

Codebook 1996 "U" series

Write your 4 or 5 digit ID number here _____

MIDLIFE WOMEN'S HEALTH SURVEY SPRING 1996

Please complete and return in enclosed envelope. Be sure you have written your ID on the survey (the number is on the upper left of your address label).

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.)
- U1 (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
- U1-3A (4) ← A. When was your last period? (month and year) _____
- 4 I HAVEN'T MENSTRUATED FOR ONE FULL YEAR ("POSTMENOPAUSAL")
- U1-4A (4) ← A. When was your last period? (month and year) _____
- U1-4B (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
- U1-6A (4) A. When? (month and year) _____
- U1-6B (2) B. How old were you? _____
- U1-6C (1) C. For what reason?
- 1 FIBROID TUMORS
 - 2 HEAVY BLEEDING
 - 3 CANCER
 - 4 PROLAPSE OF BLADDER, RECTUM, ETC.
 - 5 OVARIAN CYSTS
 - 6 ENDOMETRIOSIS
 - 7 OTHER _____
- U1-6D (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. | |
|---------|-----|----|------|--|
| U2a (1) | 1 | 0 | 9 | a. They are further apart. |
| | 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. |
| | 1 | 0 | 9 | h. You find the texture, color, or odor of the blood is different. |
| | 1 | 0 | 9 | i. You have more menstrual cramping. |
| | 1 | 0 | 9 | j. You have more spotting at midcycle. |
| | 1 | 0 | 9 | k. You have more 'run-on' periods that can last as long as two weeks or more. |
| U2l (1) | 1 | 0 | 9 | l. You have begun to experience 'gushing' (very heavy, uncontrollable bleeding). |

3. If you have experienced 'gushing,' use this space to describe this experience. On what days of menses does gushing occur? How often does it occur? How many days does it last? How do you manage your gushing? (For more space, use the bottom of page 8.)

SKIP

4. How well do the following phrases describe you now and also when you were in your 20's and 30's?

1 VERY ACCURATE DESCRIPTION OF ME * (enter these with all the
 2 ONLY A FAIR DESCRIPTION OF ME at col. first, from the right)
 3 DOESN'T DESCRIBE ME AT ALL

NOW					IN YOUR 20's - 30's			
1	2	3	← U4a-1 (1)	a. Very energetic	U4a-2 (1)	1	2	3
1	2	3	← U4b-1 (1)	b. Get irritated easily	U4b-2 (1)	1	2	3
1	2	3		c. Take things in stride		1	2	3
1	2	3		d. Get upset easily		1	2	3
1	2	3		e. Very productive		1	2	3
1	2	3		f. Tend to worry about things		1	2	3
1	2	3	↓ U4g-1 (1)	g. Get depressed easily	U4g-2 (1)	1	2	3

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

	YES	NO	
U5a (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.
U5h (1)	1	0	g. You feel more upset in general now.
	1	0	h. You feel less upset in general now.

6. Have you begun in the last year or so to notice symptoms usually associated with the premenstrual phase of the menstrual cycle?

U6 (1)
 0 NO
 1 YES Describe.

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

	YES	NO	
U7a (1)	1	0	a. Your vagina is drier (less lubrication). 1
	1	0	b. You are putting on weight. 2
	1	0	c. You have new facial hair growth. 12
	1	0	d. Your skin texture has changed (e.g. wrinkles, saggy, dry). 4
	1	0	e. You feel tired more of the time. 7
	1	0	f. You are more energetic than you used to be. 8
	1	0	g. You are more sensitive to touch. 9
	1	0	h. You experience more stiffness or joint pain. 10
U7j (1)	1	0	i. Your muscle tone has decreased. 11
	1	0	j. You have back or shoulder pain when you never did before. 13

8. Some women experience considerable moodiness at different times in their lives or during their menstrual cycles, and others do not. Use this scale to indicate whether moodiness is/has been a problem for you in different circumstances. (Circle "9" if an item does not apply to you.)

