

STRICTLY CONFIDENTIAL

RECDD95

RECDM95

RECDY95

SERNO95

MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

**University College London Medical School
Department of Epidemiology and Public Health
1-19 Torrington Place
London WC1E 6BT**

WOMEN'S HEALTH IN THE MIDDLE YEARS

Postal Questionnaire 1995

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 0171 391 1720 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 ____

INTD95

INTM95

INTY95

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:

PHYCH95

- | | | | | |
|---------------------|------------------------|--------------|-----------------------|--------------------|
| 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:

NERCH95

- | | | | | |
|---------------------|------------------------|--------------|-----------------------|--------------------|
| 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:

WTCH95

- | | | | | |
|------------------------------|------------------------------|--------------|----------------------------|----------------------------|
| 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:

ENECH95

- | | | | | |
|-------------------------|----------------------------|--------------|----------------------------|----------------------|
| 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:

SECCH95

- | | | | | |
|----------------------------------|----------------------------------|--------------|--------------------------------|--------------------------------|
| 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:

WKCH95

- | | | | | |
|---------------------|------------------------|--------------|-----------------------|--------------------|
| 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:

FAMCH95

- | | | | | |
|---------------------|------------------------|--------------|-----------------------|--------------------|
| 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:

SEXCH95

- | | | | | |
|---------------------|------------------------|--------------|-----------------------|--------------------|
| 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:

TIMCH95

- | | | | | |
|---------------------|------------------------|--------------|-----------------------|--------------------|
| 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:

DECCH95

- | | | | | |
|---------------------|------------------------|--------------|-----------------------|--------------------|
| 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:

CONCH95

- | | | | | |
|---------------------|------------------------|--------------|-----------------------|--------------------|
| 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:

HW195 HW295 HW395

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

HB195 HB295 HB395

4. In the last 12 months was there anything in particular which made life *worse* in some way? LW95 No 0
Yes 1

If yes, please give details: _____

 LW195 LW295 LW395
 01-99 01-99 01-99

5. In the last 12 months was there anything in particular which made life *better* in some way? LB95 No 0
Yes 1

If yes, please give details: _____

 LB195 LB295 LB395
 01-99 01-99 01-99

6. Do you regularly take any prescribed medicines? No 0
PM95 Yes 1

If yes, please give the following details:

| Name of prescribed medicine | | What is it for? | | |
|-----------------------------|-------|-----------------|---------|---------|
| 1. | PM195 | PM1R195 | PM1R295 | PM1R395 |
| 2. | PM295 | PM2R195 | PM2R295 | PM2R395 |
| 3. | PM395 | PM3R195 | PM3R295 | PM3R395 |
| 4. | PM495 | PM4R195 | PM4R295 | PM4R395 |

PMMR495 ☐

7. Since October 1994 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) WOP195 | 0 | 1 ⇒ | WOPM195 WOPY195 □□ / 1 9 □□ | or | WOPA195 □□ yrs |
| b) Removal of uterus (womb) only WOP295 | 0 | 1 ⇒ | WOPM295 WOPY295 □□ / 1 9 □□ | or | WOPA295 □□ yrs |
| c) Removal of uterus (womb) and one ovary WOP395 | 0 | 1 ⇒ | WOPM395 WOPY395 □□ / 1 9 □□ | or | WOPA395 □□ yrs |
| d) Removal of both ovaries only WOP495 | 0 | 1 ⇒ | WOPM495 WOPY495 □□ / 1 9 □□ | or | WOPA495 □□ yrs |
| e) Removal of one ovary only WOP595 | 0 | 1 ⇒ | WOPM595 WOPY595 □□ / 1 9 □□ | or | WOPA595 □□ yrs |

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

No 0 PILL95
Yes 1

If yes, please give the brand name of the most recent contraceptive pill PILLM95

9. In the last 2 years have you had a period or menstrual bleeding? **BL2Y95**

No 0 (go to question 14) Yes 1

10. In the last 12 months have you had a period or menstrual bleeding? **BLY95**

No 0

Yes 1

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

i. Surgery? **BLEYS95** 1

ii. Chemotherapy or radiation therapy? **BLEYC95** 2

iii. No obvious reason/menopause? **BLEYN95** 3

iv. Other reason, please specify: **BLEYT95** 4

11. In the last 3 months have you have a period or menstrual bleeding? **BLQ95**

No 0

Yes 1

12. When was your last period? (Include current period if bleeding now) month year **BLLY95**

BLLM95 1 9

If you cannot remember the month and year **BLLA95** please give your age at the time yrs

13. In the 12 months up until your last period

a. did your periods **BLREG95** (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 **BLEYFR95** (circle one)

become more frequent? 1

become less frequent? 2

remain about the same? 3

c. did the number of days you **BLYDA95** (circle one)

bled each month increase? 1

decrease? 2

remain about the same? 3

d. did your menstrual flow **BLYFL95** (circle one)

become heavier? 1

become lighter? 2

remain about the same? 3

14. Did you have a Caesarean delivery for the birth of any of your children? **CAES95**

No 0

Yes 1

No children 8

If yes, how many Caesarean deliveries did you have?

