

Codebook 1997

("T" series)

ID (5)

Write your 4 or 5 digit ID number here _____

MIDLIFE WOMEN'S HEALTH SURVEY SPRING 1997

Before you do another thing, write 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 choices first.)

T1(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 IF I AM STILL MENSTRUATING BECAUSE I HAVEN'T HAD A PERIOD FOR AT LEAST 3 MONTHS
 - A. When was your last period? (month and year) _____
- 4 I HAVEN'T MENSTRUATED FOR ONE FULL YEAR ("POSTMENOPAUSAL")
 - A. When was your last period? (month and year) _____
 - B. How old were you when your periods stopped naturally? _____
- 5 I STARTED HORMONE THERAPY WHILE I WAS STILL HAVING MENSTRUAL PERIODS, AND NOW I GET HORMONE RELATED PERIODS.

T1-3A1(2)
T1-3A2(2)

T1-4A1(2)
T1-4A2(2)

T1-4B(2)

T1-6A1(2)

T1-6A2(2)

T1-6B(2)

{ T1-6C1(1)
T1-6C2(1)

T1-6D(1)

- 6. I HAD A HYSTERECTOMY
 - A. When? (month and year) _____
 - B. How old were you? _____
 - 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 _____
 - D. Were your ovaries also removed?
 - 1 YES
 - 0 NO

Code up to 2

2. If you are still menstruating, tell us if you have noticed any changes in your periods in the last year. (Circle "9" if you no longer have periods.)

T2a(1)

	YES	NO	NA	
	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 days or all days.
	1	0	9	f. You bleed more lightly, on some days 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.
	1	0	9	l. You have begun to experience 'gushing' (very heavy, uncontrollable bleeding).

T2l(1)

Laurel ...
16 ...

3. Some women experience certain conditions for the first time during the menopausal transition. In some cases, these conditions disappear once menopause occurs and in others, they continue. Tell us what is true for you. Respond for every stage that you have reached. (Note: If you have not yet reached a stage, circle "NA" for that stage.) Use these definitions: Premenopause: cycling as usual; Perimenopause: experiencing changes, still menstruating; and Postmenopause: menstruation ceased at least 12 months ago.

Condition

Are you experiencing/Did you experience the condition

	<u>During Premenopause?</u>			<u>During Perimenopause?</u>			<u>During Postmenopause?</u>		
	Yes	No	NA	Yes	No	NA	Yes	No	NA
T3-1A(1) 1. Heavy bleeding	1	0	9	T3-1B(1) 1	0	9	T3-1C(1) 1	0	9
T3-2A(1) 2. Hot flashes	1	0	9	T3-2B(1) 1	0	9	T3-2C(1) 1	0	9
3. Vaginal dryness	1	0	9	1	0	9	1	0	9
4. Insomnia/Wakefulness	1	0	9	1	0	9	1	0	9
5. Frequent urination	1	0	9	1	0	9	1	0	9
6. Dizziness	1	0	9	1	0	9	1	0	9
7. Depression/Sadness	1	0	9	1	0	9	1	0	9
8. Fatigue	1	0	9	1	0	9	1	0	9
9. Anxiety	1	0	9	1	0	9	1	0	9
10. Stomach upset/Gas	1	0	9	1	0	9	1	0	9
T3-11A(1) 11. Irritability	1	0	9	T3-11B(1) 1	0	9	T3-11C(1) 1	0	9

Health and Well-being

4. Here are some questions about exercise.

T4A (1) → A. Circle which statement best describes how much you exercise.

- 1 LESS THAN 30 MINUTES OF MODERATE TO VIGOROUS ACTIVITY A WEEK FOR THE PAST 5 YEARS
- 2 AT LEAST 150 MINUTES OF MODERATE TO VIGOROUS ACTIVITY A WEEK FOR THE PAST 10 OR MORE YEARS
- 3 SOMETHING IN BETWEEN (1) AND (2)

B. What motivates you to regularly exercise or, on the other hand, what keeps you from regularly exercising?

T4B1(1) }
T4B2(1) } code up to 2 positive motivators (see attached code scheme)

T4B3(1) }
T4B4(1) } code up to 2 negative reasons (see attached code scheme)

5. Have you ever smoked cigarettes?

T5 (1) →

0..... NO

1..... YES

a. Current smoker?

