

**STRICTLY CONFIDENTIAL**

RECDD99 RECDM99 RECDY99

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# MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

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1-19 Torrington Place  
London WC1E 6BT

SERNB99

## WOMEN'S HEALTH IN THE MIDDLE YEARS

### Postal Questionnaire 1999

This year the questionnaire is as short as possible as we recognise the time you may have already given to our nurse(s). We are only asking the core questions which are repeated every year so we can see if your health and life circumstances have changed or remained the same.

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 \_\_\_\_\_

INTD99

INTM99

INTY99

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:**

PHYCH99

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:**

NERCH99

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:**

WTCH99

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:**

ENECH99

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:**

SECCH99

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:**

WKCH99

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:**

FAMCH99

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:**

SEXCH99

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:**

TIMCH99

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:**

DECCH99

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:**

CONCH99

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

HW99

HB99

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HW199

HW299

HW399

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

HB199

HB299

HB399

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

LW99 Yes 1

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LW199

LW299

LW399

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

LB99 Yes 1

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

LB199

LB299

LB399

6. Do you regularly take any prescribed medicines?

No 0

PM99

Yes 1

If yes, please give the following details:

Name of prescribed medicine		What is it for?		
1.	PM199	PM1R199	PM1R299	PM1R399
2.	PM299	PM2R199	PM2R299	PM2R399
3.	PM399	PM3R199	PM3R299	PM3R399
4.	PM499	PM4R199	PM4R299	PM4R399
5.	PM599	PM5R199	PM5R299	PM5R399

PMMR599

7. Since October 1998 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)	0	1	⇒ WOP199 WOPM199 WOPY199 [ ] [ ] / [ 1 ] [ 9 ] [ ] [ ]	or	WOPA199 [ ] [ ] yrs
b) Removal of uterus (womb) only (hysterectomy)	0	1	⇒ WOP299 WOPM299 WOPY299 [ ] [ ] / [ 1 ] [ 9 ] [ ] [ ]	or	WOPA299 [ ] [ ] yrs
c) Removal of uterus (womb) and one ovary (hysterectomy and oophorectomy)	0	1	⇒ WOP399 WOPM399 WOPY399 [ ] [ ] / [ 1 ] [ 9 ] [ ] [ ]	or	WOPA399 [ ] [ ] yrs
d) Removal of both ovaries only (bilateral oophorectomy)	0	1	⇒ WOP499 WOPM499 WOPY499 [ ] [ ] / [ 1 ] [ 9 ] [ ] [ ]	or	WOPA499 [ ] [ ] yrs
e) Removal of one ovary only (oophorectomy)	0	1	⇒ WOP599 WOPM599 WOPY599 [ ] [ ] / [ 1 ] [ 9 ] [ ] [ ]	or	WOPA599 [ ] [ ] yrs

**THIS NEXT QUESTION IS ONLY FOR WOMEN WHO HAVE HAD A HYSTERECTOMY SINCE OCTOBER 1998**

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

HYSTP99

9. In the last 12 months have you taken the oral contraceptive pill? **PILL99**  
 No 0  
 Yes 1

If yes, please give the brand name of the most recent contraceptive pill **PILLM99**

10. In the last 2 years have you had a period or menstrual bleeding? **BL2Y99**  
 No 0 (go to Q15a)  
 Yes 1

11. In the last 12 months have you had a period or menstrual bleeding? **BLY99**  
 No 0  
 Yes 1

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

- i. Surgery? 1 **BLEYS99**
- ii. Chemotherapy or radiation therapy? 2 **BLEYC99**
- iii. No obvious reason/menopause? 3 **BLEYN99**
- iv. Other reason, please specify: 4 **BLEYT99**

12. In the last 3 months have you had a period or menstrual bleeding? **BLQ99**  
 No 0  
 Yes 1

13. When was your last period? (Include current period if bleeding now) month year **BLLY99**  
**BLLM99**     1 9

If you cannot remember the month and year please give your age at the time **BLLA99**   yrs

