STRICTLY CONFIDENTIAL RECDD00 RECDM00 RECDY00 | | | | | | |

MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT
Royal Free & University College London Medical School
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1-19 Torrington Place
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WOMEN'S HEALTH IN THE MIDDLE YEARS

Postal Questionnaire 2000

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 020 7679 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. If you have moved please provide your new address on the separate form provided for this purpose and include it with your questionnaire. Thank you very much for your time and cooperation.

Please give the date you completed this questionnaire: _____ **day** _____ **month 20** _____
INTD00 INTM00 INTY00

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: PHYCH00

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: NERCH00

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: WTCH00

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: ENECH00

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: SECCH00

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: WKCH00

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: FAMCH00

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: SEXCH00

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: TIMCH00

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: DECCH00

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: CONCH00

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

HW00 HB00

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

HW100 HW200 HW300

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

HB100 HB200 HB300

4. *In the last 12 months* was there anything in particular which made life *worse* in some way? LW00 No 0 Yes 1

If *yes*, please give details:

LW100 LW200 LW300

5. *In the last 12 months* was there anything in particular which made life *better* in some way? LB00 No 0 Yes 1

If *yes*, please give details:

LB100 LB200 LB300

6. Do you regularly take any prescribed medicines? No 0 Yes 1 PM00

If *yes*, please give the following details:

	Name of prescribed medicine	What is it for?
1.	PM100	PM1R100 PM1R200 PM1R300
2.	PM200	PM2R100 PM2R200 PM2R300
3.	PM300	PM3R100 PM3R200 PM3R300
4.	PM400	PM4R100 PM4R200 PM4R300
5.	PM500 PMRR500	PM5R100 PM5R200 PM5R300

7. *Since October 1999* 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)	WOP100 0	1 ⇨	WOPM100 / WOPY100	or	WOPA100	yrs
b) Removal of uterus (womb) only (hysterectomy)	WOP200 0	1 ⇨	WOPM200 / WOPY200	or	WOPA200	yrs
c) Removal of uterus (womb) and one ovary (hysterectomy and oopherectomy)	WOP300 0	1 ⇨	WOPM300 / WOPY300	or	WOPA300	yrs
d) Removal of both ovaries only (bilateral oophorectomy)	WOP400 0	1 ⇨	WOPM400 / WOPY400	or	WOPA400	yrs
e) Removal of one ovary only (oopherectomy)	WOP500 0	1 ⇨	WOPM500 / WOPY500	or	WOPA500	yrs

THIS NEXT QUESTION IS ONLY FOR WOMEN WHO HAVE HAD A HYSTERECTOMY SINCE OCTOBER 1999

8. What type of hysterectomy did you have?

HYSTP00

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? PILL00

No 0
Yes 1

If yes, please give the brand name of the most recent contraceptive pill PILLM00 _____

10. *In the last 2 years* have you had a period or menstrual bleeding? BL2Y00

No 0 (*go to Q15a*)
Yes 1

11. *In the last 12 months* have you had a period or menstrual bleeding? BLY00

No 0
Yes 1

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

i. Surgery? BLEYS00 1
ii. Chemotherapy or radiation therapy? BLEYC00 2
iii. No obvious reason/menopause? BLEYN00 3
iv. Other reason, please specify: BLEYT00 4
_____

12. *In the last 3 months* have you had a period or menstrual bleeding BLQ00

No 0
Yes 1

13. When was your last period? (Include current period if bleeding now)
month BLLM00 ☐☐ year BLLY00 ☐☐☐☐

If you cannot remember the month and year please give your age at the time ☐☐ yrs BLLA00

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

a. did your periods BLREG00 (*circle one*)
become more regular? 1
become less regular? 2
remain about the same? 3
(i.e. as regular/irregular as before)

b. did your periods BLYFR00 (*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 BLYDA00 (*circle one*)
increase? 1
decrease? 2
remain about the same? 3