- 1 NOT A PROBLEM - I NEVER EXPERIENCE(D) MOODINESS
- 2 HARDLY A PROBLEM - ANY MOODINESS IS/WAS MILD OR INFREQUENT
- 3 SOMEWHAT OF A PROBLEM - MY MOODINESS CAN BE/WAS SOMEWHAT INTENSE
- 4 A MAJOR PROBLEM - MY MOODINESS CAN BE/WAS VERY INTENSE, LEAVING ME FEELING OUT OF CONTROL
- 9 NOT APPLICABLE

(Circle one)

- 482 (1)
- ↓
- 487 (1)
- a. During puberty 1 2 3 4 9
 - b. During pregnancy 1 2 3 4 9
 - c. After giving birth (postpartum) 1 2 3 4 9
 - d. During your premenstrual days (in your 20's and 30's) 1 2 3 4 9
 - e. During your menopausal transition 1 2 3 4 9
 - f. Postmenopausally 1 2 3 4 9

Relationships

9. What does intimacy mean to you? Describe what a really good intimate relationship would be like for you. (For more space, use the bottom of page 8.)

Code up to 3 one-digit entries - see codebook in back

490 (1)
492 (1)
490 (1)

10. Here is a list of different ways people express themselves sexually. Some involve a partner, others do not. How would you rate your level of response to each? Circle the number that best describes the strength of your feelings for each form of sexual expression. Think of "1" as NONEXISTENT feelings, "5" as MODERATE feelings and "9" as VERY STRONG feelings.

Nongenital sexual activity with a partner (hugging, kissing, cuddling, etc.)

- 4102 (1)
- a. Desire it 1 2 3 4 5 6 7 8 9
 - b. Aroused (turned on) by it 1 2 3 4 5 6 7 8 9
 - c. Enjoy it 1 2 3 4 5 6 7 8 9
 - d. Intensity of orgasm through it 1 2 3 4 5 6 7 8 9

Genital sexual activity with a partner

- e. Desire it 1 2 3 4 5 6 7 8 9
- f. Aroused (turned on) by it 1 2 3 4 5 6 7 8 9
- g. Enjoy it 1 2 3 4 5 6 7 8 9
- h. Intensity of orgasm through it 1 2 3 4 5 6 7 8 9

Fantasies and masturbation without a partner

- 9 i. Enjoy sexual fantasies 1 2 3 4 5 6 7 8 9
- 11 j. Desire for *masturbation* 1 2 3 4 5 6 7 8 9
- 12 k. Aroused (turned on) by *masturbation* 1 2 3 4 5 6 7 8 9
- 13 l. Enjoy *masturbation* 1 2 3 4 5 6 7 8 9
- 14 m. Intensity of orgasm through *masturbation* 1 2 3 4 5 6 7 8 9

Pain

- 4102 (1) 15 n. Pain during genital sex 1 2 3 4 5 6 7 8 9

You may wonder why we seem to be repeating this material in two questions. The reason has more to do with analysis problems than anything. We apologize and promise that we will not have to do this in the future

11. 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 |

Nongenital sexual activity with a partner (hugging, kissing, cuddling, etc.)

- | | | | | | | | | |
|-----------------------------------|---|---|---|---|---|---|---|---|
| a. Desire it | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 |
| b. Aroused (turned on) by it | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 |
| c. Enjoy it | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 |
| d. Intensity of orgasm through it | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 |

Genital sexual activity with a partner

- | | | | | | | | | |
|-----------------------------------|---|---|---|---|---|---|---|---|
| e. Desire it | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 |
| f. Aroused (turned on) by it | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 |
| g. Enjoy it | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 |
| h. Intensity of orgasm through it | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 |

Fantasies and masturbation without a partner

- | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| i. Enjoy sexual fantasies | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 |
| j. Desire for <i>masturbation</i> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 |
| k. Aroused (turned on) by <i>masturbation</i> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 |
| l. Enjoy <i>masturbation</i> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 |
| m. Intensity of orgasm through <i>masturbation</i> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 |

Pain

- | | | | | | | | | |
|----------------------------|---|---|---|---|---|---|---|---|
| n. Pain during genital sex | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 9 |
|----------------------------|---|---|---|---|---|---|---|---|

12. Regarding some of the sexual activities mentioned above, please indicate how frequently you experience these. Use the scale below. Circle "9" if you have no sexual partner.

