

**STRICTLY CONFIDENTIAL**

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**MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT**  
**Royal Free & University College London Medical School**  
**Department of Epidemiology and Public Health**  
**1-19 Torrington Place**  
**London WC1E 6BT**

**ADDITIONAL POSTAL QUESTIONNAIRE 2000**

This additional questionnaire is for women who had no home visit from our research nurse last year. This information will allow us to update work, marital and fertility histories and to include more women in our study of breast disease.

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.

Inside this questionnaire there is a form asking you to give your consent for us to request a copy of your mammogram, if you have ever had one. This is for a new study of breast disease and details of the study are given in the letter. The mammograms will only be used for research purposes and no information will be passed on to anyone outside the study team. If you are happy to give your consent please print your name and sign and date the form and return it to us with your completed questionnaires in the prepaid envelope provided.

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 020 7679 1720 or write to us at the above address.

Thank you very much for your time and cooperation.

Please give the date you completed this questionnaire: \_\_\_\_\_ day \_\_\_\_\_ month 20 \_\_\_\_\_

**PAID WORK**

1. Are you currently in paid work? (Includes self-employed, government schemes for employment training, temporary absence for holiday, unpaid work for family business)  
(circle one)  
No 0  
Yes 1 (go to Q4)
2. Are you seriously looking for any kind of paid work?  
No 0  
Yes 1
3. Since 1989 have you had any paid work?  
No 0 (go to Q10)  
Yes 1
4. What is (was) the full title of your job? (Please specify using precise terms. For example, *primary school teacher* rather than *teacher*)  
\_\_\_\_\_
5. What are (were) the main things you do (did) in the job?  
\_\_\_\_\_
6. In that job are (were) you: (circle one)  
a manager? 0  
a foreman or supervisor? 1  
an employee? (not manager or foreman) 2  
self employed with employees? 3  
self employed without employees? 4 (go to Q8)
7. How many people work(ed) for your employer at the place where you work(ed)? (If you are (were) self employed, circle the number you employ(ed))  
(circle one)  
1-9 persons 1  
10-24 persons 2  
25-499 persons 3  
500 or more persons 4

8. On the whole, how happy would you say you are/were with your job? (circle one)  
Very happy 1  
Fairly happy 2  
Not very happy 3  
Unhappy 4
9. How often do/did you find your work stressful? Would you say that it was: (circle one)  
Rarely stressful 1  
Sometimes stressful 2  
Stressful most of the time 3  
Stressful all of the time 4

**SMOKING**

10. Do you smoke cigarettes at all nowadays?  
No 0  
Yes 1 (go to Q12)
11. Have you ever smoked as much as one cigarette a day for 12 months or more?  
No 0  
Yes 1

**MARITAL STATUS**

12. Are you currently (circle one)  
single (i.e. never married) 1 (go to Q14)  
married 2  
widowed 3  
divorced 4  
separated 5
13. How many times have you married? (circle one)  
Once 1  
Twice 2  
Three or more times 3

**CHILDREN**

14a. How many children of your own have you had altogether?   number  
(If no children, write 00 in the box and go to Q15.)

b. Have you had any children born since 1989? (Include live births only) No 0 (go to Q15)  
Yes 1 (please give details below)

	1st child	2nd child	3rd child	4th child	5th child
a. Is child a boy or girl?	Boy ..... 1 Girl ..... 2	Boy ..... 1 Girl ..... 2	Boy ..... 1 Girl ..... 2	Boy ..... 1 Girl ..... 2	Boy ..... 1 Girl ..... 2
b. When was he/she born?	Day _____ Month _____ Year _____	Day _____ Month _____ Year _____	Day _____ Month _____ Year _____	Day _____ Month _____ Year _____	Day _____ Month _____ Year _____

**BREAST DISORDERS**

15. Have you ever had a mammogram (x-ray of the breast)?

No	0	(circle one)
Yes once	1	
Yes, more than once	2	

Please complete details about your **first** and your **most recent** mammogram.

	<i>First mammogram</i>	<i>Most recent mammogram</i>
a. When did you have this mammogram? (If you cannot remember the month and year please give your age at the time.)	month      year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> years	month      year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> years
b. Name of the hospital or medical facility you attended for the mammogram	.....	.....
c. Name of town where you had mammogram	.....	.....
d. Was the mammogram a routine breast screening?	No   0   Yes   1	No   0   Yes   1
e. Was anything abnormal found?	No   0   Yes   1	No   0   Yes   1
Specify: .....	Specify: .....	Specify: .....

16. Have you ever consulted a doctor about breast lumps?

No	0	(please go to end of questionnaire)
Yes	1	

17. How many times have you consulted a doctor about breast lumps?

Once	1	(circle one)
Twice	2	
Three times	3	
More than 3 times	4	

Please complete details about your **first** and your **most recent** consultation.

	<i>First consultation</i>	<i>Most recent consultation</i>
a. When was this consultation? (If you cannot remember the date please give your age.)	month      year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> years	month      year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/> years
b. What was the diagnosis?	(circle one) No abnormality      0 Benign breast lump      1 Breast cancer      2 Other, please specify      3  .....  Don't know      9	(circle one) No abnormality      0 Benign breast lump      1 Breast cancer      2 Other, please specify      3  .....  Don't know      9
c. Did you have a breast biopsy? (Removal of small piece of tissue from the breast) If yes, please give:	No   0   Yes   1	No   0   Yes   1
d. Name of the hospital you attended for your biopsy.	.....	.....
e. Name of town where you had your biopsy.	.....	.....
f. Name of the consultant in charge of your biopsy.	.....	.....

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 RETURN THE QUESTIONNAIRES AND THE CONSENT FORM TO US IN THE PRE-PAID ENVELOPE PROVIDED

**IF YOU ARE UNABLE TO COMPLETE THE QUESTIONNAIRE**

Please give below your reasons for not completing the questionnaire.