

STRICTLY CONFIDENTIAL

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SERNOB

MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

University College London Medical School
 Department of Epidemiology and Public Health
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MENS93N

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STATOS93

WOMEN'S HEALTH IN THE MIDDLE YEARS**Postal Questionnaire 1993**

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.

The question about surgery (Question 5) asks for information that you may have already given the research nurse who last visited you. As we are collecting the information in more detail this time we would be grateful if you would provide information again if necessary, so that all women in the survey will have answered the same question.

We hope that you will enjoy filling in this questionnaire.

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 Susan Stirling on 071 380 7607 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)

Postcode

Please give the date you completed
 this questionnaire:

INTD93 day INTM93 month 19 INTY93

1. Middle life is a time of change for many women. *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:

PHYCH93

- | | | | | |
|---------------------|------------------------|--------------|-----------------------|--------------------|
| 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:

NERCH93

- | | | | | |
|---------------------|------------------------|--------------|-----------------------|--------------------|
| 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:

WTCH93

- | | | | | |
|---------------------------|---------------------------|--------------|-------------------------|-------------------------|
| 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:

ENECH93

- | | | | | |
|----------------------|-------------------------|--------------|-------------------------|----------------------|
| 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:

SECCH93

- | | | | | |
|-------------------------------|-------------------------------|--------------|-----------------------------|-----------------------------|
| 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:

WKCH93

- | | | | | |
|---------------------|------------------------|--------------|-----------------------|--------------------|
| 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:

FAMCH93

- | | | | | |
|---------------------|------------------------|--------------|-----------------------|--------------------|
| 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:

SEXCH93

- | | | | | |
|---------------------|------------------------|--------------|-----------------------|--------------------|
| 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:

TIMCH93

- | | | | | |
|---------------------|------------------------|--------------|-----------------------|--------------------|
| 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:

DECCH93

- | | | | | |
|---------------------|------------------------|--------------|-----------------------|--------------------|
| 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:

CONCH93

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

2. In the last 12 months have you suffered from any troublesome health problem which has been diagnosed by a medical doctor?

HP93

No 0

Yes 1

If yes, please give details: _____

HP193 HP293 HP393 HPM93

3. In the last 12 months how many times have you consulted your family doctor about health problems (excluding routine visits for cervical and breast screening, contraceptive checks and 'well woman' clinics)? GPNY93 (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

4. Do you regularly take any prescribed medicines?

No 0

PM93

Yes 1

If yes, please give the following details: CURHRT(x)(xx)

Name of prescribed medicine		What is it for?		
1.	PM193	PM1R193	PM1R293	PM1R393
2.	PM293	PM2R193	PM2R293	PM2R393
3.	PM393	PM3R193	PM3R293	PM3R393
4.	PM493	PM4R193	PM4R293	PM4R393
PM593		PMMR493		

5. Have you ever had any of the following operations? (For each operation circle ① (no) or ② (yes). 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.)

HYST93 HYST93X

HYSTD93

No Yes Month/Year or Age at the time

WOP193 WOPM193 WOPY193 WOPA193 WOPD193

0 1 ⇒ [] / [1][9][][] or [][] yrs

WOP293 WOPM293 WOPY293 WOPA293 WOPD293

0 1 ⇒ [] / [1][9][][] or [][] yrs

WOP393 WOPM393 WOPY393 WOPA393 WOPD393

0 1 ⇒ [] / [1][9][][] or [][] yrs

WOP493 WOPM493 WOPY493 WOPA493

0 1 ⇒ [] / [1][9][][] or [][] yrs

WOP593 WOPM593 WOPY593 WOPA593

0 1 ⇒ [] / [1][9][][] or [][] yrs

6. In the last four years have you taken the oral contraceptive pill? (circle one)

No PILL93 0

Yes, currently taking it 1

Yes, have taken the pill in the last four years but not now 2

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

PILLM93

7. In the last 12 months have you had a period or menstrual bleeding? (including 'periods' you may have had while using hormone replacement therapy)

BLY93

No 0

Yes 1

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

i. Surgery? BLEYS93 1

ii. Chemotherapy or radiation therapy? BLEYC93 2

iii. Pregnancy or breastfeeding? BLEYP93 3

iv. No obvious reason/menopause? BLEYN93 4

v. Other reason, please specify BLEYT93 5

8. In the last 3 months have you had a period or menstrual bleeding? (including 'periods' you may have had while using hormone replacement therapy)

BLQ93 No 0
Yes 1

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

BLLM93 month year BLLY93
1 9 LPD93

If you cannot remember the month and year BLLA93 please give your age at the time yrs

10. These questions are for everybody. If you are still having periods tell us about the most recent changes. If your periods have stopped tell us about the changes before your last period.