d. did your menstrual flow BLYFL00 (*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 SLEPY00	0	1	2	3
Aches & pains in the joints ACHY00	0	1	2	3
Breast tenderness BREY00	0	1	2	3
Hot flushes HOTY00	0	1	2	3
Palpitations (rapid heart beat not due to exercise) PALPY00	0	1	2	3
Dizziness DIZY00	0	1	2	3
Pins and needles in hands and feet PINY00	0	1	2	3
Skin-crawling sensations ANTY00	0	1	2	3
Irritability IRRY00	0	1	2	3
Anxiety or depression ANXY00	0	1	2	3
Tearfulness TEARY00	0	1	2	3
Feelings of panic PANY00	0	1	2	3
Forgetfulness FORY00	0	1	2	3
Hair loss HLSSY00	0	1	2	3
Cold sweats/night sweats CNSWY00	0	1	2	3
Skin wrinkling SKWRY00	0	1	2	3
Heavy periods HPEY00	0	1	2	3
Painful periods PPY00	0	1	2	3
Vaginal dryness VAGY00	0	1	2	3
Difficulties with intercourse INTCY00	0	1	2	3
Frequency of passing urine URY00	0	1	2	3
Lost urine when you didn't mean to LURY00	0	1	2	3
Pain when passing urine PURY00	0	1	2	3
Frequent severe headaches/migraine HAKY00	0	1	2	3
Other: _____ SYOTY00 _____	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*) SYYDP00

No 1
Doctor 2
Other health professional 3

c. *In the last 12 months* have you taken any prescribed medicines or tablets for any symptoms in question 15a? SYYM00

No 1
Yes 2

If *yes*, what are/were they called? _____

SYYM100 SYYM200

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

URD00

About every 30 minutes or less	0
About every hour	1
About every 2 hours	2
About every 3 hours or more	3

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17. On average how often do you get up in the night to pass urine? (*circle one*)

URN00

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*)

URLY00

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*)

URLYA00

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 to protect against the loss of urine? (*circle one*)

URLYP00

No	0
Occasionally	1
Frequently	2

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19. *In the last twelve months* have you lost any urine when you coughed, sneezed, laughed, ran or exercised? (*circle one*)

URLEX00

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*)

URU00

No (go to Q21)	0
Occasionally	1
Frequently	2

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

URLBT00

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*)

URLF00

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*)

URLC00

No	0
Yes	1
Don't know	9

If *yes*, please specify _____

URLC100 URLC200 URLC300

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 LENM00	0	1
Aches and pains in the joints ACHM00	0	1
Diarrhoea DIARM00	0	1
Constipation CONSM00	0	1
Hot flushes HOTM00	0	1
Persistent cough PCOFM00	0	1
Dizziness DIZM00	0	1
Backache BACKM00	0	1
Skin-crawling sensations ANTM00	0	1
Loss of appetite LAPM00	0	1
Anxiety or depression ANXM00	0	1
Nausea NAUM00	0	1
Feelings of panic PANM00	0	1
Difficulty making decisions DECM00	0	1
Cold sweats or night sweats CNSWM00	0	1
Frequent headaches/migraine HAKM00	0	1
Trouble sleeping SLEPM00	0	1
Breast tenderness BREM00	0	1
Palpitations (rapid heartbeat not due to exercise) PALPM00	0	1
Pins and needles in hands and feet PINM00	0	1
Irritability IRRM00	0	1
Tearfulness TEARM00	0	1
Forgetfulness FORM00	0	1
Vaginal dryness VAGM00	0	1
Difficulty concentrating CONCM00	0	1

23a. *Since October 1999* have you had hormone replacement therapy (HRT)?

HRTY00 No 0 (go to Q29)
Yes 1

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

HRTF00 No 0 (go to Q24)
Yes 1

b. When did you first start HRT?

month year

HRTSM00 ☐☐ ☐☐☐☐ HRTSY00

If you cannot remember the month and year please give your age at the time ☐☐ yrs HRTSA00

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

BLEH00 No 0
Yes 1

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

month year

BLHM00 ☐☐ ☐☐☐☐ BLHY00

If you cannot remember the month and year please give your age at the time ☐☐ yrs BLHA00

and were your periods stopped by:

(circle all that apply)

i. Surgery? BLEHS00 1
ii. Chemotherapy or radiation therapy? BLEHC00 2
iii. No obvious reason/menopause? BLEHN00 3
iv. Other reason, please specify: _____ BLEHT00 4

_____

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 (e.g. hot flushes, night sweats) HRSMN00 ☐
To prevent osteoporosis (brittle bones) HRSOS00 ☐
To prevent heart disease HRSHD00 ☐
Because I had an early menopause HRSEM00 ☐
Because I had my ovaries removed HRSOV00 ☐
To regularise monthly periods HRSRE00 ☐
Because I was having difficulties with sexual intercourse HRSSX00 ☐
To keep me youthful HRSYT00 ☐
My doctor recommended it HRSDR00 ☐
Other reason, please specify: HRSOT00 ☐

_____

24. Are you currently on HRT?

HRT00 No 0
Yes 1

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25. *Since October 1999* how many months have you taken HRT?

