

MIDLIFE WOMEN'S HEALTH SURVEY SPRING 1992

[Please complete and return in enclosed envelope.]

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:

Y1(1)

- 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

Y1-3A(4) → A. When was your last period? (month and year) _____

Y1-4A(2) → 4 I HAVEN'T MENSTRUATED FOR ONE FULL YEAR ("POSTMENOPAUSAL")
A. How old were you when your periods stopped naturally? _____

Y1-5A(2) → 5 I HAD A HYSTERECTOMY
A. How old were you? _____
B. For what reason?

- Y1-5B(1) →
- 1 FIBROID TUMORS $5 = 1 + 2$
 - 2 HEAVY BLEEDING $6 = 2 + 4$
 - 3 CANCER
 - 4 OTHER _____

Y1-5C(1) 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.

Y2A(1) → A. Have your periods changed in the last year? 1 YES 0 NO
If you have noticed changes:

	YES	NO	
Y2Aa(1)	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?
Y2Ah(1)	1	0	h. Do you find the texture, color, or odor of the blood is different?

Y2B(1) B. Has your emotional state changed in the last year? 1 YES 0 NO
If you have noticed changes:

	YES	NO	
Y2Ba(1)	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?
Y2Bh(1)	1	0	h. Do you feel less upset in general now?

Y2C(1) → C. Have you begun to notice symptoms usually associated with PMS in the last year?
1 YES 0 NO

Y2D (1)

D. Have you noticed changes in your sexual response in the last year?

1 YES 0 NO

If you have noticed changes:

Y2Da (1)

YES	NO
1	0
1	0
1	0
1	0
1	0
1	0
1	0
1	0

- a. Do you enjoy sexual activity with a partner less?
- b. Do you enjoy sexual activity with a partner more?
- c. Do you desire sexual activity less?
- d. Do you desire sexual activity more?
- e. Do you reach orgasm more easily now?
- f. Do you reach orgasm less easily now?
- g. Do you have sex with a partner more often now?
- h. Do you have sex with a partner less often now?

Y2Dh (1)

Y2E (1)

E. Has your body changed in the last year? 1 YES 0 NO

If you have noticed changes:

Y2EA (1)

YES	NO
1	0
1	0
1	0
1	0
1	0
1	0
1	0
1	0

- a. Is your vagina drier (less lubrication)?
- b. Are you putting on weight?
- c. Have your breasts become enlarged?
- d. Has your skin tone changed?
- e. Do you feel tired more of the time?
- f. Are you more energetic than you used to be?
- g. Are you more sensitive to touch?

Y2Eg (1)

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?

Y3Aa (1)

YES	NO
1	0
1	0
1	0
1	0
1	0
1	0
1	0
1	0
1	0
1	0
1	0

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

Y3Ak (1)

B. What changes worry (worried) you most?

Y3Ba (1)

YES	NO
1	0
1	0
1	0
1	0
1	0
1	0
1	0
1	0
1	0
1	0
1	0
1	0
1	0
1	0
1	0

- a. Hot flashes
- b. Vaginal dryness or painful intercourse
- c. Weight gain
- d. Decrease in sex drive
- e. Feeling less attractive
- f. Hormonal decline and related problems
- g. Other health problems
- h. Moodiness
- i. Not being able to reproduce
- j. The unknowns
- k. Loss of energy
- l. None
- m. Other _____

Y3Bm (1)

4. Do you consider yourself to be in the menopausal transition?

y4(l) → 0 NO
 1 YES → Why do you think so? (Circle those that apply)

y4-1(l) →

y4-6(l) →

- 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

1 = circled
 0 = not

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):

never
 hardly
 y5a(l)
 y5k(l)

	<u>HARDLY EVER</u>	<u>SOMETIMES</u>	<u>NEARLY ALWAYS</u>
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
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
1	2	3	4

- 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)

y6A(l) →

y6B(l) →

- | | |
|---|--|
| <p>A. <u>Physical health</u></p> <ol style="list-style-type: none"> 1 VERY POOR 2 POOR 3 FAIR 4 GOOD 5 VERY GOOD/EXCELLENT | <p>B. <u>Emotional Health</u></p> <ol style="list-style-type: none"> 1 VERY POOR 2 POOR 3 FAIR 4 GOOD 5 VERY GOOD/EXCELLENT |
|---|--|