- | | | | |
|---|-----------------------|---|------------------------|
| 1 | DAILY | 4 | ABOUT ONCE A MONTH |
| 2 | MORE THAN ONCE A WEEK | 5 | LESS THAN ONCE A MONTH |
| 3 | ABOUT ONCE A WEEK | 9 | HAVE NO SEXUAL PARTNER |

- | | | | | | | |
|--|---|---|---|---|---|---|
| a. Nongenital sexual activity (hugging, touching, etc.) with a partner | 1 | 2 | 3 | 4 | 5 | 9 |
| b. Orgasm through nongenital sexual activity with a partner | 1 | 2 | 3 | 4 | 5 | 9 |
| c. Genital activity with a partner | 1 | 2 | 3 | 4 | 5 | 9 |
| d. Orgasm through genital activity with a partner | 1 | 2 | 3 | 4 | 5 | 9 |

Health and Well-Being

13. 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 by circling 1, 2, 3 or 4 on the left and how stressful each item is for you by circling 1, 2, 3, or 4 on the right.

HOW OFTEN

- | | |
|---|-------------------|
| 1 | NEVER/HARDLY EVER |
| 2 | RARELY |
| 3 | OCCASIONALLY |
| 4 | VERY OFTEN |

HOW STRESSFUL

- | | |
|---|----------------------|
| 0 | DO NOT EXPERIENCE |
| 1 | NOT AT ALL STRESSFUL |
| 2 | A BIT STRESSFUL |
| 3 | QUITE STRESSFUL |
| 4 | EXTREMELY STRESSFUL |

Enter down on 20, then down the next

How often					How stressful								
1	2	3	4	U13a-1 (1)	a. Hot flashes	1	U13a-2 (1)	→	0	1	2	3	4
1	2	3	4	U13b-1 (1)	b. High energy	3	U13b-2 (1)		0	1	2	3	4
1	2	3	4		c. Headaches/migraines	5			0	1	2	3	4
1	2	3	4		d. Insomnia	6			0	1	2	3	4
1	2	3	4		e. Weight gain	7			0	1	2	3	4
1	2	3	4		f. Feeling calm (focused)	7			0	1	2	3	4
1	2	3	4		g. Food cravings	9			0	1	2	3	4
1	2	3	4		h. Irritability/anger	10			0	1	2	3	4
1	2	3	4		i. Feeling unattractive	12			0	1	2	3	4
1	2	3	4		j. Heart palpitations	13			0	1	2	3	4
1	2	3	4		k. Urinary tract infections	14			0	1	2	3	4
1	2	3	4		l. Diarrhea	15			0	1	2	3	4
1	2	3	4		m. Joint pain	16			0	1	2	3	4
1	2	3	4	U13n-1 (1)	n. Fatigue	18	U13n-2 (1)		0	1	2	3	4
1	2	3	4		o. Anxiety	17			0	1	2	3	4
1	2	3	4		p. Depression/sadness	2			0	1	2	3	4
1	2	3	4		q. Vaginal dryness	4			0	1	2	3	4
1	2	3	4		r. Incontinence	19			0	1	2	3	4
1	2	3	4		s. Dizziness	25			0	1	2	3	4
1	2	3	4		t. Memory loss	21			0	1	2	3	4
1	2	3	4		u. Fibroids	23			0	1	2	3	4
1	2	3	4		v. Endometriosis	24			0	1	2	3	4
1	2	3	4	U13w-1 (1)	w. Other	22	U13w-2 (1)		0	1	2	3	4