HRTYM00 ☐☐ months

---

26. *Since October 1999* have you stopped HRT and then started again?

HRTYS00 No 0
Yes 1

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

BLBH00 No 0
Yes 1

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27. If you stopped taking HRT since October 1999 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 HREBT00 ☐
HRT didn't help me feel any better HRENB00 ☐
I didn't like having periods again HREPE00 ☐
I didn't like taking it any more HRENL00 ☐
I had difficulty remembering to take it HREFR00 ☐
I was concerned about possible side-effects HRECN00 ☐
My doctor advised me to stop HREDR00 ☐
I was having side-effects HRESD00 ☐

Please specify side-effects: _____

_____

HRSD100 HRSD200 HRSD300

Other reason, please specifiy: _____ HREOT00 ☐

_____

_____

28. Please circle the names of all HRT preparations you have used since October 1999 and indicate (by ticking the boxes) which months you used each preparation.

Name of HRT preparation	Oct '99	Nov '99	Dec '99	Jan '00	Feb '00	Mar '00	Apr '00	May '00	June '00	July '00	Aug '00	Sept '00
Climagest CLIG00												
Climaval CLIM00												
Climesse CLIME00												
Cycloprogynova CYPR00												
Dermestril DERM00												
Elleste Duet ELLD00												
Elleste Conti ELLC00												
Elleste Solo ELLS00												
Estracombi ESTC00												
Estraderm ESTD00												
Estrapak ESTP00												
Ethinyloestradiol ETHIN00												
Evorel EVO00												
Evorel-Pak EVOPK00												
Evorel Sequi EVOS00												
Evorel Conti EVOC00												
Evista EVIST00												
Femapak FEMAP00												
Fematrix FEMAT00												
Femoston FEMOS00												
Femseven FEMSE00												
Harmogen HARM00												
Hormonin HOR00												
Improvera IMPR00												
Kliofem KLIOF00												
Kliovance KLIOV00												
Livial LIVL00												
Menophase MENPH00												
Menorest MENOR00												
Nuvelle NUV00												
Oestrogel OESTG00												
Premarin PREMA00												
Premique PREIQ00												
Premique Cycle PREMC00												
Prempak PREMP00												
Progynova PROGN00												
Sandrena SANDR00												
Tridesta TRID00												
Trisequens TRIS00												
Zumenon ZUMEN00												
Oestrogen implant OIMP00												
Progestogen supplement (give name) PROGS00												
Other: (give name) HROT100												

HRTL00 HR9910 HR9911 HR9912 HR0001 HR0002 HR0003 HR0004 HR0005 HR0006 HR0007 HR0008 HR0009

HRPTL00 HRP9910 HRP9911 HRP9912 HRP0001 HRP0002 HRP0003 HRP0004 HRP0005 HRP0006 HRP0007 HRP0008 HRP0009

Many women have asked why we only collect information about HRT and not about alternative medicines and therapies or how women modify their behaviour or lifestyle to deal with health symptoms during the menopause. Others have written to tell us about consultations with their family doctor or other health professionals. So this year we are asking some extra questions about these things to help us understand better the experiences of women in midlife.

29a. *In the last 10 years* have you consulted a doctor or other health professional about hot flushes or night sweats?

No *(Go to Q30)* 0 HNDRT00
Yes 1

b. What did the doctor do? *(circle all that apply)*		**c.** Did this help your hot flushes or night sweats?
Recommended HRT HNDHR00	1→	Yes 1 No/don't know 0 Did not take advice 6 HNDHH00
Recommended other medication or treatment (specify) ..... HNDOT00 ..... HNPM100 HNPM200 HNDT100 HNDT200	2→	Yes 1 No/don't know 0 Did not take advice 6 HNDOH00
Recommended alternative treatments/therapies	3 HNDAL00	
Offered other advice	4 HNDAD00	
Did nothing	5 HNDN00	

30a. *In the last 10 years* have you **regularly** taken any **non prescribed** medicines or treatments (including alternative therapies) or changed your behaviour in any way to try to relieve hot flushes or cold sweats?

