

MIDLIFE WOMEN'S HEALTH SURVEY SPRING 1993

[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 menstrual status. (Read all the choices first.)

- X1 (1) 1 I AM MENSTRUATING IN MY REGULAR PATTERN
- 2 MY PERIODS ARE CHANGING OR HAVE CHANGED (AMOUNT, LENGTH, SPACING, ETC) FROM MY REGULAR PATTERN
- 3 I AM NOT SURE I'M STILL MENSTRUATING BECAUSE I HAVEN'T HAD A PERIOD FOR AT LEAST 3 MONTHS
- X1-3A (4) → A. When was your last period? (month and year) _____
- X1-4A (4) → 4 I HAVEN'T MENSTRUATED FOR ONE FULL YEAR ("POSTMENOPAUSAL")
- X1-4B (2) → A. When was your last period? (month and year) _____
- 5 I HAD A HYSTERECTOMY
- X1-5A (4) → A. When? (month and year) _____
- X1-5B (2) → B. How old were you? _____
- X1-5C (1) → C. For what reason? _____
- 1 FIBROID TUMORS
- 2 HEAVY BLEEDING
- 3 CANCER
- 4 OTHER _____
- X1-5D (1) → ^{ERROR IN TIPING} D Were your ovaries also removed?
- 1 YES
- 0 NO
- 6 I STARTED HORMONE THERAPY WHILE I WAS STILL HAVING MENSTRUAL PERIODS, AND NOW GET HORMONE-RELATED PERIODS.

Changes

2. Once again, we are interested in any changes you may have experienced in the last year.

- X2A (1) A. → Have your periods changed in the last year? 1 YES 0 NO
- If you have noticed changes:
- | | YES | NO | |
|----------|-----|----|---|
| X2Aa (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? |
| X2Ah (1) | 1 | 0 | g. Do you pass clots? |
| | 1 | 0 | h. Do you find the texture, color, or odor of the blood is different? |

- X2B (1) B. → Has your emotional state changed in the last year? 1 YES 0 NO
- If you have noticed changes:

	YES	NO	
X2Ba (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?
X2Bh (1)	1	0	g. Do you feel more upset in general now?
	1	0	h. Do you feel less upset in general now?

- X2C (1) C. Have you begun to notice symptoms usually associated with PMS in the last year? 1 YES 0 NO

Continued

3. A. In comparison to other women your age, do you feel you are: (Circle one.)

X3A(1)

- 1 MUCH MORE ATTRACTIVE
- 2 A LITTLE MORE ATTRACTIVE
- 3 OF EQUAL ATTRACTIVENESS
- 4 A LITTLE LESS ATTRACTIVE
- 5 MUCH LESS ATTRACTIVE

B. In comparison to how you looked 10 years ago, do you feel you are: (Circle one.)

X3B(1)

- 1 MUCH MORE ATTRACTIVE
- 2 A LITTLE MORE ATTRACTIVE
- 3 OF EQUAL ATTRACTIVENESS
- 4 A LITTLE LESS ATTRACTIVE
- 5 MUCH LESS ATTRACTIVE

C. What do you think are the most attractive parts of your body? Why?

X3C(1)
X3C-2(2)

see codebook

D. What do you think are the least attractive parts of your body? Why?

X3D(1)
X3D-2(2)

see codebook

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

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

X4(1) →

X4-1(1) (1 = circled, 0 = not)

X4-7(1)

- 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
- 7 I HAD A TEST DONE OF MY HORMONE LEVELS

Health and Well-Being

5. Last year we asked you if you were experiencing certain conditions that some women our age, but not others, report. Many of you have suggested that we ask about other conditions, so we have expanded the list this year. By answering the questions below about each item on the list, you will help us gain a better understanding of midlife women's health issues.

