

**STRICTLY CONFIDENTIAL**

RECDD98

RECDM98

RECDY98

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# MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

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SERNB98

## WOMEN'S HEALTH IN THE MIDDLE YEARS

### Postal Questionnaire 1998

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 \_\_\_\_\_

INTD98

INTM98

INTY98

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:**

PHYCH98

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:**

NERCH98

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:**

WTCH98

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:**

ENECH98

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:**

SECCH98

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:**

WKCH98

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:**

FAMCH98

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:**

SEXCH98

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:**

TIMCH98

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:**

DECCH98

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:**

CONCH98

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HW198      HW298      HW398

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HB198      HB298      HB398

\_\_\_\_\_

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

LW98 Yes 1

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

\_\_\_\_\_

\_\_\_\_\_

LW198      LW298      LW398

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

LB98 Yes 1

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

\_\_\_\_\_

\_\_\_\_\_

LB198      LB298      LB398

6. Do you regularly take any prescribed medicines? No 0 PM98  
Yes 1

If yes, please give the following details:

Name of prescribed medicine		What is it for?		
1.	PM198	PM1R198	PM1R298	PM1R398
2.	PM298	PM2R198	PM2R298	PM2R398
3.	PM398	PM3R198	PM3R298	PM3R398
4.	PM498	PM4R198	PM4R298	PM4R398
5.	PM598	PM5R198	PM5R298	PM5R398

7. Since October 1997 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)	WOP198 0	WOPM198 1	WOPY198 ⇒    /    1 9	or	WOPA198 /   yrs
b) Removal of uterus (womb) only (hysterectomy)	WOP298 0	WOPM298 1	WOPY298 ⇒    /    1 9	or	WOPA298 /   yrs
c) Removal of uterus (womb) and one ovary (hysterectomy and oophorectomy)	WOP398 0	WOPM398 1	WOPY398 ⇒    /    1 9	or	WOPA398 /   yrs
d) Removal of both ovaries only (bilateral oophorectomy)	WOP498 0	WOPM498 1	WOPY498 ⇒    /    1 9	or	WOPA498 /   yrs
e) Removal of one ovary only (oophorectomy)	WOP598 0	WOPM598 1	WOPY598 ⇒    /    1 9	or	WOPA598 /   yrs

**THIS NEXT QUESTION IS ONLY FOR WOMEN WHO HAVE HAD A HYSTERECTOMY SINCE OCTOBER 1997**

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  
(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? **PILL98**
- No 0  
Yes 1

If yes, please give the brand name of the most recent contraceptive pill **PILLM98**

10. In the last 2 years have you had a period or menstrual bleeding? **BL2Y98**
- No 0 (go to Q15a)  
Yes 1

11. In the last 12 months have you had a period or menstrual bleeding? **BLY98**
- No 0  
Yes 1

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

- i. Surgery? 1 **BLEYS98**  
ii. Chemotherapy or radiation therapy? 2 **BLEYC98**  
iii. No obvious reason/menopause? 3 **BLEYN98**  
iv. Other reason, please specify: 4 **BLEYT98**

12. In the last 3 months have you had a period or menstrual bleeding? **BLQ98**
- No 0  
Yes 1

13. When was your last period? (Include current period if bleeding now) month year **BLLY98**
- BLLM98**

If you cannot remember the month and year please give your age at the time **BLLA98**   yrs

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

- a. did your periods (circle one)
- BLREG98** 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)
- BLYFR98** 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)
- BLYDA98** increase? 1  
decrease? 2  
remain about the same? 3

- d. did your menstrual flow (circle one)
- BLYFL98** 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 <b>SLEPY98</b>	0	1	2	3
Aches and pains in the joints <b>ACHY98</b>	0	1	2	3
Breast tenderness <b>BREY98</b>	0	1	2	3
Hot flushes <b>HOTY98</b>	0	1	2	3
Palpitations (rapid heart beat not due to exercise) <b>PALPY98</b>	0	1	2	3
Dizziness <b>DIZY98</b>	0	1	2	3
Pins and needles in hands and feet <b>PINY98</b>	0	1	2	3
Skin-crawling sensations <b>ANTY98</b>	0	1	2	3
Irritability <b>IRRY98</b>	0	1	2	3
Anxiety or depression <b>ANXY98</b>	0	1	2	3
Tearfulness <b>TEARY98</b>	0	1	2	3
Feelings of panic <b>PANY98</b>	0	1	2	3
Forgetfulness <b>FORY98</b>	0	1	2	3
Hair loss <b>HLSSY98</b>	0	1	2	3
Cold sweats/night sweats <b>CNSWY98</b>	0	1	2	3
Skin wrinkling <b>SKWRY98</b>	0	1	2	3
Heavy periods <b>HPEY98</b>	0	1	2	3
Painful periods <b>PPY98</b>	0	1	2	3
Vaginal dryness <b>VAGY98</b>	0	1	2	3
Difficulties with intercourse <b>INTCY98</b>	0	1	2	3
Frequency of passing urine <b>URY98</b>	0	1	2	3
Lost urine when you didn't mean to <b>LURY98</b>	0	1	2	3
Pain when passing urine <b>PURY98</b>	0	1	2	3
Frequent severe headaches/migraine <b>HAKY98</b>	0	1	2	3
Other: <b>SYOTY98</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)
- SYDYP98** 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?
- SYYM98** No 0  
Yes 1