No *(Go to Q31)* 0 HNNPT00
Yes 1

b. Please specify name(s) of non prescribed medicine, treatment or behaviour change	**c.** Did this help relieve your hot flushes or night sweats?
1 ..... HNNP100 HNTB100 HNTBA00	Yes 1 No/don't know 0 HNNH100
2 ..... HNNP200 HNTB200 HNTBB00	Yes 1 No/don't know 0 HNNH200

31a. *In the last 10 years* have you consulted a doctor or other health professional about trouble sleeping?

No *(Go to Q32)* 0 DSLEP00
Yes 1

b. What did the doctor do? *(circle all that apply)*		**c.** Did this help your trouble sleeping?
Recommended HRT SLDHR00	1→	Yes 1 No/don't know 0 Did not take advice 6 SLDHH00
Recommended other medication or treatment (specify) SLDOT00 ..... SLPM100 SLPM200 SLDT100 SLDT200	2→	Yes 1 No/don't know 0 Did not take advice 6 SLDOH00
Recommended alternative treatments/therapies	3 SLDAL00	
Offered other advice	4 SLDAD00	
Did nothing	5 SLDN00	

32a. *In the last 10 years* have you **regularly** taken any **non prescribed** medicines or treatments (including alternative therapies) or changed your behaviour in any way to try to relieve your trouble sleeping?

No *(Go to Q33)* 0 SLNPT00
Yes 1

b. Please specify name(s) of non prescribed medicine, treatment or behaviour change	**c.** Did this help relieve your trouble sleeping?
1 ..... SLNP100 SLTB100	Yes 1 No/don't know 0 SLNH100
2 ..... SLNP200 SLTB200	Yes 1 No/don't know 0 SLNH200

SLNP300 SLTB300 SLNH300

SLNP400 SLTB400 SLNH400

33a. *In the last 10 years* have you consulted a doctor or other health professional about vaginal dryness?

No *(Go to Q34)* 0 VADRT00
Yes 1

b. What did the doctor do? *(circle all that apply)*		**c.** Did this help your vaginal dryness?
Recommended HRT VADHR00	1→	Yes 1 No/don't know 0 Did not take advice 6 VADHH00
Recommended other medication or treatment (specify) VADOT00	2→	Yes 1 No/don't know 0 Did not take advice 6 VADOH00
VAPM100 VAPM200 VADT100 VADT200		
Recommended alternative treatments/therapies	3 VADAL00	
Offered other advice	4 VADAD00	
Did nothing	5 VADN00	

34a. *In the last 10 years* have you **regularly** taken any **non prescribed** medicines or treatments (including alternative therapies) or changed your behaviour in any way to try to relieve your vaginal dryness?

No *(Go to Q35)* 0 VANPT00
Yes 1

b. Please specify name(s) of non prescribed medicine, treatment or behaviour change	**c.** Did this help relieve your vaginal dryness?
1 VANP100 VATB100	Yes 1 No/don't know 0 VANH100
2 VANP200 VATB200	Yes 1 No/don't know 0 VANH200

35a. *In the last 10 years* have you ever consulted a doctor or other health professional about nervous or emotional symptoms?

No *(Go to Q36)* 0
Yes 1 DNERV00

b. What did the doctor do? *(circle all that apply)*		**c.** Did this help your nervous or emotional symptoms?
Recommended HRT NEDHR00	1→	Yes 1 No/don't know 0 Did not take advice 6 NEDHH00
Recommended other medication or treatment (specify) NEDOT00	2→	Yes 1 No/don't know 0 Did not take advice 6 NEDOH00
NEPM100 NEPM200		
Recommended alternative treatments/therapies	3 NEDAL00	
Offered other advice	4 NEDAD00	
Did nothing	5 NEDN00	

36a. *In the last 10 years* have you **regularly** taken any **non prescribed** medicines or treatments (including alternative therapies) or changed your behaviour in any way to try to relieve nervous or emotional symptoms?