0

NO.....

a. How many years did you smoke? _____

E5a (1) →

1

YES.....

b. How many cigarettes a day do you smoke? _____

I5aa (2) →

T5ab (3) →

T5ac (2) →

c. How many years have you smoked? _____

6. Tell us about your alcohol use. Which comes closest to describing your pattern of drinking alcohol? (Circle one answer).

T6 (1)

- 1 NEVER DRINK ANY BEER, WINE, OR OTHER ALCOHOLIC DRINKS
- 2 HAVE A DRINK OR TWO ONLY SPORADICALLY (1-2 TIMES/MONTH OR LESS)
- 3 DRINK SPORADICALLY, BUT HAVE 3+ DRINKS AT A TIME
- 4 HAVE A DRINK OR TWO EVERY WEEK OR SO
- 5 HAVE 3+ DRINKS AT A TIME EVERY WEEK OR SO
- 6 HAVE A DRINK OR TWO NEARLY EVERY DAY
- 7 HAVE 3+ DRINKS AT A TIME NEARLY EVERY DAY

7. Here are some questions about your eating habits.

T7A (1) →

a. Which is true for you concerning your eating behavior?

- 1 I DON'T PAY ATTENTION TO WHAT I EAT
- 2 I GIVE IT SOME THOUGHT
- 3 I MAKE SPECIAL EFFORTS TO EAT LOW-FAT FOODS AND AVOID FATTY FOODS
- 4 I AM FASTIDIOUS ABOUT AVOIDING FATTY FOODS

T7B (1) →

b. Are you a vegetarian?

0..... NO

1..... YES

T7Ba (1) →

a. Do you eat dairy products?

1..... YES

0..... NO

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

T8A (1) →

A.

Physical Health

B.

Emotional Health

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

T8B (1)

9. Which of the following conditions do you have/ have you had? (Circle all that apply)

T9-1 (1)
T9-2 (1)

- 1 BREAST CANCER
- 2 ENDOMETRIOSIS
- 3 HEART ATTACK
- 4 STROKE
- 5 OSTEOPOROSIS
- 6 JOINT PAIN
- 7 SHOULDER OR BACK PAIN/STIFFNESS
- 8 PREMENSTRUAL BLOATING/TENDERNESS
- 9 FIBROID TUMORS

- 10 HIGH BLOOD PRESSURE
- 11 MIGRAINE HEADACHES
- 12 ENDOMETRIAL CANCER
- 13 A POOR HDL/LDL PROFILE
- 14 DIABETES
- 15 DIZZINESS/DISORIENTATION
- 16 VAGINAL DRYNESS
- 17 MEMORY LOSS
- 18 HEART PALPITATIONS
- 19 INCONTINENCE
- 20 OVARIAN CYSTS

1 = circled
0 = not circled

T9-20(1)

10. Have you had a bone density test?

T10(1)

- 0 NO
- 1 YES..... a. If yes, who initiated it?

- 1 YOU
- 2 PHYSICIAN
- 3 OTHER _____

T10a (1)

11. Have you had an FSH test?

T11 (1)

- 0 NO
- 1 YES..... a. If yes, who initiated it?

- 1 YOU
- 2 PHYSICIAN
- 3 OTHER _____

T11a (1)

12. Here is a list of adjective pairs on a 7 point continuum. For each item pair, circle the number that best describes YOU. Read each pair of items carefully.

T12a (1)

- a. Weight: Too thin 1.....2.....3.....4.....5.....6.....7 Too overweight
- b. Skin: Too smooth 1.....2.....3.....4.....5.....6.....7 Too wrinkled
- c. Skin: Too dry 1.....2.....3.....4.....5.....6.....7 Too oily
- d. Touch: Too numb 1.....2.....3.....4.....5.....6.....7 Too sensitive
- e. Energy: Too energetic 1.....2.....3.....4.....5.....6.....7 Too tired
- f. Mood: Too sad 1.....2.....3.....4.....5.....6.....7 Too happy
- g. Flexibility: Too stiff 1.....2.....3.....4.....5.....6.....7 Too flexible
- h. Mood: Too irritable 1.....2.....3.....4.....5.....6.....7 Too placid
- i. Memory: Too organized 1.....2.....3.....4.....5.....6.....7 Too forgetful
- j. Mood: Too erratic 1.....2.....3.....4.....5.....6.....7 Too emotionally flat
- k. Body temp.: Too hot 1.....2.....3.....4.....5.....6.....7 Too cold
- l. Hair: Too thin 1.....2.....3.....4.....5.....6.....7 Too coarse/brittle
- m. Vaginal lubrication: Too dry 1.....2.....3.....4.....5.....6.....7 Too moist
- n. Muscle tone: Too taut 1.....2.....3.....4.....5.....6.....7 Too flabby

