

STRICTLY CONFIDENTIAL RECDD05 RECDM05 RECDY05

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

WOMEN'S HEALTH IN THE MIDDLE YEARS
(HYSTERECTOMY STUDY)

Postal questionnaire 2005

When completing the questionnaire please use a pen to circle the appropriate response to each question. Please feel free to add any further explanations or comments which will help us to understand your particular experiences.

You may already have provided some of the information we are requesting in an earlier postal questionnaire or during a home visit. As we are collecting the information in more detail this time we would be very grateful if you would provide the information again so that all women in the survey will have answered the same questions.

All information you provide will be treated in the strictest confidence. If you have any queries please do not hesitate to telephone Suzie Butterworth on 020 7679 5642 or write to us at the above address.

When you have completed 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 the one we have used)

Postcode _____

Please give the date you completed this questionnaire:

_____ day _____ month 20_____

INTD05

INTM05

INTY05

1. Have you ever had an operation to remove your uterus (womb) and/or ovaries? No 0 WOPE05
Yes 1

If *no* please do not answer any further questions.

2. What did the doctor tell you at the time were the reasons for removing your uterus and/or ovaries?

WOPMR05

	Main reason (circle one)	Other reasons (circle all that apply)
Heavy periods	1	1 WOPR105
Painful periods	2	2 WOPR205
Fibroids	3	3 WOPR305
Endometriosis	4	4 WOPR405
Prolapse	5	5 WOPR505
Pelvic inflammatory disease	6	6 WOPR605
Ovarian cysts	7	7 WOPR705
Uterine (womb) cancer (<i>this includes endometrial cancer</i>)	8	8 WOPR805
Cervical cancer	9	9 WOPR905
Ovarian cancer	10	10 WOPRX05
Other cancer, please specify site _____		
_____	11	11 WOPRY05
Other reason, please specify _____		
_____	12	12 WOPRZ05

3. If you have had an operation to remove your uterus what type of hysterectomy did you have? HYSTP05

Abdominal hysterectomy (<i>the uterus (womb) was removed through a single cut made in the lower part of the tummy</i>)	1
Vaginal hysterectomy (<i>the uterus was removed through the vagina</i>)	2
Other, please specify _____	3
Not sure	9
Did not have a hysterectomy	0

4. In order that we can update our records on recent hysterectomies and oophorectomies please give dates of all operations *performed in 2002 or later*. If you cannot remember the month and year, give your age at the time of the operation. If your operation was *performed before 2002* please go straight to question 5.

	No	Yes	Month/Year	or	Age	
a) Removal of uterus (womb) and both ovaries (hysterectomy and bilateral oophorectomy)	0	1	<input type="text"/> / <input type="text"/>		<input type="text"/> yrs	
			WOPM105	WOPY105	WOPA105	
b) Removal of uterus (womb) only (hysterectomy)	0	1	<input type="text"/> / <input type="text"/>		<input type="text"/> yrs	
			WOPM205	WOPY205	WOPA205	
c) Removal of uterus (womb) and one ovary (hysterectomy and oophorectomy)	0	1	<input type="text"/> / <input type="text"/>		<input type="text"/> yrs	
			WOPM305	WOPY305	WOPA305	
d) Removal of both ovaries only (bilateral oophorectomy)	0	1	<input type="text"/> / <input type="text"/>		<input type="text"/> yrs	
			WOPM405	WOPY405	WOPA405	
e) Removal of one ovary only (oophorectomy)	0	1	<input type="text"/> / <input type="text"/>		<input type="text"/> yrs	
			WOPM505	WOPY505	WOPA505	

5. How would you say that the operation to remove your uterus and/or ovaries affected your wellbeing and quality of life? WOPQL05

(circle one)

Had a very good effect	1
Had a good effect	2
Had neither a good or bad effect	3
Had a bad effect	4
Had a very bad effect	5

6. What were the main ways in which the operation to remove your uterus and/or ovaries affected your wellbeing and quality of life? (Please specify and continue overleaf if necessary) WOPAF05

Form completed and returned: Q05W

THANK YOU VERY MUCH FOR THE TIME YOU HAVE SPENT FILLING IN THIS QUESTIONNAIRE.
PLEASE RETURN THE QUESTIONNAIRE IN THE PRE-PAID ENVELOPE PROVIDED.

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT
(Medical Research Council)

SURVEY MEMBERS ADMITTED FOR CONFINEMENT

The following questions refer to the confinement of one of the 2,500 women whose own births were studied in the National Survey of March, 1946 (see "Maternity in Great Britain" Oxford University Press, 1948). The answers to these questions will allow a number of comparisons to be made of the reproductive performance of two generations of women.

