

# MIDLIFE WOMEN'S HEALTH SURVEY SPRING 1994

[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.)
- W1(1) →
- 1 I AM MENSTRUATING IN MY REGULAR PATTERN .167
  - 2 MY PERIODS ARE CHANGING OR HAVE CHANGED (AMOUNT, LENGTH, SPACING, ETC) FROM MY REGULAR PATTERN 3.54
  - 3 I AM NOT SURE I'M STILL MENSTRUATING BECAUSE I HAVEN'T HAD A PERIOD FOR AT LEAST 3 MONTHS
  - W1.3A(4) A. When was your last period? (month and year) \_\_\_\_\_
  - 4 I HAVEN'T MENSTRUATED FOR ONE FULL YEAR ("POSTMENOPAUSAL")
  - W1.4A(4) A. When was your last period? (month and year) \_\_\_\_\_
  - W1.4B(2) B. How old were you when your periods stopped naturally? \_\_\_\_\_
  - 5 I STARTED HORMONE THERAPY WHILE I WAS STILL HAVING MENSTRUAL PERIODS, AND NOW GET HORMONE-RELATED PERIODS.
  - 6 I HAD A HYSTERECTOMY
  - W1.6A(4) A. When? (month and year) \_\_\_\_\_
  - W1.6B(2) B. How old were you? \_\_\_\_\_
  - W1.6C(1) C. For what reason?
    - 1 FIBROID TUMORS 6 = 2 2 5
    - 2 HEAVY BLEEDING 7 = 1 2 3
    - 3 CANCER 8 = 1 2 2
    - 4 PROLAPSE OF BLADDER, RECTUM, ETC.
    - 5 OTHER \_\_\_\_\_
  - W1.6D(1) D. Were your ovaries also removed?
    - 1 YES
    - 0 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 "9" if you no longer have periods)

	YES	NO	N.A.	
W2A(1)	1	0	9	a. They are further apart.
W2B	1	0	9	b. They are closer together.
↓	1	0	9	c. They last longer.
↓	1	0	9	d. They last fewer days.
↓	1	0	9	e. You bleed more heavily, on some or all days.
↓	1	0	9	f. You bleed more lightly, on some or all days.
↓	1	0	9	g. You pass clots.
W2H(1)	1	0	9	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?

	YES	NO	
W3A(1)	1	0	a. You are less irritable now.
↓	1	0	b. You are more irritable now.
↓	1	0	c. You are more sad or depressed now.
↓	1	0	d. You are less sad and depressed now.
↓	1	0	e. You are more energetic and productive now.
↓	1	0	f. You are less energetic and productive now.
↓	1	0	g. You feel more upset in general now.
W3H(1)	1	0	h. You feel less upset in general now.

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

W4(1) 1 YES 0 NO

5. Have you noticed any of the following changes in your body in the past year?

	YES	NO	
W5A (1)	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.
W5I (1)	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

(Circle one for each item)

W6A (1)	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

(Circle one for each item)

W7A (1)	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

W7N(1) 8A. 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 \_\_\_\_\_. *Translate alphabetical letter to numeric a=01, b=02 → n=14*

B. How important is each factor in the list below in explaining why you think the change listed in 8A above has occurred? Use this scale in answering:

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

3BA(1)

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

8BJ(1)

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

A. <u>At the present time</u>		B. <u>When you were in your mid-30s</u>	
1	STRONG	1	STRONG
2	MODERATE	2	MODERATE
3	WEAK	3	WEAK
4	ABSENT	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:

V10A(1)

	VERY OFTEN	OCCASIONALLY	RARELY	NEVER OR HARDLY EVER
a. Hot flashes	1	2	3	4
b. High energy <sup>3</sup>	1	2	3	4
c. Headaches/migraines <sup>5</sup>	1	2	3	4
d. Insomnia <sup>6</sup>	1	2	3	4
<hr/>				
e. Weight gain <sup>7</sup>	1	2	3	4
f. Feeling calm (focused) <sup>8</sup>	1	2	3	4
g. Food cravings <sup>9</sup>	1	2	3	4
h. Irritability/anger <sup>10</sup>	1	2	3	4
<hr/>				
i. Feeling unattractive <sup>11</sup>	1	2	3	4
j. Heart palpitations <sup>12</sup>	1	2	3	4
k. Urinary tract infections <sup>13</sup>	1	2	3	4
l. Diarrhea <sup>14</sup>	1	2	3	4

cont.

