

STRICTLY CONFIDENTIAL

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RECDD96 RECDM96 RECDY96

SERNOB96

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 1996

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 ___

INTD96

INTM96

INTY96

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:

PHYCH96

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:

NERCH96

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:

WTCH96

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:

ENECH96

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:

SECCH96

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:

WKCH96

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:

FAMCH96

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:

SEXCH96

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:

TIMCH96

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:

DECCH96

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:

CONCH96

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

HW96

1 or 2 or blank

1-7 or blank HB96

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

HW196 HW296 HW396

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

HB196 HB296 HB396

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

Yes 1

If yes, please give details: _____

LW196 LW296 LW396

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

Yes 1

If yes, please give details: _____

LB196 LB296 LB396

01-99 01-99 01-99

6. Do you regularly take any prescribed medicines? No 0 PM96

Yes 1

If yes, please give the following details:

Name of prescribed medicine		What is it for?		
1.	PM196	PM1R196	PM1R296	PM1R396
2.	PM296	PM2R196	PM2R296	PM2R396
3.	PM396	PM3R196	PM3R296	PM3R396
4.	PM496	PM4R196	PM4R296	PM4R396

PMMR496

7. Since October 1995 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) WOP196	0	1 ⇒	WOPM196 WOPY196 □□ / □19□□	or	WOPA196 □□ yrs
b) Removal of uterus (womb) only (hysterectomy) WOP296	0	1 ⇒	WOPM296 WOPY296 □□ / □19□□	or	WOPA296 □□ yrs
c) Removal of uterus (womb) and one ovary (hysterectomy and oophorectomy) WOP396	0	1 ⇒	WOPM396 WOPY396 □□ / □19□□	or	WOPA396 □□ yrs
d) Removal of both ovaries only (bilateral oophorectomy) WOP496	0	1 ⇒	WOPM496 WOPY496 □□ / □19□□	or	WOPA496 □□ yrs
e) Removal of one ovary only (oophorectomy) WOP596	0	1 ⇒	WOPM596 WOPY596 □□ / □19□□	or	WOPA596 □□ yrs

8. In the last 12 months have you taken the oral contraceptive pill? No 0 PILL96

Yes 1

If yes, please give the brand name of the most recent contraceptive pill PILLM96

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

- URD96
- 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)

- URN96
- 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)? (circle one)

- URLY96
- 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)

- URLYA96
- 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)

- URLYP96
- 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)

- URLEX96
- 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)

- URU96
- No (go to Q21) 0
 - Occasionally 1
 - Frequently 2

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

- URLBT96
- 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)

- URLF96
- 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)

- URLC96
- No 0
 - Yes 1
 - Don't know 9

If yes, please specify _____

- URLC196 URLC296 URLC396
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	LENM96 0	1
Aches and pains in the joints	ACHM96 0	1
Diarrhoea	DIARM96 0	1
Constipation	CONSM96 0	1
Hot flushes	HOTM96 0	1
Persistent cough	PCOFM96 0	1
Dizziness	DIZM96 0	1
Backache	BACKM96 0	1
Skin-crawling sensations	ANTM96 0	1
Loss of appetite	LAPM96 0	1
Anxiety or depression	ANXM96 0	1
Nausea	NAUM96 0	1
Feelings of panic	PANM96 0	1
Difficulty making decisions	DECM96 0	1
Cold sweats or night sweats	CNSWM96 0	1
Frequent headaches/migraine	HAKM96 0	1
Trouble sleeping	SLEPM96 0	1
Breast tenderness	BREM96 0	1
Palpitations (rapid heartbeat not due to exercise)	PALPM96 0	1
Pins and needles in hands and feet	PINM96 0	1
Irritability	IRRM96 0	1
Tearfulness	TEARM96 0	1
Forgetfulness	FORM96 0	1
Vaginal dryness	VAGM96 0	1
Difficulty in concentrating	CONCM96 0	1

23. In the last 12 months have any of your children left home?
 CHLH96 No 0
 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?
 PACL96 No 0
 Yes 1

25. In the last 12 months have you had to go without things you really needed because you were short of money?
 GWINC96 No 0
 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?
 SPDF96 No 0
 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?
 CHDF96 No 0
 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?
 PADF96 No 0
 Yes 1