	Do you experience?		Do you notice a relationship to your menstrual cycles?		Is the condition		
	YES	NO	YES	NO	Mild	Annoying	Debilitating
a. Hot flashes	1	0	1	0	1	2	3
b. High energy	1	0	1	0	1	2	3
c. Headaches/migraines	1	0	1	0	1	2	3
d. Insomnia	1	0	1	0	1	2	3
e. Weight gain	1	0	1	0	1	2	3
f. Feeling calm (focused)	1	0	1	0	1	2	3
g. Food cravings	1	0	1	0	1	2	3
h. Irritability/anger	1	0	1	0	1	2	3
i. Feeling unattractive	1	0	1	0	1	2	3
j. Heart palpitations	1	0	1	0	1	2	3
k. Urinary tract infections	1	0	1	0	1	2	3
l. Diarrhea	1	0	1	0	1	2	3
m. Joint pain	1	0	1	0	1	2	3
n. Anxiety	1	0	1	0	1	2	3
o. Fatigue	1	0	1	0	1	2	3
p. Depression/sadness	1	0	1	0	1	2	3
q. Vaginal dryness	1	0	1	0	1	2	3
r. Incontinence	1	0	1	0	1	2	3
s. Facial hair growth	1	0	1	0	1	2	3
t. Memory loss	1	0	1	0	1	2	3
u. Other _____	1	0	1	0	1	2	3

x5a-1

x5a-2

x5a-3

X5a-1(1)
X5a-2(1)
X5a-3(1)

et.



X5u-1(1)
X5u-2(1)
X5u-3(1)

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

X6A (1) → X6B (1) →	A.	<u>Physical health</u>	B.	<u>Emotional Health</u>
		1 VERY POOR		1 VERY POOR
		2 POOR		2 POOR
		3 FAIR		3 FAIR
		4 GOOD		4 GOOD
	5 VERY GOOD/EXCELLENT		5 VERY GOOD/EXCELLENT	

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

	A. Discussed?			B. Who initiated discussion?		C. Was this the reason for visit?	
	YES	NO		YOU	PROVIDER	YES	NO
X7Aa-1 (1) →	1	0	a. Menstrual cycle changes →	1	2	1	0
X7Aa-2 (1) →	1	0	b. Your moods →	1	2	1	0
X7Aa-3 (1) →	1	0	c. Your PMS	1	2	1	0
	1	0	d. Your body changes	1	2	1	0
	1	0	e. Your hot flashes	1	2	1	0
	1	0	f. Sexuality	1	2	1	0
	1	0	g. Hormone therapy	1	2	1	0
	1	0	h. Osteoporosis	1	2	1	0
	1	0	i. Cancer	1	2	1	0
	1	0	j. Cardiovascular disease	1	2	1	0
	1	0	k. Vaginal soreness/dryness	1	2	1	0
	1	0	l. Incontinence	1	2	1	0

X7Al-1 (1)
X7Al-2 (1)
X7Al-3 (1)

B. In this space describe these interactions between you and your health care provider. Were you satisfied with the interaction(s)? Why or why not?

not coded coded Spring 2002

X7b-1

X7b-2 (one reason why satisfied)

X7b-3 (why not satisfied)

8. Last year many of you provided very helpful written comments regarding your experience of relationships and sexuality during this time in your life. Using the responses that you gave us, we would like to ask you questions that will help women better understand their sexuality at mid-life.

This question asks about your current sexual relationship(s). (If you do not currently have a sexual partner, skip to question 9.)

