

**STRICTLY CONFIDENTIAL**

RECDD97 RECDM97 RECDY97

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## 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

SERNB97

### WOMEN'S HEALTH IN THE MIDDLE YEARS

#### Postal Questionnaire 1997

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 or Rebecca Hardy 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)

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Postcode \_\_\_\_\_

Please give the date you completed  
this questionnaire:

\_\_\_\_\_ day \_\_\_\_\_ month 19 \_\_\_\_\_  
INTD97 INTM97 INTY97

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:** PHYCH97

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:** NERCH97

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:** WTCH97

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:** ENECH97

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:** SECCH97

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:** WKCH97

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:** FAMCH97

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:** SEXCH97

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:** TIMCH97

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:** DECCH97

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:** CONCH97

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

HW97

HB97

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HW197      HW297      HW397

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

HB197      HB297      HB397

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

LW97      Yes 1

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

\_\_\_\_\_

LW197      LW297      LW397

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

LB97      Yes 1

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

\_\_\_\_\_

LB197      LB297      LB397

6. Do you regularly take any prescribed medicines?

No 0 PM97

Yes 1

If yes, please give the following details:

Name of prescribed medicine		What is it for?		
1.	PM197	PM1R197	PM1R297	PM1R397
2.	PM297	PM2R197	PM2R297	PM2R397
3.	PM397	PM3R197	PM3R297	PM3R397
4.	PM497	PM4R197	PM4R297	PM4R397
5.	PM597	PM5R197	PM5R297	PM5R397

PMMR597

7. Since October 1996 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)	WOP197 0	1	⇒ WOPM197 WOPY197 □□ / 1 9 □□	or	WOPA197 □□ yrs
b) Removal of uterus (womb) only (hysterectomy)	WOP297 0	1	⇒ WOPM297 WOPY297 □□ / 1 9 □□	or	WOPA297 □□ yrs
c) Removal of uterus (womb) and one ovary (hysterectomy and oophorectomy)	WOP397 0	1	⇒ WOPM397 WOPY397 □□ / 1 9 □□	or	WOPA397 □□ yrs
d) Removal of both ovaries only (bilateral oophorectomy)	WOP497 0	1	⇒ WOPM497 WOPY497 □□ / 1 9 □□	or	WOPA497 □□ yrs
e) Removal of one ovary only (oophorectomy)	WOP597 0	1	⇒ WOPM597 WOPY597 □□ / 1 9 □□	or	WOPA597 □□ yrs

**THIS NEXT QUESTION IS FOR ALL WOMEN WHO HAVE EVER HAD A HYSTERECTOMY**

8. What type of hysterectomy did you have?

Abdominal 1  
(the uterus (womb) was removed through a single cut made in the lower part of the tummy)

Vaginal 2  
HYSTP97 (the uterus was removed through the vagina)

Keyhole surgery 3

Not sure 9

9. In the last 12 months have you taken the oral contraceptive pill? PILL97
- |     |   |
|-----|---|
| No  | 0 |
| Yes | 1 |

If yes, please give the brand name of the most recent contraceptive pill \_\_\_\_\_ PILLM97

10. In the last 2 years have you had a period or menstrual bleeding? BL2Y97
- |     |                |
|-----|----------------|
| No  | 0 (go to Q15a) |
| Yes | 1              |

11. In the last 12 months have you had a period or menstrual bleeding? BLY97
- |     |   |
|-----|---|
| No  | 0 |
| Yes | 1 |

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

- i. Surgery? BLEYS97 1
- ii. Chemotherapy or radiation therapy? BLEYC97
- iii. No obvious reason/menopause? BLEYN97 3
- iv. Other reason, please specify: BLEYT97 4

12. In the last 3 months have you had a period or menstrual bleeding? BLQ97
- |     |   |
|-----|---|
| No  | 0 |
| Yes | 1 |

13. When was your last period? (Include current period if bleeding now) BLLY97
- month      year
- 1 9       BLLM97

If you cannot remember the month and year please give your age at the time BLLA97