- a. In the last few years/in the years before your last period did your periods

become more regular? BLREG93 1
become less regular? 2
remain about the same 3
(ie as regular/irregular as before)

If more regular or less regular, when did you first notice this change? (circle one)

Up to 1 year before last period 1
Up to 2 years before last period BLCHY93 2
Up to 3 years before last period 3
Up to 4 years before last period 4
More than 4 years before last period 5

- b. In the last 12 months/in the 12 months before your last period:

(circle one)

i. did your periods become more frequent? 1
BLYFR93 become less frequent? 2
remain about the same? 3

ii. did the number of days you bled each month (circle one)
increase? 1
BLYDA93 decrease? 2
remain about the same? 3

iii. did your menstrual flow (circle one)
become heavier? 1
BLYFL93 become lighter? 2
remain about the same? 3

iv. what was the length of your shortest period? BLYLS93 days
v. what was the length of your longest period? BLYLL93 days

- c. The length of your menstrual cycle is the number of days between the start of one period and the start of the next period. In the last 12 months/in the 12 months before your last period what was the length of:

i. your shortest menstrual cycle? MCYLS93 days
ii. your longest menstrual cycle? MCYLL93 days

11. 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) (circle one)

Feelings of regret BLFEE93 1
Feelings of relief 2
Mixed feelings 3
No particular feelings at all 4

12.

- a. Have you ever experienced hot flushes? FLE93

No 0 (go to question 13 below) Yes 1

- b. When did you first experience them?

month year FLSY93
FLSM93 1 9

If you cannot remember the month and year FLA93 please give your age at the time yrs

- c. Have you ever consulted a doctor or other health professional about hot flushes? (circle all that apply)

No FLEDP93 0
Doctor 1
Other health professional 2

- d. Have you ever taken any prescribed medicines or tablets for hot flushes? FLEM93 No 0
Yes 1

If yes, what are/were they called

FLEM193 FLEM293

- e. In the last 12 months have you experienced hot flushes?

FLY93 No 0
Yes 1

- f. How much have hot flushes bothered you in the last 12 months? (circle one)

Not at all 0
Bothered a little FLYBT93 1
Bothered a lot 2

13.

- a. Have you ever experienced cold sweats or night sweats? SWE93 No 0 (go to question 14) Yes 1

- b. When did you first experience them?

month year SWSY93
SWSM93 1 9

If you cannot remember the month and year please give your age at the time yrs SWSA93

- c. Have you ever consulted a doctor or other health professional about cold sweats or night sweats? (circle all that apply)

No 0
Doctor SWEDP93 1
Other health professional 2

- d. Have you *ever* taken any prescribed medicines or tablets for cold sweats or night sweats? No 0
Yes 1
SWEM93

If yes, what are/were they called _____
SWEM193 SWEM293

- e. In the last 12 months have you experienced cold sweats or night sweats? No 0
Yes 1
SWY93

- f. How much have cold sweats or night sweats bothered you in the last 12 months? (circle one)
Not at all 0
Bothered a little 1
Bothered a lot 2
SWYBT93

14.

- a. Here is a list of other common symptoms or feelings that women report in middle life. In the last 12 months have you experienced any of these symptoms and how much have they bothered you in everyday life? (circle one response for each symptom)