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

a. did your periods (circle one)  
**BLREG99** 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)  
**BLYFR99** become more frequent? 1  
 become less frequent? 2  
 remain about the same? 3

c. did the number of days (circle one)  
 you bled each month increase? 1  
 decrease? 2  
**BLYDA99** remain about the same? 3

d. did your menstrual flow (circle one)  
 become heavier? 1  
 become lighter? 2  
**BLYFL99** 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>SLEPY99</b>	0	1	2	3
Aches and pains in the joints <b>ACHY99</b>	0	1	2	3
Breast tenderness <b>BREY99</b>	0	1	2	3
Hot flushes <b>HOTY99</b>	0	1	2	3
Palpitations (rapid heart beat not due to exercise) <b>PALPY99</b>	0	1	2	3
Dizziness <b>DIZY99</b>	0	1	2	3
Pins and needles in hands and feet <b>PINY99</b>	0	1	2	3
Skin-crawling sensations <b>ANTY99</b>	0	1	2	3
Irritability <b>IRRY99</b>	0	1	2	3
Anxiety or depression <b>ANXY99</b>	0	1	2	3
Tearfulness <b>TEARY99</b>	0	1	2	3
Feelings of panic <b>PANY99</b>	0	1	2	3
Forgetfulness <b>FORY99</b>	0	1	2	3
Hair loss <b>HLSSY99</b>	0	1	2	3
Cold sweats/night sweats <b>CBSWY99</b>	0	1	2	3
Skin wrinkling <b>SKWRY99</b>	0	1	2	3
Heavy periods <b>HPEY99</b>	0	1	2	3
Painful periods <b>PPY99</b>	0	1	2	3
Vaginal dryness <b>VAGY99</b>	0	1	2	3
Difficulties with intercourse <b>INTCY99</b>	0	1	2	3
Frequency of passing urine <b>URY99</b>	0	1	2	3
Lost urine when you didn't mean to <b>LURY99</b>	0	1	2	3
Pain when passing urine <b>PURY99</b>	0	1	2	3
Frequent severe headaches/migraine <b>HAKY99</b>	0	1	2	3
Other: <b>SYOTY99</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)  
 No 0  
 Doctor 1  
 Other health professional 2  
**SYYDP99**

c. In the last 12 months have you taken any prescribed medicines or tablets for any symptoms in question 15a?  
 No 0  
 Yes 1  
**SYYM99**

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

**SYYM199** **SYYM299**

- 16.** On average how often do you pass urine during the day? (circle one)
- URD99 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)
- URN99 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)
- URLY99 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)
- URLYA99 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)
- URLYP99 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)
- URLEX99 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)
- URU99 No (go to Q21) 0  
 Occasionally 1  
 Frequently 2

- b.** Have you lost any urine before you reached the toilet? (circle one)
- URLBT99 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) URLF99
- 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) URLC99
- No 0  
 Yes 1  
 Don't know 9

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

URLC199 URLC299 URLC399  
 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	0	1 LENM99
Aches and pains in the joints	0	1 ACHM99
Diarrhoea	0	1 DIARM99
Constipation	0	1 CONSM99
Hot flushes	0	1 HOTM99
Persistent cough	0	1 PCOFM99
Dizziness	0	1 DIZM99
Backache	0	1 BACKM99
Skin-crawling sensations	0	1 ANTM99
Loss of appetite	0	1 LAPM99
Anxiety or depression	0	1 ANXM99
Nausea	0	1 NAUM99
Feelings of panic	0	1 PANM99
Difficulty making decisions	0	1 DECM99
Cold sweats or night sweats	0	1 CNSWM99
Frequent headaches/migraine	0	1 HAKM99
Trouble sleeping	0	1 SLEPM99
Breast tenderness	0	1 BREM99
Palpitations (rapid heartbeat not due to exercise)	0	1 PALPM99
Pins and needles in hands and feet	0	1 PINM99
Irritability	0	1 IRRM99
Tearfulness	0	1 TEARM99
Forgetfulness	0	1 FORM99
Vaginal dryness	0	1 VAGM99
Difficulty concentrating	0	1 CONCM99

23a. Since October 1998 have you had hormone replacement therapy (HRT)? **HRTY99**

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 **HRTF99**

b. When did you first start HRT?