T12n(1)

Relationships

13. Last year we asked you a question about intimacy. Your answers were very interesting, mostly because they were so varied. But one of our questions got "lost" because of the way we asked it. So this year we have three separate questions about intimacy and we'd like you to take the time to answer each one. Next year we will give you a full summary of your answers.

a. What, to you, is an intimate relationship?

T13a1 (1)
T13a2 (1)
T13a3 (1)

Code up to 3 responses (see attached code scheme)

b. How do you know when a relationship becomes intimate?

T13b1 (1)
T13b2 (1)
T13b3 (1)

Code up to 3 responses (see attached code scheme)

c. How do you know when a relationship is *not* intimate?

T13c1 (1)
T13c2 (1)
T13c3 (1)

Code up to 3 responses (see attached code scheme)

14. 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.

T14a (1)

	1	2	3	4	5	6	7	8	9
<u>Nongenital sexual activity with a partner (hugging, kissing, fondling, etc.)</u>									
a. Desire it									
b. Aroused (turned on) by it									
c. Enjoy it									
d. Intensity of orgasm from it									
<u>Genital sexual activity with a partner</u>									
e. Desire it									
f. Aroused (turned on) by it									
g. Enjoy it									
h. Intensity of orgasm from it									
<u>Fantasies and masturbation without a partner</u>									
i. Enjoy sexual fantasies									
j. Aroused (turned on) by sexual fantasies									
k. Desire for <i>masturbation</i>									
l. Aroused (turned on) by <i>masturbation</i>									
m. Enjoy <i>masturbation</i>									
n. Intensity of orgasm through <i>masturbation</i>									
<u>Pain</u>									
o. Pain during genital sex									

T14o (1)

15A. In past responses, many of you have described the importance of nongenital sexual activities (i.e. hugging, kissing, fondling) in your relationships. We would like to try to better understand what *nongenital* sexual activities mean to you. Below are four statements about women's preferences regarding nongenital sexual activities. Please indicate how much each statement reflects your own personal preference (not what you practice). Use this 5-point scale:

- 1 STRONGLY DISAGREE
- 2 DISAGREE
- 3 NEITHER DISAGREE OR AGREE
- 4 AGREE
- 5 STRONGLY AGREE

T15A1(1)	I would prefer to engage in nongenital sexual activities to get aroused for sexual intercourse, i.e. as foreplay	1	2	3	4	5
T15A2(3)	I would prefer to engage in nongenital sexual activities to feel closer and more intimate with my partner.	1	2	3	4	5
T15A3(13)	I would prefer to engage in nongenital sexual activities to add variety to my sexual relationships.	1	2	3	4	5
T15A4(1)4	I would prefer to engage in nongenital sexual activities rather than sexual intercourse.	1	2	3	4	5

B. Please take a moment to explain your answers to the above questions. Also, describe any other reasons that you may have had for engaging in nongenital sexual activities.

T15B1 (1)
T15B2 (1) } code up to 2 single digit responses (see attached code scheme)

Menopausal Hormones

16. Have you ever used menopausal hormones?

T16(1) → 0 NO.....a Has your health care provider recommended them? Describe the discussions you have had with him/her on this subject: not coded

1 YES.....b. Why did you start? not coded

17. Are you currently using menopausal hormones?

0..... NO

T17 (1) →

1..... YES

a. Which ones?

- 1 ESTROGEN PILL ALONE
- 2 ESTROGEN CREAM ALONE
- 3 ESTROGEN PATCH ALONE
- 4 ESTROGEN PILL WITH PROGESTIN
- 5 ESTROGEN CREAM WITH PROGESTIN
- 6 ESTROGEN PATCH WITH PROGESTIN
- 7 ESTROGEN PILL WITH NATURAL PROGESTERONE
- 8 ESTROGEN CREAM WITH NATURAL PROGESTERONE
- 9 ESTROGEN PATCH WITH NATURAL PROGESTERONE

1 = circled
0 = not circled

T17a1 (1)

T17a2 (1)

T17a9 (1)

b. Name the brand(s) of hormones you are currently taking.

no code

18. If you have ever stopped your menopausal hormone prescription, please tell us why you quit. If you remember, include the name(s) of the hormone(s) you stopped taking.