No *(Go to Q37)* 0 NENPT00
Yes 1

b. Please specify name(s) of non prescribed medicine, treatment or behaviour change	**c.** Did this help relieve your nervous or emotional symptoms?
1 NENP100 NETB100	Yes 1 No/don't know 0 NENH100
2 NENP200 NETB200	Yes 1 No/don't know 0 NENH200
NENP300 NETB300	NENH300
NENP400 NETB400	NENH400

37a. Have you *ever* consulted a doctor or other health professional about urinary symptoms such as frequency (day or night), incontinence (losing urine), urgency or 'cystitis'?

No *(Go to Q38)* 0 URDR00
Yes 1

b. How old were you when you last consulted about any of these symptoms?

☐☐ years URDLA00

c. What symptoms did you consult about then? *(circle all that apply)*

URDFR00	Frequency	1
URDIN00	Incontinence	2
URDUR00	Urgency	3
URDCY00	'Cystitis'	4

d. Thinking about your *last* consultation, what did the doctor do? *(circle all that apply)*		**e.** Did this help your urinary symptoms?
Recommended HRT URDHR00	1→	Yes 1 No/don't know 0 Did not take advice 6 URDHH00
Recommended other medication or treatment (specify) ..... URDOT00 ..... URPM100 URPM200 URDT100 URDT200	2→	Yes 1 No/don't know 0 Did not take advice 6 URDOH00
Recommended alternative treatments/therapies	3 URDAL00	
Offered other advice	4 URDAD00	
Did nothing	5 URDN00	

38a. Have you ever **regularly** taken any **non prescribed** medicines or treatments (including alternative therapies) or changed your behaviour in any way to try to relieve urinary symptoms, such as frequency (day or night), incontinence (losing urine), urgency or 'cystitis'?

No *(Go to Q39)* 0
Yes 1 URNPT00

b. Please specify name(s) of non prescribed medicine, treatment or behaviour change	**c.** Did this help relieve your urinary symptoms?
1 URNP100 URTB100	Yes 1 No/don't know 0 URNH100
2 URNP200 URTB200	Yes 1 No/don't know 0 URNH200

39a. Do you **regularly** take **non prescribed** medicines, use alternative treatments or therapies or follow a special diet or exercise regime to maintain or restore your health, reduce your risk of chronic health problems (such as osteoporosis and heart disease) or to slow down the effects of ageing on your body or your brain?

No *(Go to Q40)* 0 KHNPT00
Yes 1

b. Please specify name(s) of non prescribed medicine, alternative therapy or treatment, special diet or exercise regime	**c.** What is it for?
1 KHNP100 KHTB100	KH1R100 KH1R200 .....
2 KHNP200 KHTB200	KH2R100 KH2R200 .....
3 KHNP300 KHTB300	KH3R100 KH3R200 .....
4 KHNP400 KHTB400	KH4R100 KH4R200 .....
KHNP500 KHTB500	KH5R100 KH5R200
KHNP600 KHTB600	KH6R100 KH6R200
KHNP700 KHTB700	KH7R100 KH7R200
KHNP800 KHTB800	KH8R100 KH8R200
KHNP900 KHTB900	KH9R100 KH9R200

KHMR900

This year we are asking some questions about body weight and shape (questions 40 to 55). While some women may not feel these things are important in their lives or spend much time thinking about them, others have strong feelings and think about them a lot.

40. How much do you currently weigh?

WTCM00 ☐☐☐ kg. *or* WTCL00 ☐☐☐ lbs.

or WTCS00 ☐☐ stones & WTCSL00 ☐☐ lbs.

41. Are you happy with your body weight or would you like to weigh less or more than you do?

WTHAP00 *(circle one)*

Happy with current body weight *(Go to Q43)*	0
Would like to lose a little weight	1
Would like to lose a lot of weight	2
Would like to gain a little weight	3
Would like to gain a lot of weight	4

42. How much would you like to weigh?

WTLM00 ☐☐☐ kg. *or* WTLL00 ☐☐☐ lbs.

or WTLS00 ☐☐ stones & WTLSL00 ☐☐ lbs.