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

U14A (1)	A.	<u>Physical Health</u>	B.	<u>Emotional Health</u>
		1 VERY POOR		1 VERY POOR
U14B (1)		2 POOR		2 POOR
		3 FAIR		3 FAIR
		4 GOOD		4 GOOD
		5 VERY GOOD/EXCELLENT		5 VERY GOOD/EXCELLENT

Menopausal hormones. In this section, we are interested in your decisions about taking or not taking hormones.

15. Have you ever used menopausal hormones? U15 (1) 1 YES 0 NO

16. Are you currently using menopausal hormones?

U16 (1) NO
 1 YES → a. Name the product(s) (estrogen, progestin) and their brand names: _____
 skip b. How many months have you been using these current product(s)? _____

U16b (3) years convert into months

17. If you are currently using hormones, which best describes the way you take them?

U17A(1) →

- Estrogen
- 1 DAYS 1-25 OF MONTH
 - 2 DAYS 1-30
 - 3 MONDAY-FRIDAY
 - 4 EVERY DAY
 - 5 OTHER _____

U17B(1) →

- Progesterone/Progestin
- 1 DAYS 1-10 or 1-12 OF MONTH
 - 2 DAYS 1-25 (approx) OF MONTH
 - 3 DAYS 12-25 (approx) OF MONTH
 - 4 DAYS 16-25 (approx) OF MONTH
 - 5 EVERY DAY
 - 6 EVERY OTHER DAY
 - 7 MONDAY-FRIDAY
 - 8 EVERY OTHER MONTH
 - 9 OTHER _____

18. Have you ever quit taking menopausal hormones?

U18(1) →

- 0 NO
- 1 YES

- a. If yes, what was/were the product(s) you stopped taking? _____
- b. How many different products have you tried? _____
- c. Why did you quit? (Circle the 2 most important reasons)
 - 1 INCONVENIENCE OF MENSTRUAL BLEEDS/HEAVY BLEEDING
 - 2 MOODINESS INCREASED
 - 3 WEIGHT GAIN
 - 4 FATIGUE INCREASED
 - 5 HAD TO BECAUSE OF A HEALTH PROBLEM (DESCRIBE _____)
 - 6 FEAR OF BREAST OR UTERINE CANCER
 - 7 DISLIKED IDEA OF TAKING DRUGS
 - 8 HEADACHES
 - 9 OTHER _____

skip 2

U18b(1)

U18c-1(1)
U18c-2(1) } 2 most important reasons

19. A few years ago, most of you said you knew very little about nonhormonal ('alternative') methods of treating conditions (such as hot flashes) or preventing future problems (such as osteoporosis). Are you using any nonhormonal products now?

U19(1) →

- 0 NO
- 1 YES

- a. Which one(s)? _____
- b. In this space, explain why you are using each product: _____

skip

U19c-1(1)
U19c-2(1)

- c. How did you learn about these alternatives? (Circle up to 2)
 - 1 FAMILY MEMBER
 - 2 FRIEND
 - 3 DOCTOR
 - 4 MENOPAUSE WORKSHOP/LECTURE
 - 5 MAGAZINE/NEWSPAPER/POPULAR BOOK/TV
 - 6 SCIENTIFIC PAPER/CONFERENCE
 - 7 THE MIDLIFE WOMEN'S HEALTH SURVEY (OUR STUDY)
 - 8 OTHER _____

Facts About Yourself

U20A(1)

20. A. Are you using any hormonal birth control?
YES 1 NO 0 If yes, which (Pill, Norplant, Depo-Provera)? _____

U20B(1)

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

21. Your answers to this question have shown us that midlife women do indeed experience many major life challenges. We are, therefore, asking this important question again. For each item below, if you have not experienced the event in the last year or two, circle '0.' If you have experienced the item, circle the code that best describes how stressful that event was for you.