29. In the last 12 months have you had any serious difficulties at work?
 WKDF96 No 0
 Yes 1
 No paid job in last 12 months 8

30. On the whole would you describe the last year as
 LASTY96 (circle one)
 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 1995 have you had hormone replacement therapy (HRT)? HRTY96
 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 HRTF96

b. When did you first start HRT?
 month year HRTSY96
 HRTSM96 1 9

If you cannot remember the month and year please give your age at the time
 HRTSA96 yrs

c. Before you first started HRT had your menstrual periods stopped? BLEH96 No 0
 Yes 1

If yes, what was the date of your last period before starting HRT?
 month year BLHY96
 BLHM96 1 9

If you cannot remember the month and year please give your age at the time
 BLHA96 yrs

and were your periods stopped by:
 (circle all that apply)
 i. surgery? BLEHS96 1
 ii. chemotherapy or radiation therapy? BLEHC96 2
 iii. no obvious reason/menopause? BLEHN96 3
 iv. Other reason, please specify: BLEHT96 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) HRSMN96
 To prevent osteoporosis (brittle bones) HRSOS96
 To prevent heart disease HRSHD96
 Because I had an early menopause HRSEM96
 Because I had my ovaries removed HRSOV96
 To regularise monthly periods HRSRE96
 Because I was having difficulties with sexual intercourse HRSSX96
 To keep me youthful HRSYT96
 My doctor recommended it HRSDR96
 Other reason, please specify: HRSOT96

32. Are you currently on HRT? **HRT96** No 0
Yes 1

33. Since October 1995 how many months have you taken HRT?
HRTYM96 months

34. Since October 1995 have you stopped HRT and then started again?
No 0
HRTYS96 Yes 1

If yes, did you have periods after you stopped HRT and before you started HRT again?
No 0
BLBH96 Yes 1

35. If you stopped taking HRT since October 1995 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 **HREBT96**
 - HRT didn't help me feel any better **HRENB96**
 - I didn't like having periods again **HREPE96**
 - I didn't like taking it any more **HRENL96**
 - I had difficulty remembering to take it **HREFR96**
 - I was concerned about possible side-effects **HRECN96**
 - My doctor advised me to stop **HREDR96**
 - I was having side effects **HRES96**
- Please specify side effects: ^{4-digits} **HRSD196** **HRSD296** **HRSD396**
- Other reason, please specify: **HREOT96**

36. Please circle the names of all HRT preparations you have used since October 1995 and indicate (by ticking the boxes) which months you used each preparation.

Name of HRT preparation	Oct '95	Nov '95	Dec '95	Jan '96	Feb '96	Mar '96	Apr '96	May '96	June '96	Jul '96	Aug '96	Sept '96
Climagest CLIG96												
Climaval CLIM96												
Climesse CLIME96												
Cycloprogynova CYPR96												
Elleste Duet ELLD96												
Elleste Solo ELLS96												
Estracombi ESTC96												
Estraderm ESTD96												
Estrapak ESTP96												
Ethinylestradiol ETHIN96												
Evorel EVO96												
Evorel-Pak EVOPK96												
Femapak FEMAP96												
Fematrix FEMAT96												
Femoston FEMOS96												
Femseven FEMSE96												
Harmogen HARM96												
Hormonin HOR96												
Improvera IMPR96												
Kliofem KLIOF96												
Livial LIVL96												
Menorest MENOR96												
Nuvelle NUV96												
Oestrogel OESTG96												
Premarin PREMA96												
Premique/Premique Cycle PREMQ96												
Prempak PREMP96												
Progynova PROGN96												
Syntex Menophase/Menophase SYNM96												
Tridestra TRID96												
Trisequens TRIS96												
Zumenon ZUMEN96												
Oestrogen implant OIMP96												
Progestogen supplement PROGS96												
Other: (give name) HORT196												

HRTL96 **HR9510** **HR9511** **HR9512** **HR9601** **HR9602** 7 **HR9603** **HR9604** **HR9605** **HR9606** **HR9607** **HR9608** **HR9609**
 HRPTL96 **HRP9510** **HRP9511** **HRP9512** **HRP9601** **HRP9602** **HRP9603** **HRP9604** **HRP9605** **HRP9606** **HRP9607** **HRP9608** **HRP9609**

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.

NOTE96

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 PQNY96

Yes 1