\_\_\_\_\_ yrs

14. In the last 12 months up until your last period

- a. did your periods (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 (circle one)
- |                        |   |
|------------------------|---|
| become more frequent?  | 1 |
| become less frequent?  | 2 |
| remain about the same? | 3 |

- c. did the number of days you bled each month (circle one)
- |                        |   |
|------------------------|---|
| increase?              | 1 |
| decrease?              | 2 |
| remain about the same? | 3 |

- d. did your menstrual flow (circle one)
- |                        |   |
|------------------------|---|
| become heavier?        | 1 |
| become lighter?        | 2 |
| remain about the same? | 3 |

- 15a. 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 <span style="float: right;">SLEPY97</span>	0	1	2	3
Aches and pains in the joints <span style="float: right;">ACHY97</span>	0	1	2	3
Breast tenderness <span style="float: right;">BREY97</span>	0	1	2	3
Hot flushes <span style="float: right;">HOTY97</span>	0	1	2	3
Palpitations (rapid heart beat not due to exercise) <span style="float: right;">PALPY97</span>	0	1	2	3
Dizziness <span style="float: right;">DIZY97</span>	0	1	2	3
Pins and needles in hands and feet <span style="float: right;">PINY97</span>	0	1	2	3
Skin-crawling sensations <span style="float: right;">ANTY97</span>	0	1	2	3
Irritability <span style="float: right;">IRRY97</span>	0	1	2	3
Anxiety or depression <span style="float: right;">ANXY97</span>	0	1	2	3
Tearfulness <span style="float: right;">TEARY97</span>	0	1	2	3
Feelings of panic <span style="float: right;">PANY97</span>	0	1	2	3
Forgetfulness <span style="float: right;">FORY97</span>	0	1	2	3
Hair loss <span style="float: right;">HLSSY97</span>	0	1	2	3
Cold sweats/night sweats <span style="float: right;">CNSWY97</span>	0	1	2	3
Skin wrinkling <span style="float: right;">SKWRY97</span>	0	1	2	3
Heavy periods <span style="float: right;">HPEY97</span>	0	1	2	3
Painful periods <span style="float: right;">PPY97</span>	0	1	2	3
Vaginal dryness <span style="float: right;">VAGY97</span>	0	1	2	3
Difficulties with intercourse <span style="float: right;">INTCY97</span>	0	1	2	3
Frequency of passing urine <span style="float: right;">URY97</span>	0	1	2	3
Lost urine when you didn't mean to <span style="float: right;">LURY97</span>	0	1	2	3
Pain when passing urine <span style="float: right;">PURY97</span>	0	1	2	3
Frequent severe headaches/migraine <span style="float: right;">HAKY97</span>	0	1	2	3
Other: <span style="float: right;">SYOTY97</span>	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)

<span style="float: right;">SYYDP97</span>	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?

<span style="float: right;">SYYM97</span>	No	0
	Yes	1

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

SYYM197 SYYM297

16. On average how often do you pass urine during the day? (circle one)
- URD97
- |                                |   |
|--------------------------------|---|
| 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 get up in the night to pass urine? (circle one)
- URN97
- |                             |   |
|-----------------------------|---|
| 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)
- URLY97
- |                        |   |
|------------------------|---|
| 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)
- URLYA97
- |                                |   |
|--------------------------------|---|
| 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 loss of urine? (circle one)
- URLYP97
- |              |   |
|--------------|---|
| No           | 0 |
| Occasionally | 1 |
| Frequently   | 2 |

19. In the last 12 months have you lost any urine when you coughed, sneezed, laughed, ran or exercised? (circle one)
- URLEX97
- |              |   |
|--------------|---|
| No           | 0 |
| Occasionally | 1 |
| Frequently   | 2 |

20. a. In the last 12 months have you had an urgent and strong desire to pass urine which is difficult to control? (circle one)
- URU97
- |                |   |
|----------------|---|
| No (go to Q21) | 0 |
| Occasionally   | 1 |
| Frequently     | 2 |