	Have not had this symptom in last 12 months	Have had this symptom in the last 12 months		
		It didn't bother me	Bothered me a little	Bothered me a lot
Trouble sleeping SLEPY93	0	1	2	3
Aches and pains in the joints ACHY93	0	1	2	3
Breast tenderness BREY93	0	1	2	3
Palpitations (rapid heart beat not due to exercise) PALPY93	0	1	2	3
Dizziness DIZY93	0	1	2	3
Pins and needles in hands and feet PINY93	0	1	2	3
Skin-crawling sensations ANTY93	0	1	2	3
Irritability IRRY93	0	1	2	3
Anxiety or depression ANXY93	0	1	2	3
Tearfulness TEARY93	0	1	2	3
Feelings of panic PANY93	0	1	2	3
Forgetfulness FORY93	0	1	2	3
Hair loss HLSSY93	0	1	2	3
Skin wrinkling SKWRY93	0	1	2	3
Heavy periods HPEY93	0	1	2	3
Painful periods PPY93	0	1	2	3
Vaginal dryness VAGY93	0	1	2	3
Difficulties with intercourse INTCY93	0	1	2	3
Frequency of passing urine URY93	0	1	2	3
Frequent severe HAKY93 headaches/migraine	0	1	2	3
Other: SYOTY93	0	1	2	3

- b. In the last 12 months have you consulted a doctor or other health professional about any symptoms in question 14a? (circle all that apply)

No SYYP93 0
Doctor 1
Other health professional 2

- c. In the last 12 months have you taken any prescribed medicines or tablets for any symptoms in question 14a? No 0
Yes 1
SYYM93

If yes, what are/were they called? _____
SYYM193 SYYM293

15. HRTE93

- a. Have you *ever* had hormone replacement therapy (HRT)? No 0 (go to question 16) Yes 1

- b. When did you first start HRT? month year HRTSY93

HRTSM93 1 9

If you cannot remember the month and year HRTSA93 please give your age at the time yrs

- c. Before you first started HRT had your menstrual periods stopped? No 0
Yes 1
BLEH93

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

month year BLAY93)
BLHM93 1 9) HRTCP

If you cannot remember the month and year BLHA93) please give your age at the time yrs

and were your periods stopped by: (circle all that apply)

- i. surgery? BLEHS93 1
ii. chemotherapy or radiation therapy? BLEHC93 2
iii. pregnancy or breast feeding? BLEHP93 3
iv. no obvious reason/menopause? BLEHN93 4
v. Other reason, please specify: BLEHT93 5

- d. Have you ever stopped HRT and then started again? No 0
Yes 1
HRTES93

- e. Are you currently on HRT? HRT93 No 0
Yes 1

- f. Please give your 3 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) HRSMN93 ☐

To prevent osteoporosis (brittle bones) HRSOS93 ☐

To prevent heart disease HRSHD93 ☐

Because I had an early menopause HRSEH93 ☐

Because I had my ovaries removed HRSOV93 ☐

To regularise monthly periods HRSRE93 ☐

Because I was having difficulties with sexual intercourse HRSSX93 ☐

To keep me youthful HRSYT93 ☐

My doctor recommended it HRSDR93 ☐

Other reason, please specify: HRSOT93 ☐

- g. If you have stopped taking HRT at any time, please give your 3 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 HREBT93 ☐

HRT didn't help me feel any better HRENB93 ☐

I didn't like having periods again HREPE93 ☐

I didn't like taking it any more HRENL93 ☐

I had difficulty remembering to take it HREFR93 ☐

I was concerned about possible side-effects HRECN93 ☐

My doctor advised me to stop HREDR93 ☐

I was having side effects HRES93 ☐

Please specify side effects: _____

HRSD193 HRSD293 HRSD393

Other reason: HREOT93 ☐

- h. Please tick the names of all HRT preparations you have ever taken.

Premarin	PREMA93	Estrapak	ESTP93	Ethinylestradiol	ETHIN93
Estraderm	ESTD93	Livial	LIVL93	Oestrogen implant	OIMP93
Harmogen	HARM93	Cycloprogynova	CYPR93	Progestogen supplement	PROGS93
Progynova	PROGN93	Trisequens	TRIS93	Other (please specify)	HRTOT93
Prempak	PREMP93	Nuvelle	NUV93		

- i. Please give dates of starting and stopping all HRT preparations, beginning with the first HRT preparation ever used and ending with the most recent. HRTC93 HRNMN93 HRAV93 HRMN93 HRMX93

Name of HRT preparation	Date started Month/Year	Date stopped Month/year	If you cannot remember the month and year please say how long you took it/have been taking it	
			Years	Months
HRT193	HRSM193 HRSY193	HREM193 HREY193		HRMN193 HRMX193
HRT293	HRSM293 HRSY293	HREM293 HREY293		HRMN293 HRMX293
HRT393	HRSM393 HRSY393	HREM393 HREY393		HRMN393 HRMX393
HRT493	HRSM493 HRSY493	HREM493 HREY493		HRMN493 HRMX493
HRT593	HRSM593 HRSY593	HREM593 HREY593		HRMN593 HRMX593
HRT693	HRSM693 HRSY693	HREM693 HREY693		HRMN693 HRMX693

16. If you have ever had any children would you please answer the following questions about feeding during infancy for each child?