X8A (2)
X8B (1)
X8C (1)

A. How long have you been in the relationship? ____ years

B. Is this partner a 1 MAN 2 WOMAN

C. Is this the same partner as last year? 1 YES 0 NO

D. Below is a list of qualities that you may or may not want to change in yourself or your sexual partner(s). For each item on the list, indicate how much you would like to see the quality change in your partner (on the left) and/or in yourself (on the right). Use these codes:

- 1 BECOME MUCH MORE
- 2 BECOME A LITTLE MORE
- 3 STAY THE SAME AS NOW
- 4 BECOME A LITTLE LESS
- 5 BECOME MUCH LESS

	Qualities of YOUR PARTNER, when relating to you sexually.						Qualities of YOURSELF, when relating to your partner sexually.				
	1	2	3	4	5		1	2	3	4	5
X8Da-1 (1) →						1	a. Respectful				
X8Da-2 (1) →						2	b. Passionate				
						3	c. Communicative				
						4	d. Sexually selfish				

Continued

If you are a current or past user, answer B-G:

~~NOTE~~

- Which products do/did you use? (Circle all that apply and then write "c" before each product currently used and "p" before each product used in past.)
- X9B1 (1) 1 ESTROGEN PILLS (type and dose estrone 1mg)
 - X9B2 (1) 2 ESTROGEN PATCH (type and dose estrone 0.025mg)
 - X9B3 (1) 3 ESTROGEN CREAM (type and dose estrone 0.1mg)
 - X9B4 (1) 4 ESTROGEN INJECTIONS (type and dose estrone 2mg)
 - X9B5 (1) 5 PROGESTERONE/PROGESTIN PILLS (type and dose medroxyprogesterone 2mg)
 - X9B6 (1) 6 ANDROGEN/TESTOSTERONE PILLS (type and dose testosterone 50mg)
 - X9B7 (1) 7 ANDROGEN/TESTOSTERONE INJECTIONS (type and dose testosterone 200mg)
 - X9B8 (1) 8 OTHER _____

1 = circled and "c"
2 = circled and "p"
O = not circled

C. There are many different ways to take menopausal hormones. Which best describes yours?

- | | Estrogen | Progesterone/Progestin |
|------------|----------------------|------------------------|
| X9Ca (1) → | 1 DAYS 1-25 OF MONTH | 1 DAYS 1-12 OF MONTH |
| X9Cb (1) → | 2 DAYS 1-30 | 2 DAYS 1-14 |
| | 3 MONDAY-FRIDAY | 3 DAYS 16-25 |
| | 4 EVERY DAY | 4 MONDAY-FRIDAY |
| | 5 OTHER _____ | 5 EVERY DAY |
| | | 6 EVERY 3 MONTHS |
| | | 7 OTHER _____ |

X9D (2) D. When did you begin? 19__

X9E (3) E. Total months on these hormones ____ mo

F. Why did you begin? (Circle "yes" (1) for each of your reasons, and then rank order your reasons by writing a "1" next to your most important reason for starting, "2" next to your second strongest reason (if you had a second reason) and so on, until all of your reasons are ranked.) Only rank the reasons your circled.

	YES	NO	Rank Order ("1" for most important reason, "2" for next, etc.)
X9Fa (1) →	1	0	a. For hot flashes 1
X9Fb (1) →	1	0	b. For insomnia 2
X9Fc (1) →	1	0	c. For moodiness 3
X9Fd (1) →	1	0	d. For vaginal dryness/soreness 4
X9Fe (1) →	1	0	e. For menstrual bleeding problems 5
X9Ff (1) →	1	0	f. For personal appearance 6
X9Fg (1) →	1	0	g. For existing osteoporosis 10
X9Fh (1) →	1	0	h. For existing cardiovascular problems 11
X9Fi (1) →	1	0	i. Physician recommended it to prevent osteoporosis 12
X9Fj (1) →	1	0	j. Physician recommended it to prevent cardiovascular problems 13
X9Fk (1) →	1	0	k. Because a blood test revealed my estrogen levels were low 14
X9Fl (1) →	1	0	l. For sexual responsiveness 15
X9Fm (1) →	1	0	m. For incontinence 16
X9Fn (1) →	1	0	n. Other _____ 9

G. Which best describes your feelings about your hormone therapy? (Circle one statement for current hormone use and write "C" before the code; circle one statement for any past hormone use and write "P.")