43. Are you actively trying to change or maintain ('watch') your weight? *(circle one)*

WTTR00 No *(Go to Q45)*	0
Yes, trying to lose weight	1
Yes, trying to maintain ('watch') my weight	2
Yes, trying to gain weight	3

44. How are you trying to change or maintain your weight?

(circle all that apply)

WTTRD00	Through dietary changes	1
WTTRP00	Through physical activity	2
WTTRT00	Other (please specify)	3

WTTR100 .....

WTTR200 .....

45. Because of how you feel about your body weight or shape do you avoid:

(Circle a number for each example)

		Often	Some-times	Never
WSAPC00	**a.** public changing facilities?	1	2	3
WSAPA00	**b.** physical activities where others may see you?	1	2	3
WSAWB00	**c.** wearing bathing suits or similar clothing?	1	2	3
WASASS00	**d.** social situations?	1	2	3
WSAINO0	**e.** physical intimacy?	1	2	3

46. When you are anxious, depressed, bored or lonely do you eat more, less or about the same as usual?

(circle one)

Eat more	1	WSEAT00
Eat less	2	
Eat about the same as usual	3	

47. Does your husband or partner make **negative** comments about your body weight or shape? WSHNG00

(circle one)

No	0
Yes, occasionally	1
Yes, frequently	2
Yes, all the time	3
No husband or partner	8

48. Does your husband or partner make **positive** comments about your body weight or shape? WSHPS00

(circle one)

No	0
Yes, occasionally	1
Yes, frequently	2
Yes, all the time	3
No husband or partner	8

49a. When you were growing up did people make **negative** comments or tease you about your body weight or shape? WSCHN00 *(circle one)*

No *(Go to Q50)*	0
Yes, occasionally	1
Yes, frequently	2
Yes, all the time	3

b. Who made these negative comments?

(circle all that apply)

Mother	1	WSNM00
Father	2	WSNF00
Other family member	3	WSNOF00
Children at school	4	WSNCH00
Other (please specify)	5	WSNOT00

50a. When you were growing up did people make **positive** comments about your body weight or shape? *(circle one)*

No *(Go to Q51)*	0	WSCHP00
Yes, occasionally	1	
Yes, frequently	2	
Yes, all the time	3	

b. Who made these positive comments?

(circle all that apply)

Mother	1	WSPM00
Father	2	WSPF00
Other family member	3	WSPOF00
Children at school	4	WSPCH00
Other (please specify)	5	WSPOT00

51. How satisfied were you with your body weight or shape at each of these different ages?

(Circle an answer for every age group)

	Very satisfied	Satisfied	Somewhat satisfied	Somewhat dissatisfied	Dissatisfied	Very dissatisfied	
In adolescence	1	2	3	4	5	6	WS10S00
20-29 years	1	2	3	4	5	6	WS20S00
30-39 years	1	2	3	4	5	6	WS30S00
40-49 years	1	2	3	4	5	6	WS40S00
Since aged 50 years	1	2	3	4	5	6	WS50S00

52. Please indicate how often you **agree** with the following statements.

(Circle the appropriate number beside each statement)

		Never	Seldom	Sometimes	Often	Always
a.	I like what I look like in pictures BESAP00	1	2	3	4	5
b.	I am proud of my body BESWP00	1	2	3	4	5
c.	I am preoccupied with trying to change my body weight BESWC00	1	2	3	4	5
d.	I like what I see when I look in the mirror BESAM00	1	2	3	4	5
e.	There are lots of things I'd change about my looks if I could BESAC00	1	2	3	4	5
f.	I am satisfied with my weight BESWS00	1	2	3	4	5
g.	I wish I looked better BESAB00	1	2	3	4	5
h.	I really like what I weigh BESWL00	1	2	3	4	5
i.	I wish I looked like someone else BESAS00	1	2	3	4	5
j.	My looks upset me BESAU00	1	2	3	4	5
k.	I'm pretty happy about the way I look BESAH00	1	2	3	4	5
l.	I feel I weigh the right amount for my height BESWH00	1	2	3	4	5
m.	I feel ashamed of how I look BESAA00	1	2	3	4	5
n.	Weighing myself depresses me BESWD00	1	2	3	4	5
o.	My weight makes me unhappy BESWU00	1	2	3	4	5
p.	I worry about the way I look BESAW00	1	2	3	4	5
q.	I think I have a good body BESWG00	1	2	3	4	5
r.	I'm looking as nice as I'd like to BESAN00	1	2	3	4	5

53a. Is there any other aspect of your appearance that particularly distresses you?