- b. Have you lost any urine before you reached the toilet? (circle one)
- URLBT97
- |              |   |
|--------------|---|
| 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)
- URLF97
- |                                     |   |
|-------------------------------------|---|
| 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)
- URLC97
- |            |   |
|------------|---|
| No         | 0 |
| Yes        | 1 |
| Don't know | 9 |

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

URLC197      URLC297      URLC397

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	0	LENM97
Aches and pains in the joints	0	ACHM97
Diarrhoea	0	DIARM97
Constipation	0	CONSM97
Hot flushes	0	HOTM97
Persistent cough	0	PCOFM97
Dizziness	0	DIZM97
Backache	0	BACKM97
Skin-crawling sensations	0	ANTM97
Loss of appetite	0	LAPM97
Anxiety or depression	0	ANXM97
Nausea	0	NAUM97
Feelings of panic	0	PANM97
Difficulty making decisions	0	DECM97
Cold sweats or night sweats	0	CNSWM97
Frequent headaches/migraine	0	HAKM97
Trouble sleeping	0	SLEPM97
Breast tenderness	0	IBREM97
Palpitations (rapid heartbeat not due to exercise)	0	PALPM97
Pins and needles in hands and feet	0	PINM97
Irritability	0	IRRM97
Tearfulness	0	TEARM97
Forgetfulness	0	FORM97
Vaginal dryness	0	VAGMY97
Difficulty concentrating	0	CONCM97

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

CHLH97

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?

PACL97

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?

GWINC97

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?

SPDF97

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?

CHDF97

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?

PADF97

No	0
Yes	1

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

WKDF97

No	0
Yes	1
No paid job in last 12 months	8

30. On the whole would you describe the last year as  
(circle one)

LASTY97

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

31a. Since October 1996 have you had hormone replacement therapy (HRT)?

HRTY97

No	0 (go to Q37)
Yes	1

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

HRTF97

No	0 (go to Q32)
Yes	1

b. When did you first start HRT?

HRTSM97      month      year      HRTSY97

	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>
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If you cannot remember the month and year please give your age at the time  yrs

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

BLEH97

No	0
Yes	1

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

BLHM97      month      year      BLHY97

	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>
--	----------------------	----------------------	---	---	----------------------	----------------------

If you cannot remember the month and year please give your age at the time  yrs BLHA97

and were your periods stopped by:

(circle all that apply)

- i. surgery? 1 BLEHS97
- ii. chemotherapy or radiation therapy? 2 BLEHC97
- iii. no obvious reason/menopause? 3 BLEHN97
- iv. Other reason, please specify: \_\_\_\_\_ 4 BLEHT97

d. Please give your three 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)      HRSMN97

To prevent osteoporosis (brittle bones)      HRSOS97

To prevent heart disease      HRSHD97

Because I had an early menopause      HRSEM97

Because I had my ovaries removed      HRSOV97

To regularise monthly periods      HRSRE97

Because I was having difficulties with sexual intercourse      HRSSX97

To keep me youthful      HRSYT97

My doctor recommended it      HRSDR97

Other reason, please specify: \_\_\_\_\_ HRSOT97

32. Are you currently on HRT?  
 HRT97 No 0  
 Yes 1

33. Since October 1996 how many months have you taken HRT?  
 HRTYM97   months

34. Since October 1996 have you stopped HRT and then started again?  
 HRTYS97 No 0  
 Yes 1

If yes, did you have periods after you stopped HRT and before you started HRT again?  
 BLBH97 No 0  
 Yes 1

35. If you stopped taking HRT since October 1996 please give your three 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 HREBT97
- HRT didn't help me feel any better HRENB97
- I didn't like having periods again HREPE97
- I didn't like taking it any more HRENL97
- I had difficulty remembering to take it HREFR97
- I was concerned about possible side-effects HRECN97
- My doctor advised me to stop HREDR97
- I was having side-effects HRES97

Please specify side-effects: \_\_\_\_\_  
 HRSD197 HRSD297 HRSD397

Other reason, please specify: \_\_\_\_\_ HREOT97

36. Please circle the names of all HRT preparations you have used since October 1996 and indicate (by ticking the boxes) which months you used each preparation.

