MIDLIFE WOMEN'S HEALTH SURVEY
SPRING 1994

[Please complete and return in enclosed envelope.]

Menopausal and Menopausal Status
Some of you are experiencing changes in your menstrual cycles, others are menopausal, and still others are cycling as usual. Please circle the ONE statement that best describes your current menstrual status. (Read all the choices first.)

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 IF 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 STARTED HORMONE THERAPY WHILE I WAS STILL HAVING MENSTRUAL PERIODS, AND NOW GET HORMONE-RELATED PERIODS.

6. I HAD A HYSTERECTOMY.

7. (month and year) ________________

8. C. For what reason?
   1. FIBROID TUMORS
   2. HEAVY BLEEDING
   3. CANCER
   4. PROLAPSE OF BLADDER, RECTUM, ETC.
   5. OTHER __________

9. D. Were your ovaries also removed?
   1. YES
   2. NO

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

2. Have you noticed any of the following changes in your periods in the last year? (Circle # if you no longer have periods)

   W2A (1)
   1. NO
   2. YES
   a. They are further apart.
   b. They are closer together.
   c. They last longer.
   d. They last fewer days.
   e. You bleed more heavily, on some or all days.
   f. You bleed more lightly, on some or all days.
   g. You pass blood.
   h. You find the texture, color, or odor of the blood is different.

3. Have you noticed any of the following changes in your emotional state in the last year?

   W3A (1)
   1. NO
   2. YES
   a. You are less irritable now.
   b. You are more irritable now.
   c. You are more sad or depressed now.
   d. You are less sad and depressed now.
   e. You are more energetic and productive now.
   f. You are less energetic and productive now.
   g. You feel more upset in general now.
   h. You feel less upset in general now.

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

   W3B (1) 1. YES 0. NO
5. Have you noticed any of the following changes in your body in the past year?

   YES  NO
   1  0  1. a. Your vagina is drier (less lubrication).
   1  0  2. b. You are putting on weight.
   1  0  3. c. Your breasts have changed in size.
   1  0  4. d. Your skin texture has changed (e.g., wrinkles, saggy, dry).
   1  0  5. e. You feel tired more of the time.
   1  0  6. f. You are more energetic than you used to be.
   1  0  7. g. You are more sensitive to touch.
   1  0  8. h. You experience more stiffness or joint pain.
   1  0  9. i. Your muscle tone has decreased.

6. Have you noticed any changes in your sexuality IN THE LAST YEAR? Use this scale to describe the way each of the following has changed. (If you have experienced no change, circle "4." If an item does not apply to you, circle "9.")

   1 GREATLY REDUCED  5 SLIGHTLY INCREASED
   2 MODERATELY REDUCED  6 MODERATELY INCREASED
   3 SLIGHTLY REDUCED  7 GREATLY INCREASED
   4 UNCHANGED  9 NOT APPLICABLE

   a. Desire for nongenital sexual activity with a partner
   (hugging, cuddling, kissing, etc.)
   1  2  3  4  5  6  7  9

   b. Becoming aroused (turned-on) through nongenital sexual activity with a partner
   1  2  3  4  5  6  7  9

   c. Enjoyment of nongenital sexual activity with a partner
   1  2  3  4  5  6  7  9

   d. Ease of orgasm through nongenital sexual activity
   with a partner
   1  2  3  4  5  6  7  9

   e. Desire for genital sexual activity with a partner
   1  2  3  4  5  6  7  9

   f. Becoming aroused (turned-on) through genital sexual activity
   with a partner
   1  2  3  4  5  6  7  9

   g. Enjoyment of genital sexual activity with a partner
   1  2  3  4  5  6  7  9

   h. Ease of orgasm through genital sexual activity with a partner
   1  2  3  4  5  6  7  9

   i. Desire for self-stimulation (masturbation)
   1  2  3  4  5  6  7  9

   j. Becoming aroused (turned-on) through self-stimulation
   1  2  3  4  5  6  7  9

