MENSTRUAL AND MENOPAUSAL STATUS

1. Some of us are experiencing changes in our menstrual cycles; others are finished menstruating, and still others are cycling as usual. Please circle the ONE statement that best describes your current menopausal status:

   1. I AM MENSTRUATING IN MY REGULAR PATTERN
   2. MY PERIODS ARE CHANGING (AMOUNT, LENGTH, SPACING, ETC.)
   3. I AM NOT SURE I'M STILL MENSTRUATING BECAUSE I HAVEN'T HAD A PERIOD FOR AT LEAST 3 MONTHS
   4. I HAVEN'T MENSTRUATED FOR ONE FULL YEAR ("POSTMENOPAUSAL")
   5. I HAD A Hysterectomy

   A. How old were you when your periods stopped naturally?
   B. For what reason?
   C. Were your ovaries also removed?

   1 YES
   0 NO

CHANGES

2. In this question, we ask you to describe changes you may have experienced in the last year.

   A. Have your periods changed in the last year? 1 YES 0 NO

   If you have noticed changes:

   YES
   NO
   1 0 a. Are they further apart?
   1 0 b. Are they closer together?
   1 0 c. Do they last longer?
   1 0 d. Do they last fewer days?
   1 0 e. Do you bleed more heavily, on some or all days?
   1 0 f. Do you bleed more lightly, on some or all days?
   1 0 g. Do you pass more clots?
   1 0 h. Do you find the texture, color, or odor of the blood is different?

   B. Has your emotional state changed in the last year? 1 YES 0 NO

   If you have noticed changes:

   YES
   NO
   1 0 a. Are you less irritable now?
   1 0 b. Are you more irritable now?
   1 0 c. Are you more sad or depressed now?
   1 0 d. Are you less sad and depressed now?
   1 0 e. Are you more energetic and productive now?
   1 0 f. Are you less energetic and productive now?
   1 0 g. Do you feel more upset in general now?
   1 0 h. Do you feel less upset in general now?

   C. Have you begun to notice symptoms usually associated with PMS in the last year?

   1 YES 0 NO
D. Have you noticed changes in your sexual response in the last year? 1 YES 0 NO
If you have noticed changes:

YES NO
1 0 a. Do you enjoy sexual activity with a partner less?
1 0 b. Do you enjoy sexual activity with a partner more?
1 0 c. Do you desire sexual activity less?
1 0 d. Do you desire sexual activity more?
1 0 e. Do you reach orgasm more easily now?
1 0 f. Do you reach orgasm less easily?
1 0 g. Do you have sex with a partner more often now?
1 0 h. Do you have sex with a partner less often now?

E. Has your body changed in the last year? 1 YES 0 NO
If you have noticed changes:

YES NO
1 0 a. Is your vagina drier (less lubrication)?
1 0 b. Are you putting on weight?
1 0 c. Have your breasts become enlarged?
1 0 d. Has your skin tone changed?
1 0 e. Do you feel tired more of the time?
1 0 f. Are you more energetic than you used to be?
1 0 g. Are you more sensitive to touch?

3. Whether or not you have stopped menstruating this year, please share with us the thoughts you have had this year about menopause.

A. Which changes are (were) you most looking forward to at menopause?

YES NO
1 0 a. An end to menstruation
1 0 b. No more fears of unplanned pregnancy
1 0 c. No more concerns about birth control methods
1 0 d. An end to PMS or moodiness
1 0 e. An end to certain health problems such as fibroids
1 0 f. Feeling wiser/more free with age
1 0 g. None
1 0 h. Feeling more attractive
1 0 i. More energy
1 0 j. Increase in sex drive
1 0 k. Other

B. What changes worry (worried) you most?

YES NO
1 0 a. Hot flashes
1 0 b. Vaginal dryness or painful intercourse
1 0 c. Weight gain
1 0 d. Decrease in sex drive
1 0 e. Feeling less attractive
1 0 f. Hormonal decline and related problems
1 0 g. Other health problems
1 0 h. Moodiness
1 0 i. Not being able to reproduce
1 0 j. The unknowns
1 0 k. Loss of energy
1 0 l. None
1 0 m. Other
4. Do you consider yourself to be in the menopausal transition?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

1. I'M IN THE RIGHT AGE BRACKET
2. I AM EXPERIENCING PHYSICAL CHANGES
3. MY MOODS ARE CHANGING
4. MY MENSTRUAL CYCLES ARE CHANGING
5. MY SEXUAL FEELINGS ARE CHANGING
6. I HAVE HOT FLASHES

Health and Well-Being

Here is a checklist of conditions that some women, but not others, report at our age. We ask you to indicate how often you experience each of these (Circle the number):