Name of HRT preparation	Oct '96	Nov '96	Dec '96	Jan '97	Feb '97	Mar '97	Apr '97	May '97	June '97	Jul '97	Aug '97	Sept '97
Climagest CLIG97												
Climaval CLIM97												
Climesse CLIME97												
Cycloprogynova CYPR97												
Dermestril DERM97												
Elleste Duet ELLD97												
Elleste Solo ELLS97												
Estracombi ESTC97												
Estraderm ESTD97												
Estrapak ESTP97												
Ethinylloestradiol ETHIN97												
Evorel EVO97												
Evorel-Pak EVOPK97												
Evorel Sequi/Combi EVOSQ97												
Femapak FEMAP97												
Fematrix FEMAT97												
Femoston FEMOS97												
Femseven FEMSE97												
Harmogen HARM97												
Hormonin HOR97												
Improvera IMPR97												
Kliofem KLIOF97												
Livial LIVL97												
Menophase MENPH97												
Menorest MENOR97												
Nuvelle NUV97												
Oestrogel OESTG97												
Premarin PREMA97												
Premique/Premique Cycle PREM97												
Prempak PREMP97												
Progynova PROGN97												
Sandrena SANDR97												
Tridestra TRID97												
Trisequens TRIS97												
Zumenon ZUMEN97												
Oestrogen implant OIMP97												
Progestogen supplement PROGS97												
Other: (give name) HROT197												

HRTL97 HR9610 HR9611 HR9612 HR9701 HR9702 HR9703 HR9704 HR9705 HR9706 HR9707 HR9708 HR9709  
 HRPTL97 HRP9610 HRP9611 HRP9612 HRP9701 HRP9702 HRP9703 HRP9704 HRP9705 HRP9706 HRP9707 HRP9708 HRP9709

This year we are asking some extra questions about menstrual and other gynaecological problems you may have suffered from at any time in your life. We recognise that it may be difficult to remember symptoms that occurred many years ago. **Please try and answer each question even if you are not sure you have remembered correctly.** When describing the extent of any problem in questions 37-42 **only circle 'a lot' if your normal daily activities were severely affected.**