This is a unique opportunity and I hope that you will be able to provide answers to this short series of questions.

M.R.C. Unit,
London School of Economics,
Houghton Street, W.C.2.

Prof. Sir Alan MONCRIEFF,
Chairman of Survey Committee.

...../...../...../.....

Name of patient

Address

.....

Hospital

Address

.....

Year of admission Approximate age on admission years.

Doctor or Specialist in charge of this case

IN ORDER TO REDUCE CLERICAL WORK THE ANSWERS TO MANY OF THE QUESTIONS ARE PRECODED. ALL THAT IS REQUIRED IS TO CIRCLE THE NUMBER OPPOSITE THE RELEVANT ANSWER. IF NO CODE APPLIES PLEASE WRITE THE ANSWER IN THE SPACE DIRECTLY UNDER THE QUESTION. IF MORE THAN ONE CODE APPLIES PLEASE CIRCLE EACH NUMBER.

1. (a) Expected date of delivery -

.....

(b) Actual date of delivery -

.....

2. (a) Date of admission of mother -

.....

(b) Date of discharge of mother -

.....

(c) Date of discharge/death of child -

.....

3. Illnesses or abnormalities encountered by the mother during pregnancy:

.....

.....

.....

.....

BOOKING

4. (a) Was a hospital booking made for this delivery?

Yes, in this hospital1

Yes, elsewhere2

No0

IF BOOKED (Either in this hospital or elsewhere):

(b) In what week of pregnancy was the original booking made?

.....Week

IF BOOKED IN ANOTHER HOSPITAL:

(c) Why was the delivery in this hospital?

.....

.....

IF NOT A BOOKED HOSPITAL DELIVERY:

(d) What was the reason for this admission?

.....

.....

.....

(e) Was the admission during the course of labour?

Yes.....1

No0

LABOUR

5. (a) Was labour induced? Yes1

No0

IF INDUCED:

(b) Why was induction necessary?

.....

.....

(c) What method was used?

.....

.....

.....

6. What was the presenting part when the baby was delivered?

.....
.....

7. Was episiotomy carried out?

Yes.....1

No0

8. (a) What was the method of delivery?

Spontaneous0

Forceps1

Elective caesarean2

Emergency caesarean3

Other, namely.....

.....

IF NOT SPONTANEOUS:

(b) What was the reason for assistance?

.....

.....

.....

9. Were there any other complications of labour? If so please specify:

.....
.....
.....

10. (a) Which of the following persons were present at this delivery?

No trained person.....0

Midwife1

Consultant obstetrician2

Registrar.....3

Hospital M.O.4

G.P.5

Medical student.....6

Pupil midwife7

Other, namely.....

.....

(Ring more than one number if necessary)

(b) Which of the above actually delivered this baby?

.....
.....

ANALGESIA

11. (a) Was inhalant analgesia available at delivery?

Yes.....1

No.....0

IF AVAILABLE:

(b) Was it given?

Yes.....1

No.....0

IF GIVEN:

(c) What agent was given?

Gas and air1

Trilene2

Other, namely.....

.....

(d) For how long, previous to last hour, before delivery?

.....Hrs.....Mins.

(e) For how long, during last hour, before delivery?

.....Mins.

12. Please give details of any other analgesic, sedative or anaesthetic administered:

.....
.....
.....

OUTCOME

13. What was the outcome of delivery?
- Single - live birth 1
- Single - still birth 2
- Multiple birth, namely.....
-

14. Sex of infant Male 1
- Female 2

15. Weight at birth lbs..... ozs.

16. (a) Did this baby have any congenital abnormality?
- Yes 1
- No 0

IF 'YES':

- (b) Please give details

.....

.....

.....

FOR ALL LIVE BIRTHS:

17. (a) Did this baby require resuscitation?
- Yes1
- No0

IF 'YES':

- (b) Please give details

.....

.....

.....

.....

18. What illnesses, if any, did this baby have during the first week of life?

.....

.....

.....

.....

.....

19. (a) What was the fate of this infant at the end of the first week?

Alive1

Died before 7 days of life 0

IF DEAD:

- (b) Please give cause of death

.....

.....

.....

.....

FOR ALL WOMEN

20. (a) Did this mother attend for a post natal examination?

Yes1

No0

IF 'NO':

- (b) Was an appointment made?

Yes 1

No 0

21. Please give a short summary of this pregnancy and of the course of labour

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.....

DATE

SIGNED

POSITION HELD.....

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