		VERY OFTEN	OCCASIONALLY	RARELY	NEVER OR HARDLY EVER
ent. W10m(1)	m. Joint pain	1	2	3	4
	n. Anxiety	1	2	3	4
	o. Fatigue	1	2	3	4
	p. Depression/sadness	1	2	3	4
	q. Vaginal dryness	1	2	3	4
	r. Incontinence	1	2	3	4
	s. Facial hair growth	1	2	3	4
	t. Memory loss	1	2	3	4
W10u(1)	u. Other	1	2	3	4

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

W11A(1)	A. <u>Physical health</u>	B. <u>Emotional Health</u>
	1 VERY POOR	1 VERY POOR
	2 POOR	2 POOR
W11B(1)	3 FAIR	3 FAIR
	4 GOOD	4 GOOD
	5 VERY GOOD/EXCELLENT	5 VERY GOOD/EXCELLENT

**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.

- W12(1) 12. Is your primary sex partner your spouse? 1 YES 0 NO
- W13(1) 13. Do you live with this partner? 1 YES 0 NO
- W14(2) 14. How long have you been in the relationship? \_\_\_ years
- W15(1) 15. Is this partner a 1 MAN 2 WOMAN
- W16(1) 16. Is this the same partner as last year? 1 YES 0 NO
- W17(1) 17. How many sexual partners have you had in the last year? (I know I'm assuming the no. of partners last yr. will be <10!)

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

W18A(1)	A. <u>Physical Satisfaction</u>	B. <u>Emotional Satisfaction</u>
	1 VERY UNSATISFYING	1 VERY UNSATISFYING
	2 SOMEWHAT UNSATISFYING	2 SOMEWHAT UNSATISFYING
	3 NEITHER SATISFYING	3 NEITHER SATISFYING
	NOR UNSATISFYING	NOR UNSATISFYING
W18B(1)	4 SOMEWHAT SATISFYING	4 SOMEWHAT SATISFYING
	5 VERY SATISFYING	5 VERY SATISFYING

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

- W19(1) 1 VERY UNSATISFYING
- 2 SOMEWHAT UNSATISFYING
- 3 NEITHER SATISFYING NOR UNSATISFYING
- 4 SOMEWHAT SATISFYING
- 5 VERY SATISFYING



26. Why did you start taking hormones? (Circle 'yes' (1) for each reason.)

	YES	NO	
W26A (1)	1	0	a. For hot flashes/night sweats 1
	1	0	b. For insomnia 2
	1	0	c. For moodiness 3
	1	0	d. For vaginal dryness/soreness 4
	1	0	e. For menstrual bleeding problems (e.g., heavy bleeding, breakthrough bleeding) 5
	1	0	f. For personal appearance (e.g., skin) 6
	1	0	g. For existing osteoporosis 10
	1	0	h. For existing cardiovascular problems 11
	1	0	i. Physician recommended it 12
	1	0	j. To prevent osteoporosis and/or cardiovascular problems 13
	1	0	k. Because a blood test revealed your estrogen levels were low 14
	1	0	l. For sexual responsiveness 15
	1	0	m. For incontinence or urinary tract problems 16
W260 (1)	1	0	n. For cramps, other premenstrual problems 17
	1	0	o. Other _____ 9

27. We are interested in having a better understanding of the concerns that women have about hormone use and how those 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

W27 (5) [code up to 2 2-digit items plus one 1-digit code for whether item was expressing ambivalence (=1) or not (=0).]

**Facts About Yourself**

W28A (1) A.	Are you using a birth control pill?	YES 1	NO 0	If yes, which brand? <u>No code</u>
W28B (1) B.	Are you using Norplant?	YES 1	NO 0	
W28C (1) C.	Are you using Depo-Provera?	YES 1	NO 0	
W28D (1) D.	Aside from birth control pills or menopausal hormone therapy, are you taking any other hormones?	YES 1	NO 0	If yes, which? <u>no code</u>

29. 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

Also

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

	YES	NO	
W29AA (1)	1	0	a. Personal health problems
W29BA (1)	1	0	b. Family or close friend's health problem
W29CA (1)	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. Work problems/loss of job
	1	0	j. Partner's work problems/loss of job
	1	0	k. Starting a new job/new position

**B. IF YOU EXPERIENCED, HOW STRESSFUL?**

	1	2	3	4
W29AB (1)	1	2	3	4
W29BB (1)	1	2	3	4
W29CB (1)	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

Cont.

Cont.