37. Have you ever suffered from heavy periods? <b>BLHE97</b>					No	0			
					Yes	1			
If yes, how much did you suffer at each of these different ages? (Circle an answer for EVERY age group)									
in adolescence		20-29 yrs		30-39 yrs		40-49 yrs		since aged 50 yrs	
Not at all	0	Not at all	0	Not at all	0	Not at all	0	Not at all	0
A little <b>BLHAD</b>	1	A little <b>BLH20</b>	1	A little <b>BLH30</b>	1	A little <b>BLH40</b>	1	A little <b>BLH50</b>	1
A lot	2	A lot	2	A lot	2	A lot	2	A lot	2
38. Have you ever suffered from painful periods? <b>BLPE97</b>					No	0			
					Yes	1			
If yes, how much did you suffer at each of these different ages? (Circle an answer for EVERY age group)									
in adolescence		20-29 yrs		30-39 yrs		40-49 yrs		since aged 50 yrs	
Not at all	0	Not at all	0	Not at all	0	Not at all	0	Not at all	0
A little <b>BLPAD</b>	1	A little <b>BLP20</b>	1	A little <b>BLP30</b>	1	A little <b>BLP40</b>	1	A little <b>BLP50</b>	1
A lot	2	A lot	2	A lot	2	A lot	2	A lot	2
39a. Have you ever suffered from pain in the pelvic or lower abdominal areas lasting at least 6 months and not related to periods? <b>PVPE97</b>					No	0 (go to Q40)			
					Yes	1			
b. Was the cause known? <b>PVPC</b>					No	0			
					Yes	1			
If yes, specify <b>PVPR</b> _____									
c. How much did you suffer from this kind of pain at each of these different ages? (Circle an answer for EVERY age group)									
in adolescence		20-29 yrs		30-39 yrs		40-49 yrs		since aged 50 yrs	
Not at all	0	Not at all	0	Not at all	0	Not at all	0	Not at all	0
A little <b>PVPAD</b>	1	A little <b>PVP20</b>	1	A little <b>PVP30</b>	1	A little <b>PVP40</b>	1	A little <b>PVP50</b>	1
A lot	2	A lot	2	A lot	2	A lot	2	A lot	2
40. Has there ever been a time in your life when you were prone to suffer from any of the following symptoms just before a menstrual period? (Please circle one answer for each symptom a-h)									
a. Painful or swollen breasts <b>PMTBPE</b>					Not at all	0			
					A little	1			
					A lot	2			
b. Bloating or weight gain <b>PMTWGE</b>					Not at all	0			
					A little	1			
					A lot	2			
c. Lack of coordination or clumsiness					Not at all	0			
					A little <b>PMTLCE</b>	1			
					A lot	2			
d. Fatigue or exhaustion <b>PMTFE</b>					Not at all	0			
					A little	1			
					A lot	2			
e. Difficulty concentrating or thinking clearly just before a menstrual period <b>PMTDCE</b>					Not at all	0			
					A little	1			
					A lot	2			
f. Headaches just before a menstrual period <b>PMTHE</b>					Not at all	0			
					A little	1			
					A lot	2			
g. Tense, irritable or anxious just before a menstrual period <b>PMTTE</b>					Not at all	0			
					A little	1			
					A lot	2			
h. Depressed mood just before a menstrual period <b>PMTDM</b>					Not at all	0			
					A little	1			
					A lot	2			
41. Have there been any other symptoms just before a menstrual period that you were prone to suffer a lot from? <b>PMTOT</b>					No	0			
					Yes	1			
If yes, please specify: _____									
_____									
_____									
_____									
42. Have you ever suffered from pre-menstrual tension (PMT) or pre-menstrual syndrome (PMS)? <b>PMTE97</b>					No	0			
					Yes	1			
If yes, how much did you suffer at each of these different ages? (Circle an answer for EVERY age group)									
in adolescence		20-29 yrs		30-39 yrs		40-49 yrs		since aged 50 yrs	
Not at all	0	Not at all	0	Not at all	0	Not at all	0	Not at all	0
A little <b>PMTAD</b>	1	A little <b>PMT20</b>	1	A little <b>PMT30</b>	1	A little <b>PMT40</b>	1	A little <b>PMT50</b>	1
A lot	2	A lot	2	A lot	2	A lot	2	A lot	2

**43.** Have you *ever* had infrequent or irregular menstrual cycles? No 0 **BLIRE97**  
Yes 1

If yes, how often did this occur at each of these different ages? (*Circle an answer for EVERY age group*)

in adolescence	20-29 yrs	30-39 yrs	40-49 yrs	since aged 50 yrs
Not at all 0				
A little <b>BLIRAD</b> 1	A little <b>BLIR20</b> 1	A little <b>BLIR30</b> 1	A little <b>BLIR40</b> 1	A little <b>BLIR50</b> 1
A lot 2				

**44.** Have you ever suffered a lot from any other menstrual problems? No 0 **BLOTP97**  
Yes 1

If yes, please specify **BLOTPR**

**45a.** Have you ever had an intra-uterine contraceptive device (IUD)? **IUDE97** No 0 (*go to Q46*)  
Yes 1

b. For how many years in total did you have an IUD? **IUDY**   yrs

c. When did you have an IUD? (*Circle all that apply*)

in adolescence	20-29 yrs	30-39 yrs	40-49 yrs	since aged 50 yrs
1 <b>IUDAD</b>	2 <b>IUD20</b>	3 <b>IUD30</b>	4 <b>IUD40</b>	5 <b>IUD50</b>

**46.** Have you ever taken the oral contraceptive pill? **PILLE97** No 0  
Yes 1

If yes, when did you take the pill? (*Circle all that apply*)

in adolescence	20-29 yrs	30-39 yrs	40-49 yrs	since aged 50 yrs
1 <b>PILLAD</b>	2 <b>PILL20</b>	3 <b>PILL30</b>	4 <b>PILL40</b>	5 <b>PILL50</b>