<table>
<thead>
<tr>
<th>Hardly Ever</th>
<th>Sometimes</th>
<th>Nearly Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>3</td>
<td>4</td>
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<td>3</td>
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</tbody>
</table>

  a. Hot flashes
  b. Depression
  c. Lots of energy
  d. Vaginal dryness
  e. Headaches
  f. Insomnia
  g. Weight gain
  h. Feelings of calm or focus
  i. Food cravings
  j. Irritability or anger
  k. Feelings of attractiveness

6. Overall, how would you rate your physical and emotional health these days? (Circle one in each list)

   A. Physical Health
   1. VERY POOR
   2. POOR
   3. FAIR
   4. GOOD
   5. VERY GOOD/E XCELLENT

   B. Emotional Health
   1. VERY POOR
   2. POOR
   3. FAIR
   4. GOOD
   5. VERY GOOD/E XCELLENT

7. Sexuality is a topic that has been mentioned by many of you in past surveys, so we'd like to ask some additional questions about this important issue. This topic has been overlooked for so long, and, with your help, we may learn things that can be beneficial to other middle-aged women.

A. This section (A) asks about your current sexual relationship(s). (If you do not currently have a sexual partner, skip to 7B).

   1. About your only/primary sexual partner:

   a. How long have you been in the relationship? ______ years
   b. Is this partner a 1 MAN 2 WOMAN
   c. Please indicate how well each of the adjectives in the list below describes your partner (Circle the appropriate number):

Use these codes:
1. NOT AT ALL
2. ONLY A LITTLE
3. QUITE A BIT
4. COMPLETELY OR NEARLY SO

   1 2 3 4
   1 2 3 4
   1 2 3 4
   1 2 3 4
   1 2 3 4
   1 2 3 4
   1 2 3 4
   1 2 3 4

   a. Respectful
   b. Passionate
   c. Noncommunicative
   d. Sexually selfish
   e. Affectionate
   f. Sexually boring
   g. Fun
   h. Trusting
   i. Loving
d. How would you describe this sexual relationship? (Circle one.)

1 VERY UNSATISFYING
2 SOMEWHAT UNSATISFYING
3 NEITHER SATISFYING NOR UNSATISFYING
4 SOMEWHAT SATISFYING
5 VERY SATISFYING

e. During the past year, what have you enjoyed most about this sexual relationship?

f. What would you like to change about this sexual relationship?

2. If you have more than one sexual partner, please use this space to describe what effect having more than one sexual relationship has had on your life.

B. Whether or not you have a sexual partner, please use this space to discuss any issues regarding your sexuality: feelings about yourself, your body, passion, intimacy, changes, etc.

a. Aside from talking to friends or family members, have you discussed any of the following issues with your physician or another health care professional?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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Who initiated discussion?

<table>
<thead>
<tr>
<th>YOU</th>
<th>PHYSICIAN</th>
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<td>1</td>
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</tbody>
</table>

B. Whether or not you have a sexual partner, please use this space to discuss any issues regarding your sexuality: feelings about yourself, your body, passion, intimacy, changes, etc.

B. Whether or not you have a sexual partner, please use this space to discuss any issues regarding your sexuality: feelings about yourself, your body, passion, intimacy, changes, etc.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</table>

Who initiated discussion?

<table>
<thead>
<tr>
<th>YOU</th>
<th>PHYSICIAN</th>
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</thead>
<tbody>
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</tbody>
</table>

b. Aside from talking to friends or family members, have you discussed any of the following issues with your physician or another health care professional?
Are you taking any form of estrogen/progesterone/combination at the present time?

YES 0 NO

If you are:
A. What brand, product and dosage? ____________________________

B. When did you begin? 19__

C. Why did you begin? (Circle yes for each reason)

YES NO
1 0 a. Hot flashes
1 0 b. Sleep problems
1 0 c. Emotions
1 0 d. Vaginal dryness
1 0 e. Menstrual bleeding symptoms
1 0 f. Personal appearance
1 0 g. Physician recommended
1 0 h. Following hysterectomy
1 0 i. Other ________

D. Which best describes your feelings about your hormone therapy? (Circle one)

1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

4. 5. 6. 7. OTHER (DESCRIBE)

For each item below, ON THE LEFT circle whether you have experienced the event in the last year, and ON THE RIGHT, how stressful the event was for you. Use these code numbers:

1. NOT AT ALL STRESSFUL
2. A BIT STRESSFUL
3. QUITE STRESSFUL
4. EXTREMELY STRESSFUL
5. DID NOT EXPERIENCE

YES NO
1 0 a. Personal health problems
1 0 b. Family or close friend’s health problem
1 0 c. Death of spouse
1 0 d. Death of someone close to you (not spouse)
1 0 e. Moving to a new home
1 0 f. Family problem
1 0 g. Marriage/remarriage
1 0 h. Divorce/break up of important relationship
1 0 i. Difficult job/quitting a job/losing job
1 0 j. Starting a new job or getting promoted
1 0 k. Child graduating/marrying/leaving or staying home
1 0 l. Financial problems