month year **HRTSY99**  
**HRTSM99**   1 9

If you cannot remember the month and year please give your age at the time   yrs **HRTSA99**

c. Before you first started HRT had your menstrual periods stopped? **BLEH99**

No 0  
Yes 1

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

month year **BLHY99**  
**BLHM99**   1 9

If you cannot remember the month and year please give your age at the time   yrs **BLHA99**

and were your periods stopped by:

(circle all that apply)

- i. surgery? 1 **BLEHS99**  
ii. chemotherapy or radiation therapy? 2 **BLEHC99**  
iii. no obvious reason/menopause? 3 **BLEHN99**  
iv. Other reason, please specify: \_\_\_\_\_ 4 **BLEHT99**

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) **HRSMN99**

To prevent osteoporosis (brittle bones) **HR SOS99**

To prevent heart disease **HRSHD99**

Because I had an early menopause **HRSEM99**

Because I had my ovaries removed **HR SOV99**

To regularise monthly periods **HR SRE99**

Because I was having difficulties with sexual intercourse **HRSSX99**

To keep me youthful **HR SYT99**

My doctor recommended it **HRSDR99**

Other reason, please specify: \_\_\_\_\_ **HR SOT99**

24. Are you currently on HRT? **HRT99**

No 0  
Yes 1

25. Since October 1998 how many months have you taken HRT? **HRTYM99**

months

26. Since October 1998 have you stopped HRT and then started again? **HRTYS99**

No 0  
Yes 1

If yes, did you have periods after you stopped HRT and before you started HRT again? **BLBH99**

No 0  
Yes 1

27. If you stopped taking HRT since October 1998 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 **HREBT99**

HRT didn't help me feel any better **HRENB99**

I didn't like having periods again **HREPE99**

I didn't like taking it any more **HRENL99**

I had difficulty remembering to take it **HREFR99**

I was concerned about possible side-effects **HRECN99**

My doctor advised me to stop **HREDR99**

I was having side-effects **HRES D99**

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

**HRSD199** **HRSD299** **HRSD399**

Other reason, please specify: \_\_\_\_\_ **HREOT99**

28. Please circle the names of all HRT preparations you have used since October 1998 and indicate (by ticking the boxes) which months you used each preparation.

Name of HRT preparation	Oct '98	Nov '98	Dec '98	Jan '99	Feb '99	Mar '99	Apr '99	May '99	June '99	Jul '99	Aug '99	Sept '99
Climagest CLIG99												
Climaval CLIM99												
Climesse CLIME99												
Cycloprognova CYPR99												
Dermestril DERM99												
Elleste Duet ELLD99												
Elleste Conti ELLC99												
Elleste Solo ELLS99												
Estracombi ESTC99												
Estraderm ESTD99												
Estrapak ESTP99												
Ethinylestradiol ETHIN99												
Evorel EVO99												
Evorel-Pak EVOPK99												
Evorel Sequi EVOS99												
Evorel Conti EVOC99												
Evista EVIST99												
Femapak FEMAP99												
Fematrix FEMAT99												
Femoston FEMOS99												
Femseven FEMSE99												
Harmogen HARM99												
Hormonin HOR99												
Improvera IMPR99												
Kliofem KLIOF99												
Livial LIVL99												
Menophase MENPH99												
Menorest MENOR99												
Nuvelle NUV99												
Oestrogel OESTG99												
Premarin PREMA99												
Premique PREIQ99												
Premique Cycle PREMC99												
Prempak PREMP99												
Progynova PROGN99												
Sandrena SANDR99												
Tridestra TRID99												
Trisequens TRIS99												
Zumenon ZUMEN99												
Oestrogen implant OIMP99												
Progestogen supplement (give name) PROGS99												
Other: (give name) HROT199												

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

CHLH99

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?

PACL99

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?

GWINC99

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?

SPDF99

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?

CHDF99

No	0
Yes	1
No children	8

34. 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?

PADF99

No	0
Yes	1

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

WKDF99

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

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

(circle one)

LASTY99

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

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. Please continue on a separate sheet if necessary.

NOTE99

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 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
Yes	1

PQNY99

BATCH99