**47a.** Have you *ever* had a D & C? No 0 (*go to Q48*)  
(*a scrape*) Yes 1 **DCE97**

b. How many D & Cs have you had? **DCN97**  number

c. When was the last D & C? month year **DCY97**  
**DCM97**   1 9    
**DCA97** or age at time   yrs

**48a.** Have you ever had the lining of your womb removed? No 0 (*go to Q49*)  
Yes 1 **TCREE97**  
(*an operation called endometrial ablation or TCRE*) **TCREN97**

b. how many times has this been done?  number

c. when was it first done? month year **TCREY97**  
**TCREM97**   1 9    
**TCREA97** or age at time   yrs

d. what procedure was used the first time? Resection 1  
Rollerball 2  
Laser ablation 3  
Other, please specify 4  
**TCREP**

Don't know 9

e. What do you think were the reasons for having this operation? Heavy bleeding 1  
Pain 2  
**TCRER** Other, please specify 3  
**TCREOT1** **TCREOT2**  
Don't know 9

**49.** Did your mother have a hysterectomy? No 0  
Yes 1  
**HYSM** Don't know 9

**50.** Have other close female relatives (sisters, aunts or cousins) had a hysterectomy? No 0  
Yes 1  
**HYSREL** No close female relatives 2  
Don't know 9

**51.** How old was your mother at menopause? Under 40 yrs 1  
40-44 yrs 2  
**MENOMA** 45-49 yrs 3  
50-54 yrs 4  
55 or older 5  
Mother had a hysterectomy before menopause 8  
Don't know 9

<b>52. Has a doctor ever diagnosed ovarian cysts?</b> No 0 <b>OVCE97</b>				
If yes, when was this first diagnosed? (Circle one age group only) Yes 1				
in adolescence	20-29 yrs	30-39 yrs	40-49 yrs	since aged 50 yrs
1	2	3	4	5 <b>OVCA</b>
<b>53. Has a doctor ever diagnosed uterine fibroids?</b> No 0				
If yes, when was this first diagnosed? (Circle one age group only) Yes 1 <b>UTFE97</b>				
in adolescence	20-29 yrs	30-39 yrs	40-49 yrs	since aged 50 yrs
1	2	3	4	5 <b>UTFA</b>
<b>54. Has a doctor ever diagnosed genital prolapse?</b> No 0				
A condition where the uterus (womb) comes down into the vagina Yes 1 <b>GENPE97</b>				
If yes, when was it first diagnosed? (Circle one age group only)				
in adolescence	20-29 yrs	30-39 yrs	40-49 yrs	since aged 50 yrs
1	2	3	4	5 <b>GENPA</b>
<b>55. Has a doctor ever diagnosed irritable bowel syndrome?</b> No 0				
If yes, when was it first diagnosed? (Circle one age group only) Yes 1 <b>IBE97</b>				
in adolescence	20-29 yrs	30-39 yrs	40-49 yrs	since aged 50 yrs
1	2	3	4	5 <b>IBA</b>
<b>56a.</b>				
Has a doctor ever diagnosed endometriosis? No 0 (go to Q57) <b>ENME97</b>				
A condition of abnormal growth and function of the lining of the uterus (womb) Yes 1				
Sometimes this occurs outside the uterus itself.				
<b>b.</b> Was the diagnosis made after laparoscopy? No 0				
An operation during which a thin telescope (a laparoscope) is inserted near the navel so the doctor can see the abdominal cavity Yes 1 <b>ENML</b>				
<b>c.</b> When was this diagnosis first made? (Circle one age group only)				
in adolescence	20-29 yrs	30-39 yrs	40-49 yrs	since aged 50 yrs
1	2	3	4	5 <b>ENMA</b>
<b>57.</b> Have you ever been treated in a doctor's surgery, clinic, emergency room or hospital for pelvic inflammatory disease? No 0 <b>PVIE97</b>				
An infection of the fallopian tubes, uterus (womb), or ovaries. Also called Yes 1				
salpingitis, endometritis, oophoritis, pelvic infection				
If yes, when did this happen? (Circle all age groups that apply)				
in adolescence	20-29 yrs	30-39 yrs	40-49 yrs	since aged 50 yrs
1 <b>PVIAD</b>	2 <b>PVI20</b>	3 <b>PVI30</b>	4 <b>PVI40</b>	5 <b>PVI50</b>
<b>58a.</b>				
How old were you when you first had sexual intercourse with a man? <input type="text"/> <input type="text"/> yrs <b>INTCA</b>				
If this has not happened please tick this box <input type="checkbox"/> <b>INTCN</b> If you do not wish to answer this question please tick this box <input type="checkbox"/> <b>INTCR</b>				
<b>b.</b> Having you ever suffered pain during sexual intercourse? <b>INTCPE</b> No 0				
(a condition known as dyspareunia) Yes 1				
If yes, how much did you suffer from this kind of pain at each of these different ages? (Circle an answer for EVERY age group)				
in adolescence	20-29 yrs	30-39 yrs	40-49 yrs	since aged 50 yrs
1 <b>INTCPAD</b>	2 <b>INTCP20</b>	3 <b>INTCP30</b>	4 <b>INTCP40</b>	5 <b>INTCP50</b>