   k. Enjoyment of self-stimulation
   1  2  3  4  5  6  7  9

   l. Ease of orgasm through self-stimulation
   1  2  3  4  5  6  7  9

   m. Pain during genital sex
   1  2  3  4  5  6  7  9

   n. Other (Please explain)
   1  2  3  4  5  6  7  9

7. Have you noticed any changes in your sexuality SINCE YOUR WERE IN YOUR MID-30s? Use this scale to describe the way each of the following has changed. (If you have experienced no change, circle "4." If an item does not apply to you, circle "9.")

   1 GREATLY REDUCED  5 SLIGHTLY INCREASED
   2 MODERATELY REDUCED  6 MODERATELY INCREASED
   3 SLIGHTLY REDUCED  7 GREATLY INCREASED
   4 UNCHANGED  9 NOT APPLICABLE

   a. Desire for nongenital sexual activity with a partner
   (hugging, cuddling, kissing, etc.)
   1  2  3  4  5  6  7  9

   b. Becoming aroused (turned-on) through nongenital sexual activity with a partner
   1  2  3  4  5  6  7  9

   c. Enjoyment of nongenital sexual activity with a partner
   1  2  3  4  5  6  7  9

   d. Ease of orgasm through nongenital sexual activity
   with a partner
   1  2  3  4  5  6  7  9

   e. Desire for genital sexual activity with a partner
   1  2  3  4  5  6  7  9

   f. Becoming aroused (turned-on) through genital sexual activity
   with a partner
   1  2  3  4  5  6  7  9

   g. Enjoyment of genital sexual activity with a partner
   1  2  3  4  5  6  7  9
n. Ease of orgasm through genital sexual activity with a partner
  1 2 3 4 5 6 7 9
i. Desire for self-stimulation (masturbation)
  1 2 3 4 5 6 7 9
j. Becoming aroused (turned-on) through self-stimulation
  1 2 3 4 5 6 7 9
k. Enjoyment of self-stimulation
  1 2 3 4 5 6 7 9
l. Ease of orgasm through self-stimulation
  1 2 3 4 5 6 7 9
m. Pain during genital sex
  1 2 3 4 5 6 7 9
n. Other (Please explain)
  1 2 3 4 5 6 7 9

B. Choose the one item in Question 7 (a through n above) that has changed the most for you since you were in your mid-30s. Write down the letter of that item here. (Fill in alphabetical order if you write more than one.)

BIA (2)

B. How important is each factor in the list below in explaining why you think the change listed in B above has occurred? Use this scale in answering:

1 2 3 4
1. VERY IMPORTANT
2. SOMEWHAT IMPORTANT
3. ONLY SLIGHTLY IMPORTANT
4. NOT IMPORTANT AT ALL

a. Change in partner (new, loss of, etc.)
  1 2 3 4
b. Change in life demands (busier, less energy, more time)
  1 2 3 4
c. Changes in your feelings toward your partner
  1 2 3 4
d. Changes in your partner's feelings toward you
  1 2 3 4
e. Changes in your appearance or appeal
  1 2 3 4
f. Changes in your partner's appearance or appeal
  1 2 3 4
g. Emotional changes that you feel are related to menopause
  1 2 3 4
h. Physical changes that you feel are related to menopause
  1 2 3 4
i. Changes in your partner's sexual response
  1 2 3 4
j. Changes in your life circumstances (e.g., children leave, surgery, etc.)
  1 2 3 4

9. How would you describe your level of sexual desire?

AAA (1)
1. STRONG
2. MODERATE
3. WEAK
4. ABSENT

B. When you were in your mid-30s

A. At the present time

9BB (1)
1. STRONG
2. MODERATE
3. WEAK
4. ABSENT

Health and Well-Being

10. By telling us which of the following conditions you have experienced in the last year or so, you will help us gain a better understanding of midlife women's health issues. Indicate how often you have experienced each item:

VIA (1)

1. Hot flashes
  1 2 3 4
2. High energy
  1 2 3 4
3. Headaches/migraines
  1 2 3 4
4. Insomnia
  1 2 3 4
5. Weight gain
  1 2 3 4
6. Feeling calm (focused)
  1 2 3 4
7. Food cravings
  1 2 3 4
8. Irritability/anger
  1 2 3 4
9. Feeling unattractive
  1 2 3 4
10. Heart palpitations
    1 2 3 4
11. Urinary tract infections
    1 2 3 4
12. Diarrhea
    1 2 3 4

### Table of Body Symptoms

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Very Often</th>
<th>Occasionally</th>
<th>Rarely</th>
<th>Never or Hardly Ever</th>
</tr>
</thead>
<tbody>
<tr>
<td>m. Joint pain</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>n. Anxiety</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>o. Fatigue</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>p. Depression/sadness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>q. Vaginal dryness</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>r. Incontinence</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>s. Facial hair growth</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>t. Memory loss</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

### Sexual Relationships

Last year, your comments regarding relationships and sexuality during this time in your life added a great deal to our understanding of mid-life sexuality. The next few questions return to these important topics.

This section (Questions 12 to 20) asks about sexual relationship(s). If you currently have more than one sexual partner, please answer this set of questions in terms of your primary partner. If you do not currently have a sexual partner, skip to Question 21.

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

<table>
<thead>
<tr>
<th>Physical Health</th>
<th>Emotional Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> VERY POOR</td>
<td><strong>1</strong> VERY POOR</td>
</tr>
<tr>
<td><strong>2</strong> POOR</td>
<td><strong>2</strong> POOR</td>
</tr>
<tr>
<td><strong>3</strong> FAIR</td>
<td><strong>3</strong> FAIR</td>
</tr>
<tr>
<td><strong>4</strong> GOOD</td>
<td><strong>4</strong> GOOD</td>
</tr>
<tr>
<td><strong>5</strong> VERY GOOD/EXCELENT</td>
<td><strong>5</strong> VERY GOOD/EXCELENT</td>
</tr>
</tbody>
</table>

### Questions

12. Is your primary sex partner your spouse? 1 YES 0 NO

13. Do you live with this partner? 1 YES 0 NO

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

15. Is this partner a 1 MAN 2 WOMAN

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

17. How many sexual partners have you had in the last year? ____

18. How would you describe the physical and emotional sexual satisfaction you receive from your primary sexual relationship? (Circle one in each column.)

<table>
<thead>
<tr>
<th>Physical Satisfaction</th>
<th>Emotional Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> VERY UNSATISFYING</td>
<td><strong>1</strong> VERY UNSATISFYING</td>
</tr>
<tr>
<td><strong>2</strong> SOMETHAT UNSATISFYING</td>
<td><strong>2</strong> SOMETHAT UNSATISFYING</td>
</tr>
<tr>
<td><strong>3</strong> NEITHER SATISFYING</td>
<td><strong>3</strong> NEITHER SATISFYING</td>
</tr>
<tr>
<td><strong>4</strong> NOR UNSATISFYING</td>
<td><strong>4</strong> NOR UNSATISFYING</td>
</tr>
<tr>
<td><strong>5</strong> VERY SATISFYING</td>
<td><strong>5</strong> VERY SATISFYING</td>
</tr>
</tbody>
</table>

19. Overall, how would you describe this sexual relationship? (Circle one.)

1. VERY UNSATISFYING
2. SOMETHAT UNSATISFYING
3. NEITHER SATISFYING NOR UNSATISFYING
4. SOMETHAT SATISFYING
5. VERY SATISFYING
Menopausal hormones. In this section, we are interested in your decisions about taking or not taking hormones.