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:

y7A1a (2) → a. How long have you been in the relationship? ____ years

y7A1b (1) → 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

y7A1ca (1)

y7A1cc (1)

- | | | | | |
|---|---|---|---|---------------------|
| 1 | 2 | 3 | 4 | a. Respectful |
| 1 | 2 | 3 | 4 | b. Passionate |
| 1 | 2 | 3 | 4 | c. Noncommunicative |
| 1 | 2 | 3 | 4 | d. Sexually selfish |
| 1 | 2 | 3 | 4 | e. Affectionate |
| 1 | 2 | 3 | 4 | f. Sexually boring |
| 1 | 2 | 3 | 4 | g. Fun |
| 1 | 2 | 3 | 4 | h. Trusting |
| 1 | 2 | 3 | 4 | i. Loving |

y7A1d (1)

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?

ySEX-e1 (2)
ySEX-e2 (2)
ySEX-e3 (2)

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

ySEX-f1 (2)
ySEX-f2 (2)
ySEX-f3 (2)

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.

ySEX-21(2)
ySEX-22(2)
ySEX-23(2)

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.

ySEX-B1 (2)
ySEX-B2 (2)
ySEX-B3 (2)

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

Who initiated discussion?

YES NO

YOU PHYSICIAN

1	0	a. Menstrual cycle changes
1	0	b. Your moods
1	0	c. Your PMS
1	0	d. Your body changes
1	0	e. Your hot flashes
1	0	f. Sexuality
1	0	g. Hormone therapy
1	0	h. Osteoporosis
1	0	i. Cancer
1	0	j. Cardiovascular disease

1	2
1	2
1	2
1	2
1	2
1	2
1	2
1	2
1	2
1	2
1	2

y8a (1)
y8j (1)
and



9 Are you taking any form of estrogen/progesterone/combo at the present time?

1 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)

← -50 = Birth Control Pills

	YES	NO	
y9a(1)	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
y9c(1)	1	0	i. Other _____

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

- y9d(1) 43.7 1 VERY SATISFIED, SYMPTOMS MUCH IMPROVED
- 35.27 2 SATISFIED, BUT SOMEWHAT CONCERNED ABOUT POSSIBLE NEGATIVE SIDE EFFECTS
- 1.4 3 DISSATISFIED, SYMPTOMS NOT NOTICEABLY IMPROVED
- 4.2 4 DISSATISFIED, EXPERIENCING SOME NEGATIVE SIDE EFFECTS
- 1.4 5 DISSATISFIED, THINKING OF STOPPING-TOO MANY POSSIBLE RISKS
- 11.3 6 NO FEELINGS - TAKING HORMONES BECAUSE IT'S THE BEST CHOICE
- 2.8 7 OTHER (DESCRIBE) _____

10. 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
- 8 DID NOT EXPERIENCE

	YES	NO	
y10a(1)	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
y10c(1)	1	0	l. Financial problems

	HOW STRESSFUL				
y10a(1)	1	2	3	4	8
	1	2	3	4	8
	1	2	3	4	8
	1	2	3	4	8
	1	2	3	4	8
	1	2	3	4	8
	1	2	3	4	8
	1	2	3	4	8
	1	2	3	4	8
y10c(1)	1	2	3	4	8

and _____

Facts about yourself

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

y11 (1) y11a (2) 1 MARRIED/LIVE-IN PARTNER
a. For how many years? 2
2 DIVORCED/SEPARATED
3 SINGLE
4 WIDOWED

y11b (2) b. In what year did your spouse die? 19

Your date of birth: mo _____ day _____ year _____

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

b. How many parents or other family members live with you? _____

14. 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.

y12 (6) 12.
y13a (2) 13.
y13b (2) 14.

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.

CODES: Sex Question 4 (7B)
Discuss your sexuality
(Codes for YSEX_B1-3)

- 10 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
- 20 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
- 30 Relationship-Positive
- 31 Mutual Satisfaction
 - 32 Intimacy/Caring
 - 33 Touching more important
 - 34 Overall relationship
 - 35 Lesbian/Bisexual relationship
 - 39 Miscellaneous
- 40 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
- 50 Aging/Body Image - Positive
- 51 Comfortable with body
 - 52 Sexy/Attractive/Desirable
 - 53 Feels young/Not old
 - 54 Positive self-esteem
- 60 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)

- 70 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
- 80 Partner - Positive
- 81 Desires her/Attractive
 - 82 Good communicator
 - 83 Loving
- 90 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
- 99 Nothing

