

STRICTLY CONFIDENTIAL

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MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT
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WOMEN'S HEALTH IN THE MIDDLE YEARS

Postal Questionnaire 2003

This short postal questionnaire is for everyone and we would appreciate you taking a few minutes to complete it. In order to continue our research on health and the menopause it is important that all women complete this questionnaire whether or not they have reached menopause or used hormone replacement therapy (HRT). When we last contacted women study members, one in eight were still perimenopausal and one in twenty remained premenopausal. In addition, many will have taken hormone replacement therapy since the last questionnaire and some will have had an operation to remove the uterus or ovaries. Thus this questionnaire updates menstrual, surgical and HRT histories. If there is little or nothing to report this will involve only a few questions but we still need to have the information to conduct our research.

We are delighted that so many women in the study complete the postal questionnaires. This has allowed us to publish widely on health topics of importance to women at midlife, including lifetime influences on timing of perimenopause and menopause, common symptoms and health care, breast cancer, and body dissatisfaction. Recent work is summarised on the birthday card and in our list of new publications. We are now incorporating this information on the menopause into our studies of earlier biological risk and lifetime social circumstances in relation to cardiovascular and musculoskeletal health and other measures of function.

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 that 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. Thank you very much for your time and cooperation.

Please give the date you completed this questionnaire: _____ day _____ month 20____ year

INTD03

INTM03

INTY03

1. Since January 1999 have you had an operation to remove your uterus (womb) and/or ovaries?

No 0 → Q2
Yes 1

If yes, please give dates of all operations. (Circle 0 (No) or 1 (Yes) for a-e)). 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)	WOP103 0	1 →	Month / Year	or	WOPA103 yrs
b) Removal of uterus (womb) only (hysterectomy)	WOP203 0	1 →	Month / Year	or	WOPA203 yrs
c) Removal of uterus (womb) and one ovary (hysterectomy and oophorectomy)	WOP303 0	1 →	Month / Year	or	WOPA303 yrs
d) Removal of both ovaries only (bilateral oophorectomy)	WOP403 0	1 →	Month / Year	or	WOPA403 yrs
e) Removal of one ovary only (oophorectomy)	WOP503 0	1 →	Month / Year	or	WOPA503 yrs

2. Since January 1999 have you had a period or menstrual bleeding?

BL9903

No 0 → Q6a
Yes 1

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

BLY03

No 0
Yes 1

If no, were your periods stopped by:

(circle all that apply)

- i Surgery? 1 BLEYS03
- ii Chemotherapy or radiation therapy? 2 BLEYC03
- iii No obvious reason/menopause? 3 BLEYN03
- iv Other reason, please specify: 4 BLEYT03

4. In the last 3 months have you had a period or menstrual bleeding?

BLQ03

No 0
Yes 1

5. When was your last period? (Include current period if bleeding now)

BLLM03

month

year

BLLY03

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

yrs

BLLA03

6a. Since January 1999 have you had hormone replacement therapy (HRT)?

HRTY03

No 0 → back page
Yes 1

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

HRTF03

No 0 → Q8
Yes 1

b. When did you first start HRT?

HRTSM03

month

year

HRTSY03

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

yrs

HRTSA03

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

BLEH03

No 0
Yes 1

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

BLHM03

month

year

BLHY03

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

yrs

BLHA03

and were your periods stopped by:

(circle all that apply)

- i Surgery? 1 BLEHS03
- ii Chemotherapy or radiation therapy? 2 BLEHC03
- iii No obvious reason/menopause? 3 BLEHN03
- iv Other reason, please specify: 4 BLEHT03

7. Please give your 3 most important reasons for starting HRT, ranking them in order of importance.

(Rank your 3 choices by putting 1, 2 & 3 in the appropriate boxes)

To relieve menopausal symptoms (e.g. hot flushes, night sweats) HRSMN03

To prevent osteoporosis (brittle bones) HRSOS03

To prevent heart disease HRSHD03

Because I had an early menopause HRSEM03

Because I had my ovaries removed HRSOV03

To regularise monthly periods HRSRE03

Because I was having difficulties with sexual intercourse HRSSX03

To keep me youthful HRSYT03

My doctor recommended it HRSDR03

Other reason, please specify: HRSOT03

8. Please indicate (by ticking the boxes) which months you used HRT preparations.

Please start from January 1999

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
1999	H9901 03	H9902 03	H9903 03	H9904 03	H9905 03	H9906 03	H9907 03	H9908 03	H9909 03	H9910 03	H9911 03	H9912 03
2000	H0001 03	H0002 03	H0003 03	H0004 03	H0005 03	H0006 03	H0007 03	H0008 03	H0009 03	H0010 03	H0011 03	H0012 03
2001	H0101 03	H0102 03	H0103 03	H0104 03	H0105 03	H0106 03	H0107 03	H0108 03	H0109 03	H0110 03	H0111 03	H0112 03
2002	H0201 03	H0202 03	H0203 03	H0204 03	H0205 03	H0206 03	H0207 03	H0208 03	H0209 03	H0210 03	H0211 03	H0212 03
2003	H0301 03	H0302 03	H0303 03	H0304 03	H0305 03	H0306 03	H0307 03	H0308 03	H0309 03	H0310 03	H0311 03	H0312 03

9. How many different HRT preparations have you taken since January 1999?

HRTN03 number

10. Since January 1999 have you stopped taking HRT and then started again?

HRTYS03 No 0
Yes 1

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

BLBH03 No 0
Yes 1

11a. Are you currently on HRT?

HRT03 No 0 → Q11c
Yes 1

b. If you are currently on HRT
What is the name of the HRT preparation?

Please specify: HRTPC03

Give your 3 most important reasons for continuing HRT, ranking them in order of importance.

(Rank your 3 choices by putting 1, 2 & 3 in the appropriate boxes)

To relieve menopausal symptoms (e.g. hot flushes, night sweats) ☐ HRCMN03

To prevent osteoporosis (brittle bones) ☐ HRCOS03

To prevent heart disease ☐ HRCHD03

To slow down ageing of body or brain ☐ HRCAG03

To maintain or restore health ☐ HRCHE03

Because I had an early menopause ☐ HRCHE03

Because I had my ovaries removed ☐ HRCOV03

My doctor recommended it ☐ HRCDR03

Other reason, please specify: ☐ HRCOT03

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c. If you are no longer on HRT
What was the name of the last HRT preparation that you took?

Please specify: HRTPL03

Give your 3 most important reasons for stopping HRT, ranking them in order of importance.

(Rank your 3 choices by putting 1, 2 & 3 in the appropriate boxes)

I was feeling better ☐ HREBT03

HRT didn't help me feel any better ☐ HRENB03

I didn't like having periods again ☐ HREPE03

I didn't like taking it any more ☐ HRENLO3

I had difficulty remembering to take it ☐ HREFR03

I was concerned about possible side-effects ☐ HRECN03

My doctor advised me to stop ☐ HREDR03

I was having side-effects ☐ HRES03

Please specify side-effects:

HRSD103 HRSD203 HRSD303

Other reason, please specify ☐

HREOT03

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Q03W

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.