21. First, which is true for you at this time? (Circle one.)
1. I AM NOT CURRENTLY TAKING HORMONE THERAPY
2. I AM CURRENTLY TAKING HORMONE THERAPY BUT DID IN PAST
3. I HAVE NEVER TAKEN HORMONE THERAPY

22. Which product(s) do you use? (Circle all that apply currently and list brand name if known.)

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

24. When did you begin taking menopausal hormones? Month____ Year____

25. Total months on these hormones____ No____
26. Why did you start taking hormones? (Circle "yes" (1) for each reason.)

YES NO
W26A(i) 1 0
1 0 a. For hot flashes/night sweats ;
1 0 b. For insomnia ;
1 0 c. For moodiness ;
1 0 d. For vaginal dryness/foreignness ;
1 0 e. For menstrual bleeding problems (e.g., heavy bleeding, breakthrough bleeding)
1 0 f. For personal appearance (e.g., skin ;
1 0 g. For existing osteoporosis ;
1 0 h. For existing cardiovascular problems ;
1 0 i. Physician recommended it
1 0 j. To prevent osteoporosis and/or cardiovascular problems ;
1 0 k. Because a blood test revealed your estrogen levels were low ;
1 0 l. For sexual responsiveness ;
1 0 m. For incontinence or urinary tract problems ;
1 0 n. For cramps, other premenstrual problems ;
1 0 o. Other 

W26B(i) 0

27. We are interested in having a better understanding of the concerns that women have about hormone use and how these concerns influence women's decisions to use or not use hormones. In this space, please tell us your concerns and how they've influenced your hormone use decisions.

See attached codebook for this item

Facts About Yourself

W27 (i) [code up to a 2-digit item plus one 1-digit code for where item was expressing ambivalence (+1) or not (-1).]

28. Your answers to this question last year showed us that midlife women do indeed experience many major life challenges. We are, therefore, asking this important question again. 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

A. HAVE YOU EXPERIENCED IN THE LAST YEAR OR TWO?

YES NO
W29A(i) 0 1
1 0 a. Personal health problems
W29B(i) 1 2 3 4
1 2 b. Family or close friend's health problem
W29C(i) 1 2 3 4
1 2 c. Death of spouse
W29D(i) 1 2 3 4
1 2 d. Death of someone close to you (not spouse)
W29E(i) 1 2 3 4
1 2 e. Moving to a new home
W29F(i) 1 2 3 4
1 2 f. Family problem
W29G(i) 1 2 3 4
1 2 g. Marriage/remarriage
W29H(i) 1 2 3 4
1 2 h. Divorce/break up of important relationship
W29I(i) 1 2 3 4
1 2 i. Work problems/loss of job
W29J(i) 1 2 3 4
1 2 k. Starting a new job/new position

B. IF YOU EXPERIENCED, HOW STRESSFUL?

W29A(i) 1 2 3 4
W29B(i) 1 2 3 4
W29C(i) 1 2 3 4
W29D(i) 1 2 3 4
W29E(i) 1 2 3 4
W29F(i) 1 2 3 4
W29G(i) 1 2 3 4
W29H(i) 1 2 3 4
W29I(i) 1 2 3 4
W29J(i) 1 2 3 4
GNA

GNA
B. How you feel about yourself as a woman:

W35B (5) Same as A (2 2-digit code, 1 1-digit code) - see codebook

C. How you feel about your attractiveness and your 'sex appeal':

W35C (5) Same

Once again, we thank you very much for your continuing support of this research project. BE SURE TO RETURN THIS QUESTIONNAIRE (AND YOUR COMPLETED 1993-1994 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) 863-7591 (PA) or (801) 584-6272 (UT).

REQUEST REQUEST REQUEST

One of our doctoral students plans to study MENOPAUSE for her dissertation work. She will use personal telephone interviews to gather information on various aspects of the menopausal transition that are not as accessible in a mail survey. Although still in its preliminary stages, the study promises to be both useful and fascinating.