	<i>1st born</i>	<i>2nd born</i>	<i>3rd born</i>	<i>4th born</i>	<i>5th born</i>
(a) What is this child called?	_____	_____	_____	_____	_____
(b) When was he/she born?	Day <u>CHD193</u> Month <u>CHM193</u> Year <u>CHY193</u>	Day <u>CHD293</u> Month <u>CHM293</u> Year <u>CHY293</u>	Day <u>CHD393</u> Month <u>CHM393</u> Year <u>CHY393</u>	Day <u>CHD493</u> Month <u>CHM493</u> Year <u>CHY493</u>	Day <u>CHD593</u> Month <u>CHM593</u> Year <u>CHY593</u>
(c) Was he/she ever breast fed, even for a short time?	Yes 1 <u>BFE193</u> No 0	Yes 1 <u>BFE293</u> No 0	Yes 1 <u>BFE393</u> No 0	Yes 1 <u>BFE493</u> No 0	Yes 1 <u>BFE593</u> No 0
(d) If any were breast fed for how long did breast feeding continue before the child first began to be weaned onto any other form of milk or food?	<input type="text"/> <input type="text"/> days <u>BFBD193</u> <input type="text"/> <input type="text"/> months <u>BFBM193</u>	<input type="text"/> <input type="text"/> days <u>BFBD293</u> <input type="text"/> <input type="text"/> months <u>BFBM293</u>	<input type="text"/> <input type="text"/> days <u>BFBD393</u> <input type="text"/> <input type="text"/> months <u>BFBM393</u>	<input type="text"/> <input type="text"/> days <u>BFBD493</u> <input type="text"/> <input type="text"/> months <u>BFBM493</u>	<input type="text"/> <input type="text"/> days <u>BFBD593</u> <input type="text"/> <input type="text"/> months <u>BFBM593</u>
(e) If any were breast fed for how long did each receive any breast milk after weaning began?	<input type="text"/> <input type="text"/> days <u>BFAD193</u> <input type="text"/> <input type="text"/> months <u>BFAM193</u>	<input type="text"/> <input type="text"/> days <u>BFAD293</u> <input type="text"/> <input type="text"/> months <u>BFAM293</u>	<input type="text"/> <input type="text"/> days <u>BFAD393</u> <input type="text"/> <input type="text"/> months <u>BFAM393</u>	<input type="text"/> <input type="text"/> days <u>BFAD493</u> <input type="text"/> <input type="text"/> months <u>BFAM493</u>	<input type="text"/> <input type="text"/> days <u>BFAD593</u> <input type="text"/> <input type="text"/> months <u>BFAM593</u>
	<u>BFD193</u> <u>BFM193</u>	<u>BFD293</u> <u>BFM293</u>	<u>BFD393</u> <u>BFM393</u>	<u>BFD493</u> <u>BFM493</u>	<u>BFD593</u> <u>BFM593</u>

CHMR593

If you would like to make any further comments, either about your own experiences or about the questionnaire, please feel free to do so.

NOTE93

THANK YOU VERY MUCH FOR THE TIME YOU HAVE SPENT FILLING IN THIS QUESTIONNAIRE.
PLEASE PUT THE QUESTIONNAIRE IN THE PRE-PAID ENVELOPE PROVIDED AND POST IT BACK TO US.

SECTION B

**IF YOU DO NOT WISH TO COMPLETE THE QUESTIONNAIRE
WE WOULD BE GRATEFUL IF YOU COULD GIVE US THE FOLLOWING INFORMATION:**

a) Please give reason for not completing the questionnaire below:

b) May we send you a similar postal questionnaire next year?

No 0

PQNY93

Yes 1

BATCH93