in order of importance.  
(Rank your 3 choices by putting 1,2 and 3 in the appropriate boxes)
- To relieve menopausal symptoms (eg hot flushes, night sweats) HRSMN94
- To prevent osteoporosis (brittle bones) HRSOS94
- To prevent heart disease HRSHD94
- Because I had an early menopause HRSEM94
- Because I had my ovaries removed HRSOV94
- To regularise monthly periods HRSRE94
- Because I was having difficulties with sexual intercourse HRSSX94
- To keep me youthful HRSYT94
- My doctor recommended it HRSDR94
- Other reason, please specify: HRSOT94



32. Are you currently on HRT? No 0  
 Yes 1  
 HRT94

33. Since October 1993 how many months have you taken HRT?  
 HRTYM94   months

34. Since October 1993 have you stopped HRT and then started again? No 0  
 Yes 1  
 HRTYS94

If yes, did you have periods after you stopped HRT and before you started HRT again? No 0  
 Yes 1  
 BLBH94

35. If you stopped taking HRT since October 1993 please give your 3 most important reasons for stopping, ranking them in order of importance.

(Rank your 3 choices by putting 1, 2 and 3 in the appropriate boxes)

- I was feeling better HREBT94
- HRT didn't help me feel any better HRENB94
- I didn't like having periods again HREPE94
- I didn't like taking it any more HRENL94
- I had difficulty remembering to take it HREFR94
- I was concerned about possible side-effects HRECN94
- My doctor advised me to stop HREDR94
- I was having side effects HRES94

Please specify side effects: \_\_\_\_\_  
 HRSD194 HRSD294 HRSD394

Other reason, please specify: HREOT94

36. Please circle the names of all HRT preparations you have used since October 1993 and indicate (by ticking the boxes) which months you used each preparation.

Name of HRT preparation	Oct '93	Nov '93	Dec '93	Jan '94	Feb '94	Mar '94	Apr '94	May '94	June '94	Jul '94	Aug '94	Sept '94
Premarin PREMA94												
Estraderm ESTD94												
Harmogen HARM94												
Progynova PROGN94												
Prempak PREMP94												
Estrapak ESTP94												
Trisequens TRID94												
Cycloprogynova CYPR94												
Ethinylestradiol ETHIN94												
Livial LIVL94												
Nuvelle NUV94												
Climaval CLIM94												
Syntex Menophase SYNM94												
Estracombi ESTC94												
Climagest CLIG94												
Hormonin HOR94												
Evorel EVO94												
Oestrogen implant OIMP94												
Progestogen supplement PROGS94												
Other: HROT194 (give name)												
Other: HROT294 (give name)												

HRTL94  HR1093  HR1193  HR1293  HR194  HR294  HR394  HR494  HR594  HR694  HR794  HR894  HR994  
 HRPTL94  HRP1093  HRP1193  HRP1293  HRP194  HRP294  HRP394  HRP494  HRP594  HRP694  HRP794  HRP894  HRP994



THANK YOU VERY MUCH FOR THE TIME YOU HAVE SPENT FILLING IN THIS QUESTIONNAIRE.

If you would like to make any further comments, either about your own experiences or about the questionnaire, please feel free to do so.

NOTE94

PLEASE RETURN THE QUESTIONNAIRE TO US IN THE PRE-PAID ENVELOPE PROVIDED.

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## SECTION B

### IF YOU ARE UNABLE TO COMPLETE THE QUESTIONNAIRE

If you are unable to complete the questionnaire we would be grateful if you could give us the following information:

a) Please give below reasons for not completing the questionnaire:

b) May we send you a similar postal questionnaire next year?

No 0 PQNY94

Yes 1