CAESN95 number

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 SLEPY95 | 0 | 1 | 2 | 3 |
| Aches and pains in the joints ACHY95 | 0 | 1 | 2 | 3 |
| Breast tenderness BREY95 | 0 | 1 | 2 | 3 |
| Hot flushes HOTY95 | 0 | 1 | 2 | 3 |
| Palpitations (rapid heart beat not due to exercise) PALPY95 | 0 | 1 | 2 | 3 |
| Dizziness DIZY95 | 0 | 1 | 2 | 3 |
| Pins and needles in hands and feet PINY95 | 0 | 1 | 2 | 3 |
| Skin-crawling sensations ANTY95 | 0 | 1 | 2 | 3 |
| Irritability IRRY95 | 0 | 1 | 2 | 3 |
| Anxiety or depression ANXY95 | 0 | 1 | 2 | 3 |
| Tearfulness TEARY95 | 0 | 1 | 2 | 3 |
| Feelings of panic PANY95 | 0 | 1 | 2 | 3 |
| Forgetfulness FORY95 | 0 | 1 | 2 | 3 |
| Hair loss HLSSY95 | 0 | 1 | 2 | 3 |
| Cold sweats/night sweats CNSWY95 | 0 | 1 | 2 | 3 |
| Skin wrinkling SKWRY95 | 0 | 1 | 2 | 3 |
| Heavy periods HPEY95 | 0 | 1 | 2 | 3 |
| Painful periods PPY95 | 0 | 1 | 2 | 3 |
| Vaginal dryness VAGY95 | 0 | 1 | 2 | 3 |
| Difficulties with intercourse INTCY95 | 0 | 1 | 2 | 3 |
| Frequency of passing urine URY95 | 0 | 1 | 2 | 3 |
| Lost urine when you didn't mean to LURY95 | 0 | 1 | 2 | 3 |
| Pain when passing urine PURY95 | 0 | 1 | 2 | 3 |
| Frequent severe headaches/migraine HAKY95 | 0 | 1 | 2 | 3 |
| Other: SYOTY95 | 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)

SYYPD95 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?

SYYM95 No 0

Yes 1

If yes, what are/were they called? _____

SYYM195 **SYYM295**

6 digits

16. On average how often do you pass urine during the day? **URD95** (circle one)

- 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? **URN95** (circle one)

- 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.

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)? **URLY95** (circle one)

- Not at all (go to Q22) 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)

- URLYA95** 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)

- URLYP95** No 0
Occasionally 1
Frequently 2

19. In the last twelve months have you lost any urine when you coughed, sneezed, laughed, ran or exercised? (circle one)

- URLEX95** No 0
Occasionally 1
Frequently 2

20.

a. In the last twelve months have you had an urgent and strong desire to pass urine which is difficult to control? (circle one)

- URU95** No (go to Q21) 0
Occasionally 1
Frequently 2

b. Have you lost any urine before you reached the toilet? (circle one)

- URLBT95** No 0
Occasionally 1
Frequently 2

21.

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

- URLF95** In the last 12 months 1
More than 12 months ago (go to Q22) 2

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

- URLC95** No 0
Yes 1
Don't know 9

If yes, please specify

- URLC195** **URLC295** **URLC395**
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?