T18a (2)

T18b (2)

} code up to 2 2-digit responses (see attached code scheme)

Facts about Yourself

19. Some of you describe your menopausal transition experience quite positively while others of you describe having a rough time. What do you think accounts most for your individual experiences--your body? Your personality? Your family and friends? Tell us what you think.

T19A1 (1)

T19A2 (1)

T19B1 (1)

T19B2 (1)

T19C (1)

} code up to 2 positives

} code up to 2 negatives

- code up to 1 neutral

all single digit

(see attached code scheme)

20. Are you taking hormonal birth control or nonmenopausal hormones?

0..... NO

1..... YES

a. Which ones?

T20 →

not coded

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

T21(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

T22A1(2)

22. A. Your age in years and months: years and months

T22A2(2)

B. Your height: inches

T22B(2)

C. Your weight: lbs.

T22C(3)

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

T23A(1)

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

T23B(1)

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

T23C(1)

24. Are you currently employed outside the home?

T24(1)

0.....NO

a. Are you retired?

1.....YES

0.....NO

T24a1(1)

1.....YES

T24a2(1)

a. 1..... FULL-TIME

0..... PART-TIME

b. What work do you do?

Not coded

Once again, we thank you very much for your continuing support of this research project. RETURN THIS QUESTIONNAIRE (AND YOUR COMPLETED 1996-1997 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 (810) 581-8272 (UT).

Q. 13B. How do you know when a relationship becomes intimate?

Code up to three (3) responses.

See Responses for Q 13A.

****Add "honest" to code #3.**

Q. 13C. How do you know when a relationship is not intimate?

Code up to three (3) responses.

1. Lying/betrayal/no trust/no security/no comfort/no respect/
no love
2. No caring/selfishness/no concern for each other/lonely/no
support/no listening
3. No communication
4. No physical closeness (besides sex)
5. No sex
6. Don't want company with partner
7. No closeness/not on same wavelength/no connection/no
emotional, mental, physical closeness
8. Self-limits, ie. must watch what one says/want it to end
9. Other

Q. 15B. Please take a moment to explain your answers to the above questions (regarding non-genital activity). Also, describe any other reasons that you may have had for engaging in non-genital activities.

Code up to two (2) responses.

1. Intercourse hurts/dry vagina
2. As foreplay/for arousal
3. Instead of intercourse, prefer non-genital activity
4. For variety
5. Like it/enjoy it
6. Non-genital activity is reassuring/assures of partner's love
and caring
7. Like it AND like intercourse too
8. Can't have intercourse because of medical reason
(impotence)

1997 Codebook for Open Ended Questions
Women's Midlife Health Survey

For all questions, write the code numbers vertically in the margin to the left of the question.

Q. 4B. What motivates you to regularly exercise, on the other hand, what keeps you from exercising regularly?

Factors Promoting and Inhibiting Exercise

IMPORTANT: Put the two(2) positive codes ABOVE the two (2) negative codes. If only one (1) or no (0) answers are given, use a dash (—) for each absent code..

Positive Motivation: Code two (2) responses

1. Weight related
2. Appearance
3. Health problems: to control/prevent/treat any health conditions
4. Physical Fitness/being in shape/more energy/stronger/good
5. It's a "habit"/routine/tradition/part of schedule/job
6. Better mood/mental alertness/attitude/calm/enjoy/sleep
7. Achieved something
8. Social time/with friends
9. Other

Negative Motivation: Code two (2) responses

1. No time/too busy/job keeps busy/too hectic
2. Lack commitment/lack motivation/lazy/tired
9. Other

Q. 13A. What, to you, is an intimate relationship?

Code up to three (3) responses

1. Trust/security/comfort/respect/gentle/love
2. Support/caring/listening/acceptance
3. Sharing all feelings and thoughts/Open communication
4. Physical closeness/no sex
5. Sex (really mostly genital)
6. Companion/friend—do things together
7. Long-term relationship (emphasis on time)
8. Total closeness/wavelength/total connectedness/emotional bond/mental-physical-spiritual closeness/partnership
9. Other