- X9Ga (2) (Item selected for current use "C") 01 VERY SATISFIED, SYMPTOMS MUCH IMPROVED
- 02 SATISFIED, BUT SOMEWHAT CONCERNED ABOUT POSSIBLE NEGATIVE EFFECTS
- 03 GENERALLY SATISFIED ALTHOUGH EXPERIENCING SOME NEGATIVE EFFECTS
- 04 DISSATISFIED, SYMPTOMS NOT NOTICEABLY IMPROVED
- 05 DISSATISFIED, EXPERIENCING SOME NEGATIVE EFFECTS
- 06 THINKING OF STOPPING-TOO MANY POSSIBLE RISKS
- 07 THINKING OF STOPPING - EXPERIENCING SERIOUS OR ANNOYING EFFECTS
- 08 NO FEELINGS - TAKING HORMONES BECAUSE IT'S THE BEST CHOICE
- 09 QUIT BECAUSE I EXPERIENCED ADVERSE/ANNOYING SIDE EFFECTS (specify which _____)
- 10 QUIT BECAUSE I WORRIED TOO MUCH ABOUT POSSIBLE HARMFUL SIDE EFFECTS (Specify which _____)
- 11 OTHER (DESCRIBE) _____

10. If you indicated that you previously experienced or are now experiencing problems or annoying symptoms related to hormone therapy, we'd like you to indicate which ones from the list below. (Circle "1" for each.)

	YES	NO	Problems or symptoms related to hormone use
X 10a (1)	1	0	a. Depression
	1	0	b. Anxiety
	1	0	c. Headaches
	1	0	d. Nausea
	1	0	e. Cardiovascular problems
	1	0	f. Menstrual bleeding problems
	1	0	g. Endometrial cancer
	1	0	h. Gall bladder disease
	1	0	i. Breast cancer
	1	0	j. Liver disease
	1	0	k. Uterine fibroids
	1	0	l. Weight gain
X 10m (1)	1	0	m. Other (specify) _____

11. Many of you cannot take, or don't want to take, hormone therapy (ERT/HRT) and have asked us for alternatives to maintain good health or to manage certain conditions such as hot flashes. Although we have included some relevant information on this topic in this mailing, we'd like to learn from you which strategies you have tried. We will compile this information and send it to you next time.

Please complete the table below. For example, if you are currently taking 800 units of vitamin E for hot flashes and find this to be very effective in controlling the flashes, you would write in "Vit E, 800" next to "Vitamins," then circle "1" for current use, and "1" for very effective.

		Currently Using	Used in Past	Never Used	Effectiveness		
					Very	A Bit	Didn't Help
X11Aa-1 (1) X11Aa-2 (1)	A. For Hot Flashes						
	a. Vitamins (specify) _____	1	2	3	1	2	3
	b. Herbs (specify) _____	1	2	3	1	2	3
	c. Dietary changes (specify) _____	1	2	3	1	2	3
	d. Exercise/Yoga (specify) _____	1	2	3	1	2	3
	e. Smoking/Alcohol changes (specify) _____	1	2	3	1	2	3
	f. Counseling/Mental Health (specify) _____	1	2	3	1	2	3
	g. Other (specify) _____	1	2	3	1	2	3
	X11Ba-1 X11Ba-2	B. For Vaginal Dryness					
a. Vitamins (specify) _____		1	2	3	1	2	3
b. Herbs (specify) _____		1	2	3	1	2	3
c. Dietary changes (specify) _____		1	2	3	1	2	3
d. Exercise/Yoga (specify) _____		1	2	3	1	2	3
e. Smoking/Alcohol changes (specify) _____		1	2	3	1	2	3
f. Counseling/Mental Health (specify) _____		1	2	3	1	2	3
g. Moisturizing products (specify) _____		1	2	3	1	2	3
h. Other (specify) _____		1	2	3	1	2	3

X11Bg-1 (1)
X11Bg-2 (1)
Continued

X11Ca-1 (1)
X11Ca-2 (1)