| 22. | 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 | LENM95 | 0 | 1 |
| | Aches and pains in the joints | ACHM95 | 0 | 1 |
| | Diarrhoea | DIARM95 | 0 | 1 |
| | Constipation | CONSM95 | 0 | 1 |
| | Hot flushes | HOTM95 | 0 | 1 |
| | Persistent cough | PCOFM95 | 0 | 1 |
| | Dizziness | DIZM95 | 0 | 1 |
| | Backache | BACKM95 | 0 | 1 |
| | Skin-crawling sensations | ANTM95 | 0 | 1 |
| | Loss of appetite | LAPM95 | 0 | 1 |
| | Anxiety or depression | ANXM95 | 0 | 1 |
| | Nausea | NAUM95 | 0 | 1 |
| | Feelings of panic | PANM95 | 0 | 1 |
| | Difficulty making decisions | DECM95 | 0 | 1 |
| | Cold sweats or night sweats | CNSWM95 | 0 | 1 |
| | Frequent headaches/migraine | HAKM95 | 0 | 1 |
| | Trouble sleeping | SLEPM95 | 0 | 1 |
| | Breast tenderness | BREM95 | 0 | 1 |
| | Palpitations (rapid heartbeat not due to exercise) | PALPM95 | 0 | 1 |
| | Pins and needles in hands and feet | PINM95 | 0 | 1 |
| | Irritability | IRRM95 | 0 | 1 |
| | Tearfulness | TEARM95 | 0 | 1 |
| | Forgetfulness | FORM95 | 0 | 1 |
| | Vaginal dryness | VAGM95 | 0 | 1 |
| | Difficulty in concentrating | CONGM95 | 0 | 1 |

23. In the last 12 months have any of your children left home?

No 0

CHLH95

Yes 1

No children 8

24. In the last 12 months have you had a parent, parent-in-law (or other elderly relative) come and live with you?

No 0

PACL95

Yes 1

25. In the last 12 months have you had to go without things you really needed because you were short of money?

No 0

GWINC95

Yes, sometimes 1

Yes, often 2

26. 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

SPDF95

Yes 1

No spouse/partner 8

27. 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

CHDF95

Yes 1

No children 8

28. 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

PADF95

Yes 1

29. In the last 12 months have you had any serious difficulties at work?

No 0

WKDF95

Yes 1

No paid job in last 12 months 8

30. On the whole would you describe the last year as

(circle one)

LASTY95

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

31.

a. Since October 1994 have you had hormone replacement therapy (HRT)?

HRTY95

No 0 (go to last page)

Yes 1

If yes, was this the first time you have taken HRT?

No 0 (go to question 32)

Yes 1 HRTF95

b. When did you first start HRT?

month year HRTSY95

HRTSM95

If you cannot remember the month and year HRTSA95 please give your age at the time

c. Before you first started HRT had your menstrual periods stopped?

No 0

BLEH95

Yes 1

If yes, what was the date of your last period before starting HRT?

month year BLHY95

BLHM95

If you cannot remember the month and year BLHA95 please give your age at the time

and were your periods stopped by:

(circle all that apply)

i. surgery? BLEHS95 1

ii. chemotherapy or radiation therapy? BLEHC95 2

iii. no obvious reason/menopause? BLEHN95 3

iv. Other reason, please specify: BLEHT95 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) HRSMN95 ☐

To prevent osteoporosis (brittle bones) HRSOS95 ☐

To prevent heart disease HRSHD95 ☐

Because I had an early menopause HRSEM95 ☐

Because I had my ovaries removed HRSOV95 ☐

To regularise monthly periods HRSRE95 ☐

Because I was having difficulties with sexual intercourse HRSSX95 ☐

To keep me youthful HRSYT95 ☐

My doctor recommended it HRSDR95 ☐

Other reason, please specify: HRSOT95 ☐

| | |
|-----|---|
| No | 0 |
| Yes | 1 |

HRTYM95

| | |
|--|--|
| | |
|--|--|

 months

| | | |
|---------|-----|---|
| HRTYS95 | No | 0 |
| | Yes | 1 |

| | |
|-----|---|
| No | 0 |
| Yes | 1 |

BLBH95

35. If you stopped taking HRT *since October 1994* 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 HREBT95 ☐

HRT didn't help me feel any better HRENB95 ☐

I didn't like having periods again HREPE95 ☐

I didn't like taking it any more HRENL95 ☐

I had difficulty remembering to take it HREFR95

I was concerned about possible side-effects

My doctor advised me to stop HREDR95

I was having side effects HRES95 ☐

Please specify side effects: HRSD195 HRSD295 HRSD395

Other reason, please specify: 4 digits HREOT95 ☐

36. Please circle the names of all HRT preparations you have used *since October 1994* and indicate (by ticking the boxes) which months you used each preparation.

[illegible]

| | | | | | | | | | | | | | |
|--------------------------|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | HRTL95 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | HR19410 | HR19411 | HR19412 | HR19501 | HR19502 | HR19503 | HR19504 | HR19505 | HR19506 | HR19507 | HR19508 | HR19509 |
| <input type="checkbox"/> | HRPTL95 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | HR29410 | HR29411 | HR29412 | HR29501 | HR29502 | HR29503 | HR29504 | HR29505 | HR29506 | HR29507 | HR29508 | HR29509 |

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.

NOTE95

1

If comment made

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

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

Yes 1

PQNY95