HOW STRESSFUL
1 2 3 4 5
1 2 3 4 5
1 2 3 4 5
1 2 3 4 5
1 2 3 4 5
1 2 3 4 5
1 2 3 4 5
1 2 3 4 5
1 2 3 4 5
1 2 3 4 5
1 2 3 4 5
1 2 3 4 5
1 2 3 4 5
1 2 3 4 5
1 2 3 4 5
Facts about yourself

11. What is your current marital status (circle one):

1. MARRIED/LIVE-IN PARTNER
2. DIVORCED/SEPARATED
3. SINGLE
4. WIDOWED

b. In what year did your spouse die? (a) of

12. (a) b. Your date of birth: mo day year

a. How many children live at home with you year-round?

13a. (a) b. How many parents or other family members live with you?

Finally, we'd like to know if there are any ways you think you have been influenced by being part of this study. For example, do you think you talk to people more about menopause, your attitudes have changed, you read more or differently, etc.? Please use this space to comment on any of these questions or anything else you would like to add.

Thank you very much for agreeing to complete this follow-up survey and for being a continuing part of this study. BE SURE TO RETURN THIS QUESTIONNAIRE (AND YOUR COMPLETED 1991-1992 CALENDAR IF YOU HAVE ONE) IN THE ENCLOSED POSTAGE-PAID ENVELOPE.
Sexual Response—Positive
11 Orgasm—More/Better
12 Release tension/Relaxing
13 Good sex/Satisfaction
14 Less inhibited/More free/Discovery
15 Exciting/passion
16 Novelty/experimentation
17 Self-pleasing
18 Frequency—more
19 Miscellaneous

Sexual Response—Negative
21 Lack of desire/Interest
22 Less passion
23 Lack of frequency
24 Lack of orgasm/Diminished
25 Not enough sexplay
26 Vaginal dryness/Pain
27 Decline/Nonexistent

Relationship—Positive
31 Mutual Satisfaction
32 Intimacy/Caring
33 Touching more important
34 Overall relationship
35 Lesbian/Bisexual relationship
39 Miscellaneous

Relationship—Negative
41 Power/Control/Inequality
42 Objectification
44 Need more private/time
45 Overall relationship
46 Not comfortable with sex & intimacy
47 Needs more intimacy

Aging/Body Image — Positive
51 Comfortable with body
52 Sexy/Attractive/Desirable
53 Feels young/Not old
54 Positive self-esteem

Aging/Body Image — Negative
61 Less energy/Exuberance
62 Body deterioration/Aches & pains
63 Needs reassurance that desirable
64 Weight concerns
65 Confusion over aging & changes
66 Negative body image
67 Sad about end of fertility (no more kids)
Life Stressors
71 Past negative experiences
72 Own disease/Illness/Health problems
73 Job stress/Unemployment
74 Family disease/Illness/Pregnancy
75 Partner disease/Illness
76 No partner/Relationship
77 Affair
78 Life is great

Partner - Positive
81 Desires her/Attractive
82 Good communicator
83 Loving

Partner - Negative
91 Not meeting needs, including emotional
92 Infidelity/Lack of trust
93 Doesn't lust anymore
94 Wants sex more than she does