For Depression

	Currently Using	Used in Past	Never Used	Effectiveness		Didn't Help
				Very	A Bit	
a. Vitamins (specify) _____	1	2	3	1	2	3
b. Herbs (specify) _____	1	2	3	1	2	3
c. Dietary changes (specify) _____	1	2	3	1	2	3
d. Exercise/Yoga (specify) _____	1	2	3	1	2	3
e. Smoking/Alcohol changes (specify) _____	1	2	3	1	2	3
f. Counseling/Mental Health (specify) _____	1	2	3	1	2	3
g. Antidepressants (specify) _____	1	2	3	1	2	3
h. Other (specify) _____	1	2	3	1	2	3

X11Ch-1 (1)
X11Ch-2 (1)

D.

For Headaches

	Currently Using	Used in Past	Never Used	Effectiveness		Didn't Help
				Very	A Bit	
a. Vitamins (specify) _____	1	2	3	1	2	3
b. Herbs (specify) _____	1	2	3	1	2	3
c. Dietary changes (specify) _____	1	2	3	1	2	3
d. Exercise/Yoga (specify) _____	1	2	3	1	2	3
e. Smoking/Alcohol changes (specify) _____	1	2	3	1	2	3
f. Counseling/Mental Health (specify) _____	1	2	3	1	2	3
g. Other (specify) _____	1	2	3	1	2	3

X11Da-1 (1)
X11Da-2 (1)

X11Dg-1 (1)
X11Dg-2 (1)

E.

For Anxiety

	Currently Using	Used in Past	Never Used	Effectiveness		Didn't Help
				Very	A Bit	
a. Vitamins (specify) _____	1	2	3	1	2	3
b. Herbs (specify) _____	1	2	3	1	2	3
c. Dietary changes (specify) _____	1	2	3	1	2	3
d. Exercise/Yoga (specify) _____	1	2	3	1	2	3
e. Smoking/Alcohol changes (specify) _____	1	2	3	1	2	3
f. Counseling/Mental Health (specify) _____	1	2	3	1	2	3
g. Tranquilizers (specify) _____	1	2	3	1	2	3
h. Other (specify) _____	1	2	3	1	2	3

X11Ea-1 (1)
X11Ea-2 (1)

X11Eh-1 (1)
X11Eh-2 (1)

X12A (1) T2

A. Are you using a birth control pill? YES 1 NO 0 If yes, which brand? not coded

~~X12A (1)~~

B. Are you using Norplant? YES 1 NO 0

X12B (1)

C. Are you using Depo-Provera? YES 1 NO 0

X12C (1)

D. Aside from birth control pills or menopausal hormone therapy, are you taking any other hormones? YES 1 NO 0 If yes, which? _____

X12D (1)

13. Scientists are slowly acknowledging the importance of our life situations in understanding our physical events. At midlife, we experience many major life events. For each event listed below, ON THE LEFT circle whether you have experienced the event in the past 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

EXPERIENCED?			IF YOU EXPERIENCED, HOW STRESSFUL?			
YES	NO		1	2	3	4
X13a1(1) → 1	0	a. Personal health problems	1	2	3	4
X13a2(1) → 1	0	b. Family or close friend's health problem	1	2	3	4
1	0	c. Death of spouse	1	2	3	4
1	0	d. Death of someone close to you (not spouse)	1	2	3	4
1	0	e. Moving to a new home	1	2	3	4
1	0	f. Family problem	1	2	3	4
1	0	g. Marriage/remarriage	1	2	3	4
1	0	h. Divorce/break up of important relationship	1	2	3	4
1	0	i. Difficult job/quitting a job/losing job	1	2	3	4
1	0	j. Starting a new job or getting promoted	1	2	3	4
1	0	k. Child graduating/marrying/leaving or staying home	1	2	3	4
1	0	l. Financial problems	1	2	3	4
1	0	m. Birth control issues	1	2	3	4
X1301(1) → 1	0	n. Relationship problem	1	2	3	4
X1302(1) → 1	0	o. Other _____	1	2	3	4