59. How many children have you given birth to?  Number CHILN97

These last questions are only for women who have given birth. They are designed to find out about postnatal depression which women may have experienced after the birth of their children. We are aware that there may be personal reasons why you may not wish to answer these questions. If, for any reason, you do not wish to answer these questions please go to the end of the questionnaire.

Here is a description of postnatal depression. Please read it carefully and decide if you suffered from this after the birth of any of your children:

'A period of a few weeks or months starting in the first year after giving birth to a baby when you felt depressed or low-spirited, or rather anxious with times of panic. During this time you slept poorly, wept very frequently, daily or almost daily, could not really laugh or enjoy anything, felt irritable and in poor temper, and felt awful for much of the time.'

It is important to remember that these feelings must have been experienced every day, or nearly every day during this period, to count as postnatal depression.

60. Did you suffer from postnatal depression (as described above) after the birth of any of your children? PND

	No	0 (go to Q64)
	Yes	1
	No children	8 (go to end)
	Cannot remember	9

If yes, was this after your:

(tick the box or boxes if you had more than one episode of postnatal depression)

1st child  PND1      2nd child  PND2      3rd child  PND3      4th child  PND4      5th child  PND5

61. When did the postnatal depression start after the birth of this child/these children?

(Please circle one answer for each episode of postnatal depression)

1st child PND1		2nd child PND2		3rd child PND3		4th child PND4		5th child PND5	
In first month	1								
Between 1-3 mths	2								
Between 4-6mths	3								
Between 7-12 mths	4								
Cannot remember	9								

62. For how long did the postnatal depression start after the birth of this child/these children?

(Please circle one answer for each episode of postnatal depression)

1st child		2nd child		3rd child		4th child		5th child	
Less than one mth	1								
Between 1-3 mths	2								
Between 4-6mths	3								
Between 7-12 mths	4								
More than 12mths	5								
Please specify:		Please specify:		Please specify:		Please specify:		Please specify:	
PNDL1		PNDL2		PNDL3		PNDL4		PNDL5	
Cannot remember	9								

63. Did you consult your GP or a psychiatrist because you felt depressed during the first year after the birth of this child/these children?

(Please circle one answer for each episode of postnatal depression)

1st child		2nd child		3rd child		4th child		5th child	
No	0								
Yes PND1	1	Yes PND2	1	Yes PND3	1	Yes PND4	1	Yes PND5	1
Cannot remember	9								

64. Did you feel miserable, tearful or depressed for a period of more than one month during any of your pregnancies?

(Please circle an answer for EVERY pregnancy)

Pregnancy of 1st child		Pregnancy of 2nd child		Pregnancy of 3rd child		Pregnancy of 4th child		Pregnancy of 5th child	
No	0								
Yes DEP1	1	Yes DEP2	1	Yes DEP3	1	Yes DEP4	1	Yes DEP5	1
Cannot remember	9								

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.

NOTE97

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 the following information:

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

b) May we send you a similar questionnaire next year? No 0