W29RA(1)

- 1 I. Problems with children
- 0 m. Problems with parents/in-laws
- 0 n. Financial problems
- 0 o. Birth control issues
- 0 p. Relationship problem
- 0 q. Working toward graduate degree/other schooling
- 0 r. Other \_\_\_\_\_

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

30. Please select the ONE statement that best describes your current partner status:

W30(1)

- 1 MARRIED OR REMARRIED AND LIVE WITH YOUR SPOUSE
- 2 MARRIED OR REMARRIED BUT DO NOT LIVE WITH YOUR SPOUSE
- 3 PREVIOUSLY MARRIED (NOW DIVORCED, SEPARATED OR WIDOWED), YOU NOW LIVE WITH A ROMANTIC PARTNER
- 4 PREVIOUSLY MARRIED (NOW DIVORCED, SEPARATED OR WIDOWED), YOU NOW HAVE A ROMANTIC PARTNER YOU DO NOT LIVE WITH
- 5 PREVIOUSLY MARRIED (NOW DIVORCED, SEPARATED OR WIDOWED), YOU NOW DO NOT HAVE A ROMANTIC PARTNER
- 6 NEVER MARRIED, YOU NOW LIVE WITH A ROMANTIC PARTNER
- 7 NEVER MARRIED, YOU NOW HAVE A ROMANTIC PARTNER YOU DO NOT LIVE WITH
- 8 NEVER MARRIED, YOU NOW DO NOT HAVE A ROMANTIC PARTNER

W31(1)

Did you grow up in a home where ethnic/cultural traditions were present? 1 YES 2 NO

W31A(1)

see attached codebook

A. If yes, what ethnic/cultural background was predominant? (For example, Irish, Eastern European Jewish, etc.) \_\_\_\_\_

W31B(1)

B. How strong would you say the ethnic/cultural traditions in your family were when you were growing up?

- 1 STRONG
- 2 MODERATE
- 3 WEAK
- 4 NONEXISTENT

W31CA(1)  
W31CB(1)

C. In what country was each of your parents born?

Mother: \_\_\_\_\_  
Father: \_\_\_\_\_

1 = born in USA  
0 = else

W32A(6)

A. Your date of birth: mo \_\_\_\_\_ day \_\_\_\_\_ year 19\_\_

W32B(2)

B. Your height: \_\_\_\_\_ inches

W32C(3)

C. Your weight: \_\_\_\_\_ lbs.

W33A(2)

A. How many children live at home with you year-round? \_\_\_\_\_

W33B(2)

B. How many parents or other family members live with you? \_\_\_\_\_

W33C(2)

C. What is the total number of people living in your household, including yourself? \_\_\_\_\_

34. How would you best describe where you currently live?

W34(1)

- 1 LARGE OR MODERATE-SIZED CITY (URBAN)
- 2 SUBURBS OF LARGE OR MODERATE-SIZED CITY (SUBURBAN)
- 3 SMALL CITY OR A TOWN
- 4 FARM OR RURAL COMMUNITY

35. If you have reached menopause, please comment on the following (A-C):

see end of codebook for 35A, B, & C

A. How you feel about menstruation ending.

W35A(5)

[Code up to 2 2-digit items plus one 1-digit code for whether item expressed ambivalence (=1) or not (=0).]

B. How you feel about yourself as a woman.

W35B (5)

Same as A (2 2-digit codes, 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) 863-7691 (PA) or (801) 581-8272 (UT).

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**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: \_\_\_\_\_.

codebook for 31A

31A

- 1 = Jewish
- 2 = "American"
- 3 = Scandinavian
- 4 = Japanese
- 5 = "WASP" (any Germanic, English)
- 6 = Irish Catholic
- 7 = Chinese
- 8 = all other

→ (ODES)HEME  
Q 27, 35ABC  
YEAR 5, 1994, "W" series

**27 (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 <sup>incl. existing cancer</sup> 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 <sup>or consider taking</sup> 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

0 = No

Be sure to distinguish between concern of cancer in the future (03) & the fear that existing Ca. could become worse with hormones (05).

35A

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
- 19 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.

99 OTHER

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

1 = Yes

0 ~~2~~ = No

Also code every response as either 1 or 0 depending on whether the full comment expressed ambivalence.

Ambivalent 1 = Yes  
0 = No

**35B**

**Code up to 2 2-digit codes.**

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 freer (in any way)
- 19 Other (good)
- 20 Not good (general)
- 21 Concerns about weight/appearance
- 22 Concerns about health
- 23 Feel unproductive
- 24 Seeking partner
- 29 Other (not good)
- 30 Neutral ("Never think about it")

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

1 = Yes

2 = No

35C

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

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

1 = Yes

0 2 = No