- 0 DID NOT EXPERIENCE
- 1 NOT AT ALL STRESSFUL
- 2 A BIT STRESSFUL
- 3 QUITE STRESSFUL
- 4 EXTREMELY STRESSFUL

U21a(1)

	How Stressful?				
	0	1	2	3	4
a. Personal health problems	0	1	2	3	4
b. Family/friend's health problem(s)	0	1	2	3	4
c. Death of spouse	0	1	2	3	4
d. Death of someone close to you (not spouse)	0	1	2	3	4
e. Moving to a new home	0	1	2	3	4
f. Family problem/problem with children/parent(s)/parent-in-law(s)	0	1	2	3	4
g. Marriage/remarriage	0	1	2	3	4
h. Divorce/break up of important relationship	0	1	2	3	4
i. Work problems/loss of job	0	1	2	3	4
j. Partner's work problems/loss of job	0	1	2	3	4
k. Starting a new job/new position	0	1	2	3	4
l. Menopause problems	0	1	2	3	4
m. Social problems	0	1	2	3	4
n. Financial problems	0	1	2	3	4
o. Loneliness	0	1	2	3	4
p. Relationship problems	0	1	2	3	4
q. Working toward graduate degree/other schooling	0	1	2	3	4
r. Sleep problems	0	1	2	3	4
s. Life in general	1	2	3	4	

U21s(1)

22. Please select the ONE statement that best describes your current partner status. (Read all choices first.)

U22(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

23. A. Your age in years and months: _____ years and _____ months
- B. Your height: _____ inches
- C. Your weight: _____ lbs.

U23A(2) Round off to nearest year 7

U23B(2)

U23C(3)

424A(1)

24. A. How many children live at home with you year-round? _____
B. How many parents or other family members live with you? _____
424B(1)

424C(1)
C. What is the total number of people living in your household, including yourself? _____

25. If you have an e-mail address and would be willing to share it with us, please write it here: _____

Once again, we thank you very much for your continuing support of this research project. RETURN THIS QUESTIONNAIRE (AND YOUR COMPLETED 1995-1996 MENSTRUAL CALENDAR IF YOU HAVE ONE) (AND ANY OTHER SPECIAL SURVEYS YOU RECEIVED THIS YEAR) IN THE ENCLOSED POSTAGE-PAID ENVELOPE. MAKE SURE YOU HAVE ENTERED YOUR ID# ON ALL MATERIALS. IF YOU HAVE LOST YOUR NUMBER, CALL OUR OFFICES AND WE CAN GIVE IT TO YOU. If you have any questions, you may call our Project Office at (814) 863-4025 (PA) or (801) 581-8272 (UT).

Mid-Life Women's Health Survey
Women's Survey Coding
Spring, 1996

Question #9 Code Scheme: Code up to 2 one-digit responses from 1-9 below. Then, code another one-digit response (1,2, or 3) to designate the dynamics of intimacy.

Put three codes in margin, vertically. If there is only one theme, use a dash in place of a second code.

ex: $\frac{2}{1}$ or $\frac{1}{1}$

- Int*
dist 9?
1. Feelings of security/trust/comfort/gentleness/respect
 2. Investing in or receiving acts of support, caring, listening, acceptance
 3. Open communication- sharing of all feelings and thoughts, no matter how deep
 4. Physical closeness or desire- not sex
 5. Sex
 6. Companion- best friend- doing things, spending time together- fun
 7. Long term relationship/ familiarity (emphasis on time)
 8. Total closeness- same wavelength- total connectedness- bond (not necessarily because of time)
The mental, emotional, spiritual, intellectual closeness
 9. Other

Dynamics of Intimacy

- 3rd*
dist
1. Unidirectional
 2. Bidirectional
 3. Unspecified