Codebook for Open-ended Sex Responses - 1992 Survey
Sex Question 1 (#7A.e1)
What have you enjoyed most?
(Codes for YSEX_e1-3)

10	<u>Love and Aspects of Love</u>	50	<u>Passion/Sex Response</u>
	11 Companionship/Being together/ Friendship		51 Desire/Attraction
	12 Closeness/Sharing		52 (Continuing) Passion
	13 Intimacy/Communication		53 Pleasure/Satisfaction
	14 Emotions/Warmth/Tenderness/ Affection/Caring		54 Great Sex/Good/Enjoy
	15 Spontaneity/Fun/Humor		55 Good lover
	16 Respect		56 Orgasm
	17 Love		57 Experimentation/ Rediscovery/Variety
	18 Romance		57 Excitement/Turn on
	19 Miscellaneous		59 Miscellaneous
20	<u>Feelings of Safety/Comfort</u>	60	<u>Specific Mention to Positive Actions of Partner</u>
	21 Mutual trust/Trust/Honesty		61 Willingness to please/ Satisfy/Orgasm
	22 Security/Dependability/ Stable/Predictable		62 Attention
	23 Monogamous		63 His love/Feel loved/ Affection/Caring
	24 Safe/Not vulnerable		64 That he thinks I'm great
	25 Nonexploitative		65 Patience/Undemanding/ No pressure/
	26 Comfortable/Natural		66 Makes me feel sexy
	27 Familiarity		67 Respectful
			68 Support/Accepting
30	<u>Happy with Declines</u>	70	<u>Freedom</u>
	31 Desire		71 Freedom
	32 Frequency		72 Privacy
			73 Spontaneity
			74 More time alone
			75 Free of birth control
			76 Creativity
			77 Flexibility
			78 Energy
40	<u>Non-Passionate Touching</u>	80	<u>Quiet Times/Relaxation</u>
	41 Touching		90 <u>Other</u>
	42 Kissing		91 <u>Nothing</u>
	43 Keeping warm (physically)		(Occurred just once- could be "other") Not much
	44 Hugging		
	45 Cuddling/Snuggling		

CODES: Sex Question 2 (7A.1f)
What would you like to change?
(Codes for YSEX_f1-3)

10 About Respondent (Sx1 Response)

- 11 More desire/Interest
- 12 Be better lover
- 13 More energy
- 14 More orgasmic
- 15 Pain/Vaginal dryness
- 16 More aggressive (less inhibit)
- 17 More passion
- 18 Satisfaction/Enjoyment
- 19 Misc

20 About Couple (Sx1 Response)

- 21 More frequency
- 22 Experimentation/Variety/Spontaneous
- 23 More energy for sex (too tired)
- 24 Less intercourse/Goal orientation
- 25 More sex play (longer)
- 26 More fun/Excitement/Less boring/Satisfaction/Pleasure
- 27 More closely matched libido/interest
- 29 More passion
- 30 Miscellaneous (NOTE: ck. codes 29 & 30- "30" is an error, but there is no "28")

30 About Partner (Sx1 Response)

- 31 More variety/innovation/risk taking/Initiation
- 32 Less performance fears
- 33 Give more pleasure/Satisfaction/Stimulation
- 34 More passion
- 35 Premature ejaculation
- 36 Sx1 dysfunction (i.e., impotence)

40 About Respondent (Non-Sx1 Response)

- 41 Improve self-esteem
- 42 Body image

50 Couple (Non-Sx1 Response)

- 51 More time
- 52 More affection
- 53 Power/Equality/Rltshp issues
- 54 Better communications
- 55 More intimacy
- 56 Romance
- 57 Privacy (away from kids)
- 58 More touching/Hugging/Snuggling
- 59 Micellaneous

- 60 Partner (Non Sxl Response)
61 More responsive/Patient/Less-self-centered
62 More affectionate/Close
63 More honest
64 More gentle/Tender
65 More Caring/Understanding
66 More trustworthiness
67 Body image
68 Less demanding
69 Miscellaneous (his health)

- 70 Change in Relationship Statue
71 End
72 Add marriage
73 More commitment (live with)
74 No more birth control
75 Wants a relationship
76 No longer wants sex with this person

90 Misc
91 Nothing

Codes: Sex Questions 3 (7A.2)

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

Not coded; too few responses