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

**SYYM198 SYYM298**

16. On average how often do you pass urine during the day? (circle one)
- URD98 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)
- URN98 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)
- URLY98 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)
- URLYA98 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)
- URLYP98 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)
- URLEX98 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)
- URU98 No (go to Q21) 0  
Occasionally 1  
Frequently 2

- b. Have you lost any urine before you reached the toilet? (circle one)
- URLBT98 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)
- URLF98 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)
- URLC98 No 0  
Yes 1  
Don't know 9

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

URLC198 URLC298 URLC398

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	1 LENM98
Aches and pains in the joints	0	1 ACHM98
Diarrhoea	0	1 DIARM98
Constipation	0	1 CONSM98
Hot flushes	0	1 HOTM98
Persistent cough	0	1 PCOFM98
Dizziness	0	1 DIZM98
Backache	0	1 BACKM98
Skin-crawling sensations	0	1 ANTM98
Loss of appetite	0	1 LAPM98
Anxiety or depression	0	1 ANXM98
Nausea	0	1 NAUM98
Feelings of panic	0	1 PANM98
Difficulty making decisions	0	1 DECM98
Cold sweats or night sweats	0	1 CNSWM98
Frequent headaches/migraine	0	1 HAKM98
Trouble sleeping	0	1 SLEPM98
Breast tenderness	0	1 BREM98
Palpitations (rapid heartbeat not due to exercise)	0	1 PALPM98
Pins and needles in hands and feet	0	1 PINM98
Irritability	0	1 IRRM98
Tearfulness	0	1 TEARM98
Forgetfulness	0	1 FORM98
Vaginal dryness	0	1 VAGM98
Difficulty concentrating	0	1 CONCM98

23a. Since October 1997 have you had hormone replacement therapy (HRT)? **HRTY98**

No 0 (go to Q29)  
Yes 1

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

No 0 (go to Q24)  
Yes 1 **HRTF98**

b. When did you first start HRT?

month year **HRTSY98**  
**HRTSM98**   1 9

If you cannot remember the month and year please give your age at the time   yrs **HRTSA98**

c. Before you first started HRT had your menstrual periods stopped? **BLEH98**

No 0  
Yes 1

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

month year **BLHY98**  
**BLHM98**   1 9

If you cannot remember the month and year please give your age at the time   yrs **BLHA98**

and were your periods stopped by:

(circle all that apply)

- i. surgery? **1BLEHS98**
- ii. chemotherapy or radiation therapy? **2BLEHC98**
- iii. no obvious reason/menopause? **3BLEHN98**
- iv. Other reason, please specify: \_\_\_\_\_ **4BLEHT98**

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) **HRSMN98**

To prevent osteoporosis (brittle bones) **HRSOS98**

To prevent heart disease **HRSHD98**

Because I had an early menopause **HRSEM98**

Because I had my ovaries removed **HRSOV98**

To regularise monthly periods **HRSRE98**

Because I was having difficulties with sexual intercourse **HRSSX98**

To keep me youthful **HRSYT98**

My doctor recommended it **HRSDR98**

Other reason, please specify: \_\_\_\_\_ **HRSDR98**

24. Are you currently on HRT? **HRT98**

No 0  
Yes 1

25. Since October 1997 how many months have you taken HRT? **HRTYM98**

months

26. Since October 1997 have you stopped HRT and then started again? **HRTYS98**

No 0  
Yes 1

If yes, did you have periods after you stopped HRT and before you started HRT again? **BLBH98**

No 0  
Yes 1

27. If you stopped taking HRT since October 1997 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 **HREBT98**

HRT didn't help me feel any better **HRENB98**

I didn't like having periods again **HREPE98**

I didn't like taking it any more **HRENL98**

I had difficulty remembering to take it **HREFR98**

I was concerned about possible side-effects **HRECN98**

My doctor advised me to stop **HREDR98**

I was having side-effects **HRES98**

Please specify side-effects: \_\_\_\_\_

**HRSD198** **HRSD298** **HRSD398**

Other reason, please specify: \_\_\_\_\_ **HREOT98**

28. Please circle the names of all HRT preparations you have used since October 1997 and indicate (by ticking the boxes) which months you used each preparation.