Facts about yourself

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

- X14(1) 1 MARRIED/LIVE-IN PARTNER
- X14-1a(2) → a. For how many years? _____
- 2 IN A RELATIONSHIP BUT DON'T LIVE TOGETHER ←
- 3 DIVORCED/SEPARATED
- 4 SINGLE
- X14-5a(2) → 5 WIDOWED
- a. In what year did your spouse or partner die? 19__

X15(6) 15. Your date of birth: mo _____ day _____ year _____

- X16A(1) 16. A. How many children live at home with you year-round? _____
- X16B(1) B. How many parents or other family members live with you? _____

17. Please use this space to expand on any of your answers or to discuss any menopause-related issues that the survey has not addressed. We'd especially like to know whether you are finding support and information out there (and in what form) as you move through the transition.

Once again, we thank you very much for your continuing support of this research project. BE SURE TO RETURN THIS QUESTIONNAIRE (AND YOUR COMPLETED 1992-1993 MENSTRUAL CALENDAR IF YOU HAVE ONE) IN THE ENCLOSED POSTAGE-PAID ENVELOPE. If you have any questions, you may call our Project office at (814) 863-7691 or (801) 581-8272.

1993 Survey: Codes for Q3C + 3D

Codes for X3C + X3D (Most attractive & least attractive parts)

- 10 = breasts
- 11 = stomach/abdomen
- 12 = waist
- 13 = "torso"
- 14 = buttocks
- 15 = hips
- 16 = neck
- 17 = upper chest
- 19 = other torso parts (back, ~~neck~~, etc)

- 20 = face general)
- 21 = facial expression, incl. smile
- 22 = facial skin/complexion
- 23 = eyes
- 24 = teeth
- 25 = hair
- 29 = other head parts

- 30 = hands, incl. fingers, fingernails, skin on hands
- 31 = arms
- 39 = other arm parts (elbows, etc)

- 40 = legs
- 41 = knees
- 42 = thighs
- 43 = calves
- 44 = ankles
- 45 = feet
- 49 = other leg parts

- 50 = general "body" comments
- 60 = general "overweight" comments
- 70 = general "skin" comments (veins, marks, etc)

Directions for Coding Open Ended Question X7b

Q7b. In this space describe these interactions between you and your health care provider. Were you satisfied with the interaction(s)? Why or why not?

- 1) Read the women's response to the question.
- 2) Code for satisfaction or dissatisfaction (X7b_1) using the following codes:
0 = not satisfied, 1 = satisfied, 2 = both satisfied and dissatisfied
- 3) Code up to one reason why the woman was satisfied with the interaction (X7b_2). If the woman gives more than one reason, code the first one you come to. Use the following codes:
1 = Practitioner spends time/listens
2 = Practitioner provides good/full/current information
3 = Practitioner is supportive/respectful/lets woman make her own decisions.
4 = Other traits
- 4) Code up to two responses for why the woman was not satisfied with the interactions (X7b_3). If the woman gives more than two reasons, code the first two you come to. Use the following codes:
1 = Practitioner treats menopause as an illness/pushes hormones
2 = Practitioner doesn't provide enough information about menopause/hormones/alternatives to hormones
3 = Woman does a better job of finding information than practitioner
4 = Practitioner doesn't encourage women to make her own decisions / shows a lack of respect/ doesn't support the woman
5 = Practitioner doesn't spend enough time with the woman during office visits
6 = Practitioner does not listen to the woman
7 = Other areas for improvement.
- 5) If the woman reports about two or more different doctors code the response about the woman's OB/GYN. If the woman describes interactions with two or more different doctors, and one of them is not an OB/GYN, code the response that describes her interactions with the health provider that she discusses menopausal issues with.