Nothing
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Love and Aspects of Love</td>
<td>50</td>
<td>Passion/Sex Response</td>
</tr>
<tr>
<td>11</td>
<td>Companionship/Being together/Friendship</td>
<td>51</td>
<td>Desire/Attraction</td>
</tr>
<tr>
<td>12</td>
<td>Intimacy/Communication</td>
<td>52</td>
<td>(Continuing) Passion</td>
</tr>
<tr>
<td>13</td>
<td>Emotions/Warmth/Tenderness/                 Affection/Caring</td>
<td>53</td>
<td>Pleasure/Satisfaction</td>
</tr>
<tr>
<td>14</td>
<td>Spontaneity/Fun/Humor</td>
<td>54</td>
<td>Great Sex/Good/Enjoy</td>
</tr>
<tr>
<td>15</td>
<td>Respect</td>
<td>55</td>
<td>Good lover</td>
</tr>
<tr>
<td>16</td>
<td>Love</td>
<td>56</td>
<td>Orgasm</td>
</tr>
<tr>
<td>17</td>
<td>Romance</td>
<td>57</td>
<td>Experimentation/Rediscovery/Variety</td>
</tr>
<tr>
<td>18</td>
<td>Miscellaneous</td>
<td>58</td>
<td>Excitement/Turn on</td>
</tr>
<tr>
<td>19</td>
<td>Feelings of Safety/Comfort</td>
<td>59</td>
<td>Miscellaneous</td>
</tr>
<tr>
<td>20</td>
<td>Security/Dependability/Stable/Predictable</td>
<td>60</td>
<td>Specific Mention to Positive</td>
</tr>
<tr>
<td>21</td>
<td>Monogamous</td>
<td>61</td>
<td>Actions of Partner</td>
</tr>
<tr>
<td>22</td>
<td>Safe/Not vulnerable</td>
<td>62</td>
<td>Willingness to please/Satisfy/Orgasm</td>
</tr>
<tr>
<td>23</td>
<td>Comfortable/Natural</td>
<td>63</td>
<td>Attention</td>
</tr>
<tr>
<td>24</td>
<td>Nocritical/Characteristics</td>
<td>64</td>
<td>His love/Feel loved/Affection/Caring</td>
</tr>
<tr>
<td>25</td>
<td>Familiarity</td>
<td>65</td>
<td>That he thinks I'm great</td>
</tr>
<tr>
<td>26</td>
<td>Happy with Declines</td>
<td>66</td>
<td>Patience/Undemanding/No pressure/</td>
</tr>
<tr>
<td>27</td>
<td>Desire</td>
<td>67</td>
<td>Makes me feel sexy</td>
</tr>
<tr>
<td>28</td>
<td>Frequency</td>
<td>68</td>
<td>Respectful</td>
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<tr>
<td>29</td>
<td>Freedom</td>
<td>69</td>
<td>Support/Accepting</td>
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<td>Non-Passionate Touching</td>
<td>70</td>
<td>Freedom</td>
</tr>
<tr>
<td>31</td>
<td>Touching</td>
<td>71</td>
<td>Freedom</td>
</tr>
<tr>
<td>32</td>
<td>Fissing</td>
<td>72</td>
<td>Privacy</td>
</tr>
<tr>
<td>33</td>
<td>Keeping warm (physically)</td>
<td>73</td>
<td>Spontaneity</td>
</tr>
<tr>
<td>34</td>
<td>Hugging</td>
<td>74</td>
<td>More time alone</td>
</tr>
<tr>
<td>35</td>
<td>Cuddling/Snuggling</td>
<td>75</td>
<td>Free of birth control</td>
</tr>
<tr>
<td>36</td>
<td>Quiet Times/Relaxation</td>
<td>76</td>
<td>Creativity</td>
</tr>
<tr>
<td>37</td>
<td>Other</td>
<td>77</td>
<td>Flexibility</td>
</tr>
<tr>
<td>38</td>
<td>Nothing</td>
<td>78</td>
<td>Energy</td>
</tr>
<tr>
<td>39</td>
<td>(Occurred just once—could be &quot;other&quot;) Not much</td>
<td>80</td>
<td></td>
</tr>
</tbody>
</table>
About Respondent (Sex Response)
1. More desire/interest
2. Be better lover
3. More energy
4. More orgasmic
5. Pain/Vaginal dryness
6. More aggressive (less inhibit)
7. More passion
8. Satisfaction/Enjoyment
9. Misc

About Couple (Sex Response)
10. More frequency
11. Experimentation/Variety/Spontaneous
12. More energy for sex (too tired)
13. Less intercourse/Goal orientation
14. More sex play (longer)
15. More fun/Excitement/Less boring/Satisfaction/Pleasure
16. More closely matched libido/interest
17. More passion
18. Miscellaneous (NOTE: check codes 29 & 30- "30" is an error, but there is no "28")

About Partner (Sex Response)
19. More variety/innovation/risk taking/Initiation
20. Less performance fears
21. Give more pleasure/Satisfaction/Stimulation
22. More passion
23. Premature ejaculation
24. Sex dysfunction (i.e., impotence)

About Respondent (Non-Sex Response)
25. Improve self-esteem
26. Body Image

Couple (Non-Sex Response)
27. More time
28. More affection
29. Power/Equality/Relationship issues
30. Better communications
31. More intimacy
32. Romance
33. Privacy (away from kids)
34. More touching/Hugging/Smuggling
35. Miscellaneous
### Partner (Sexual Response)
- More responsive/Patient/Less self-centered
- More affectionate/Close
- More honest
- More gentle/Tender
- More Caring/Understanding
- More trustworthiness
- Body image
- Less demanding
- Miscellaneous (his health)

### Change in Relationship Status
- End
- Add marriage
- More commitment (live with)
- No more birth control
- Wants a relationship
- No longer wants sex with this person
- Misc
- Nothing

---

**Codes: Sex Questions 3 (7A.2)**

If you have more than one sexual partner, discuss its effect...

Not coded; too few responses