Name of HRT preparation	Oct '97	Nov '97	Dec '97	Jan '98	Feb '98	Mar '98	Apr '98	May '98	June '98	Jul '98	Aug '98	Sept '98
Climagest CLIG98												
Climaval CLIM98												
Climesse CLIME98												
Cycloprogynova CYPR98												
Dermestril DERM98												
Elleste Duet ELLD98												
Elleste Conti ELLC98												
Elleste Solo ELLS98												
Estracombi ESTC98												
Estraderm ESTD98												
Estrapak ESTP98												
Ethinylestradiol ETHIN98												
Evorel EVO98												
Evorel-Pak EVOPK98												
Evorel Sequi EVOS98												
Evorel Conti EVOC98												
Femapak FEMAP98												
Fematrix FEMAT98												
Femoston FEMOS98												
Femseven FEMSE98												
Harmogen HARM98												
Hormonin HOR98												
Improvera IMPR98												
Kliofem KLIOF98												
Livial LIVL98												
Menophase MENPH98												
Menorest MENOR98												
Nuvelle NUV98												
Oestrogel OESTG98												
Premarin PREMA98												
Premique PREIQ98												
Premique Cycle PREMC98												
Prempak PREMP98												
Progynova PROGN98												
Sandrena SANDR98												
Tridestra TRID98												
Trisequens TRIS98												
Zumenon ZUMEN98												
Oestrogen implant OIMP98												
Progestogen supplement (give name) PROGS98												
Other: (give name) HROT198												

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

CHLH98  
No 0  
Yes 1  
No children 8

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

PACL98  
No 0  
Yes 1

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

GWINC98  
No 0  
Yes, sometimes 1  
Yes, often 2

32. In the last 12 months have you had serious difficulties with your spouse/partner because of their health, behaviour or for other reasons?

SPDF98  
No 0  
Yes 1  
No spouse/partner 8

33. In the last 12 months have you had serious difficulties with any of your children because of their health, behaviour or for other reasons?

CHDF98  
No 0  
Yes 1  
No children (go to Q35) 8

34. a. Has bringing up children been personally rewarding?

(circle one)  
Very rewarding 1  
Somewhat rewarding 2  
Neither rewarding or unrewarding 3  
Somewhat unrewarding 4  
Very unrewarding 5  
CHRW98

b. How much effort have you put into bringing up children?

(circle one)  
A lot of effort 1  
Quite a lot of effort 2  
Some effort 3  
Not a lot of effort 4  
CHEF98

35. 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?

PADF98  
No 0  
Yes 1

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

WKDF98  
No 0  
Yes 1  
No paid job in last 12 months (go to Q38) 8

37.

a. Is your current job personally rewarding? (circle one)

WKRK98  
Very rewarding 1  
Somewhat rewarding 2  
Neither rewarding or unrewarding 3  
Somewhat unrewarding 4  
Very unrewarding 5

b. Are you paid about the right amount for the job that you do? (circle one)

WKPY98  
About right 1  
Too much 2  
Too little 3

c. How much effort do you put into your current job? (circle one)

WKEF98  
A lot of effort 1  
Quite a lot of effort 2  
Some effort 3  
Not a lot of effort 4

38. Looking back over the whole of your working life:

a. Has your paid work been personally rewarding?

(circle one)  
Very rewarding 1  
Somewhat rewarding 2  
Neither rewarding or unrewarding 3  
Somewhat unrewarding 4  
Very unrewarding 5  
Never had paid work (go to Q39) 8  
WWKRW98

b. Have you been paid about right for the jobs that you have done? (circle one)

WWKPY98  
About right 1  
Too much 2  
Too little 3  
Sometimes too much, sometimes too little 4

c. How much effort have you put into paid work? (circle one)

WWKEF98  
A lot of effort 1  
Quite a lot of effort 2  
Some effort 3  
Not a lot of effort 4

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

(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  
LASTY98



40. This last set of questions deals with how you feel about yourself and your life. Please answer all the questions and remember there are no right or wrong answers

Please circle the number that best describes your present agreement or disagreement with each statement