No *(Go to Q54)* 0
Yes 1 WSOD00

b. Could you tell me what that is?.....

WSOD100 WSOD200 WSOD300 WSOD400 WSOD500

54. Have you ever had an eating disorder, such as **anorexia nervosa** (extremely underweight, intense fear of gaining weight, and failure to recognise the seriousness of low body weight) or **bulimia nervosa** (regular bingeing i.e. eating an extremely large amount of food in a short period of time with a feeling of being out of control, **and** purging to prevent weight gain, such as self-induced vomiting or laxative abuse)?

(circle all that apply)

No *(Go to Q56)* 0 EDENT00
Anorexia nervosa 1 EDEAN00
Bulimia nervosa 2 EDEBN00
Other (please specify) 3 EDEOT00

EDEOC00
.....

55a. How old were you when you **first** suffered from an eating disorder?

EDFA00 *age in years* ☐☐

b. How old were you when you **last** suffered from an eating disorder?

EDLA00 *age in years* ☐☐

c. Was your eating disorder ever diagnosed by a doctor?

EDEDC00

No	0
Yes	1

d. Were you ever admitted to hospital for your eating disorder?

EDEHS00

No	0
Yes	1

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56. Over the last 12 months would you say that your health on the whole has been HLTHY00

(circle one)

Excellent	1
Good	2
Fair	3
Poor	4

57. In the last 12 months how many times have you consulted your family doctor about health problems? *(exclude routine visits for cervical and breast screening, contraceptive checks and 'well woman' clinics)* HPDVY00

(circle one)

No visits in the last 12 months	0
1-2 visits in the last 12 months	1
3-5 visits in the last 12 months	2
6 or more visits in the last 12 months	3

58. Women have very different feelings about the time when their menstrual periods stop altogether. Which of the statements best describe your feelings *now*? *(Please answer whether or not your periods have already stopped)* BLSTF00

(circle one)

Feelings of regret	1
Feelings of relief	2
Mixed feelings	3
No particular feelings at all	4

59. *In the last 12 months* have any of your children left home? CHLH00

No	0
Yes	1
No children	8

60. *In the last 12 months* have you had a parent, parent-in-law (or other elderly relative) come and live with you? PACL00

No	0
Yes	1

61. *In the last 12 months* have you had to go without things you really needed because you were short of money? GWINC00

No	0
Yes	1

62. *In the last 12 months* have you had serious difficulties with your spouse/partner because of their health, behaviour or for other reasons? SPDF00

No	0
Yes	1
No spouse/partner	8

63. *In the last 12 months* have you had serious difficulties with any of your children because of their health, behaviour or for other reasons? CHDF00

No	0
Yes	1
No children	8

64. *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? PADF00

No	0
Yes	1

65. *In the last 12 months* have you had serious difficulties at work? WKDF00

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

66. On the whole would you describe the last year as *(circle one)* LASTY00

a very good year for you	1
quite a good year for you	2
neither a particularly good or bad year	3
quite a bad year for you	4
a very bad year for you	5

67a. Is there a car or van normally available for your use? CAR00

No	0
Yes	1

b. Do you have a valid driving licence? DRLIC00

No	0
Yes	1

68. Are you currently in paid work? JOBW00

(circle one)

Yes, in full-time work	1
Yes, in part-time work	2
No	3

69. Have you retired from paid work? RETR00

(circle one)

No *(Go to Q71)*	1
Yes	2
Never had paid work*(Go to end)*	3

70. At what age did you retire? RETRA00
(Please fill in an age and then go to end)

age in years

71. At what age do you plan to retire? RETRP00

(circle one)

Within the next year	1
Between 55-59 years	2
At 60 years	3
Between 61-64 years	4
At 65 years	5
After 65 years	6
Undecided	7

72. Before you retire do you plan to reduce your hours or take a less demanding job? RETRR00

(circle one)

No	0
Yes, possibly	1
Yes, definitely	2
Yes, already done so	3
Undecided	4

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. We are particularly interested this year in any experiences or feelings about the menopause that you have not previously told us.

NOTE00

BATCH00

PLEASE RETURN THE QUESTIONNAIRE 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.