We are inviting you to consider participating in this study. By providing your telephone number here, you give this student the opportunity to phone you later with a complete description of her study. At that time, you can decide if you'd like to participate. As always, your responses would be confidential and your anonymity guaranteed. We hope you will consider this unique opportunity - and help out the student too!

To consider participation, write down your full phone number, including area code, here: (____) - _____ - _____

and your first name: ________________________________
31A  1 = Jewish
     2 = "American"
     3 = Scandinavian
     4 = Japanese
     5 = "WASP" (any German, English)
     6 = Irish Catholic
     7 = Chinese
     8 = all other
(Code up to 2 themes)

01  No need now/will use if or when appropriate/haven't thought about it (yet)/no symptoms/wait till menopause.
02  Opposed to idea of hormones/not natural.
03  Concerned about cancer from taking hormones.
04  Concerns with other health problems or side effects of hormones (bleeding, weight gain, etc.).
05  Can't take hormones because of existing health problems/afraid it will make conditions worse.
06  Take/plan to take hormones for vaginal dryness, hot flashes or existing menopausal conditions.
07  Take/or plan to take hormones to prevent osteoporosis or cardiovascular disease.
08  go on and off hormones/start and stop for [any] reasons.
09  Don't know/don't yet know enough about hormones/need to discuss with doctor.
10  Doctor recommends
11  Takes hormones, pleased/satisfied.
99  Other.

Separate 1 - digit code: Was the statement expressing ambivalence?
1 = Yes
☐ 3 = No

Be sure to distinguish between concern [5] cancer in the future (33) vs the fear that existing cancer could become worse with hormones(35).
Code up to 2-digit coded response

10  Glad (general)
11  Glad, had heavy periods
12  Glad, have bled so long (many years)
13  Glad, freedom/no bother/relief/no mess/convenient
14  Glad, no birth control
15  Glad, beginning new phase of life
16  Glad, didn't like anticipation
17  Glad, feel better/was anemic
18  Other ( Glad )
20  Sad/concerned (general)
21  Sad, never had child/end of childbearing
22  Concerned, want to stay youthful/menstruation equated with youth (inc. skin/hair)
23  Sad, periods equated with femininity
24  Concerned about side effects (?)
29  Other ( Sad )
30  Neutral ( "indifferent, doesn't mind" ), no big deal, no strong feelings, etc.

Separate 1-digit code: Was the statement expressing ambivalence?
1 = Yes
0 = No

Also code every response as either 1 or 0 depending on whether the full comment expressed ambivalence.
Ambivalent 1 = Yes
0 = No
This one is more straightforward (to me) - I propose we simply code up to 2 categories per woman.

10 Good/fine, etc. (general): "Glad to be a woman"

11 Good; feel confident, assertive, positive, stronger, more centered etc. Also, active, vital, attractive

12 Good; like feeling mature

13 Good; like myself as wife

14 Good; looking optimistically to future (work, retirement, etc.)

15 Good; feel frailer (in any way)

16 Other (good)

17 Not good (general)

18 Concerns about weight/appearance

19 Concerns about health

20 Feel unproductive

21 Seeking partner

22 Other (not good)

23 Neutral ("Never think about it")

Separate 1-digit code: Was the statement expressing ambivalence?

1 = Yes

2 = No
Code up to 2

10 Positive ("general") - "good"
11 Feel sexy/still feel sexy [sexy theme]
12 Attractive/look good/[attractive theme]
13 Aged well/don't mind getting older
14 Attract others [emphasis on person's appeal to others]
19 Other [positive]
20 Negative (general)
21 Look older and don't like/skin change
22 Weight gain, feel frumpy, worried, don't like, etc.
23 Lost sex appeal
29 Other [negative]
30 Neutral

Separate 1-digit code: Was the statement expressing ambivalence?
1 = Yes
2 = No