	Disagree			Agree		
	Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
1. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people. <b>OPPOS98</b>	1	2	3	4	5	6
2. I do not fit very well with the people and the community around me. <b>FITIN98</b>	1	2	3	4	5	6
3. I am not interested in activities that will expand my horizons. <b>HORZ98</b>	1	2	3	4	5	6
4. Most people see me as loving and affectionate. <b>LOVG98</b>	1	2	3	4	5	6
5. I tend to focus on the present, because the future nearly always brings me problems. <b>FOCUS98</b>	1	2	3	4	5	6
6. In general, I feel confident and positive about myself. <b>CONFID98</b>	1	2	3	4	5	6
7. My decisions are not usually influenced by what everyone else is doing. <b>DECIS98</b>	1	2	3	4	5	6
8. I am quite good at managing the many responsibilities of my daily life. <b>MANG98</b>	1	2	3	4	5	6
9. I don't want to try new ways of doing things - my life is fine the way it is. <b>NWAY98</b>	1	2	3	4	5	6
10. I often feel lonely because I have few close friends with whom to share my concerns. <b>LONE98</b>	1	2	3	4	5	6
11. My daily activities often seem trivial and unimportant to me. <b>TRIV98</b>	1	2	3	4	5	6
12. I feel that many of the people I know have got more out of life than I have. <b>OUTL98</b>	1	2	3	4	5	6
13. I tend to worry about what other people think of me. <b>WORRY98</b>	1	2	3	4	5	6
14. I often feel overwhelmed by my responsibilities. <b>OVRW98</b>	1	2	3	4	5	6
15. I think it is important to have new experiences that challenge how you think about yourself and the world. <b>EXPER98</b>	1	2	3	4	5	6
16. I enjoy personal and mutual conversations with family members or friends. <b>TALK98</b>	1	2	3	4	5	6
17. I don't have a good sense of what it is I'm trying to accomplish in life. <b>ACOMP98</b>	1	2	3	4	5	6
18. I made some mistakes in the past, but feel that all in all everything has worked out for the best. <b>MSTK98</b>	1	2	3	4	5	6
19. Being happy with myself is more important to me than having others approve of me. <b>HAPY98</b>	1	2	3	4	5	6
20. I generally do a good job of taking care of my personal finances and affairs. <b>FINCE98</b>	1	2	3	4	5	6
21. When I think about it, I haven't really improved much as a person over the years. <b>IMPRV98</b>	1	2	3	4	5	6

Please circle the number that best describes your present agreement or disagreement with each statement

	Disagree			Agree		
	Strongly	Moderately	Slightly	Slightly	Moderately	Strongly
22. I don't have many people who want to listen when I need to talk. LISTN98	1	2	3	4	5	6
23. I used to set goals for myself, but that now seems like a waste of time. GOAL98	1	2	3	4	5	6
24. In many ways, I feel disappointed about my achievements in life. DISPT98	1	2	3	4	5	6
25. I have confidence in my opinions, even if they are contrary to the general consensus. CONTR98		2	3	4	5	6
26. I am good at juggling my time so that I can fit everything in that needs to get done. JUGG98	1	2	3	4	5	6
27. I have the sense that I have developed a lot as a person over time. SLFDV98	1	2	3	4	5	6
28. It seems to me that most other people have more friends than I do. NOFRD98	1	2	3	4	5	6
29. I enjoy making plans for the future and working to make them a reality. PLANS98	1	2	3	4	5	6
30. My attitude about myself is probably not as positive as most people feel about themselves. NTPOS98	1	2	3	4	5	6
31. It's difficult for me to voice my own opinion on controversial matters. DFOPN98	1	2	3	4	5	6
32. I have difficulty arranging my life in a way that is satisfying to me. DFPLN98	1	2	3	4	5	6
33. I do not enjoy being in new situations that require me to change my old familiar ways of doing things. OLDWY98	1	2	3	4	5	6
34. People would describe me as a giving person, willing to share my time with others. GIVG98	1	2	3	4	5	6
35. I am an active person in carrying out the plans I set for myself. ACTPL98	1	2	3	4	5	6
36. The past had its ups and downs, but in general I wouldn't want to change it. UPDOWN98	1	2	3	4	5	6
37. I often change my mind about decisions if my friends or family disagree. MNDCH98	1	2	3	4	5	6
38. I have been able to build a home and a lifestyle for myself that is much to my liking. LIKHM98	1	2	3	4	5	6
39. There is truth to the saying you can't teach an old dog new tricks. OLDOG98	1	2	3	4	5	6
40. I know that I can trust my friends, and they know they can trust me. TRUST98	1	2	3	4	5	6
41. I sometimes feel as if I've done all there is to do in life. DNALL98	1	2	3	4	5	6
42. When I compare myself with friends and acquaintances, it makes me feel good about who I am. GDME98	1	2	3	4	5	6

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.

NOTE98

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    PQNY98                      BATCH98  
   Yes    1