

PLEASE LEAVE IN BOX

CODEBOOK 1998

("S" series)

ID (5)

Write your 4 or 5 digit ID number here \_\_\_\_\_

### MIDLIFE WOMEN'S HEALTH SURVEY SPRING 1998

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.)

- 1 (1) 1 I AM MENSTRUATING IN MY REGULAR PATTERN
- 1-3A1 (2) 2 MY PERIODS ARE CHANGING OR HAVE CHANGED (AMOUNT, LENGTH, SPACING, ETC) FROM MY REGULAR PATTERN
- 1-3A2 (2) 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) \_\_\_\_\_
- 1-4A1 (2) 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? \_\_\_\_\_
- 1-4A2 (2) 5 I STARTED HORMONE THERAPY WHILE I WAS STILL HAVING MENSTRUAL PERIODS. AND NOW I GET HORMONE RELATED PERIODS.
- 1-4B (2) 6 I HAD A HYSTERECTOMY  
A. When? (month and year) \_\_\_\_\_  
B. How old were you? \_\_\_\_\_  
C. For what reason? \_\_\_\_\_
- 1-6A1 (2) 1 FIBROID TUMORS Code up to 2
- 1-6A2 (2) 2 HEAVY BLEEDING
- 1-6B (2) 3 CANCER
- 1-6C1 (1) 4 PROLAPSE OF BLADDER, RECTUM, ETC
- 1-6C2 (1) 5 OVARIAN CYSTS
- 1-6D (1) 6 ENDOMETRIOSIS
- 1-6E (1) 7 OTHER \_\_\_\_\_
- 1-6F (1) D. Were your ovaries also removed?  
1 YES 0 NO

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.)

	YES	NO	NA	
S2a (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 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.
S2f (1)	1	0	9	l. You have begun to experience 'gushing' (very heavy, uncontrollable bleeding)

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

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

- |    |                                  |    |                          |
|----|----------------------------------|----|--------------------------|
| 01 | BREAST CANCER                    | 10 | HIGH BLOOD PRESSURE      |
| 02 | ENDOMETRIOSIS                    | 11 | MIGRAINE HEADACHES       |
| 03 | HEART ATTACK                     | 12 | ENDOMETRIAL CANCER       |
| 04 | STROKE                           | 13 | A POOR HDL/LDL PROFILE   |
| 05 | OSTEOPOROSIS                     | 14 | DIABETES                 |
| 06 | JOINT PAIN                       | 15 | DIZZINESS/DISORIENTATION |
| 07 | SHOULDER OR BACK PAIN/STIFFNESS  | 16 | VAGINAL DRYNESS          |
| 08 | PREMENSTRUAL BLOATING/TENDERNESS | 17 | MEMORY LOSS              |
| 09 | FIBROID TUMORS                   | 18 | HEART PALPITATIONS       |
|    |                                  | 19 | INCONTINENCE             |
|    |                                  | 20 | OVARIAN CYSTS            |

4. 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, fondling, etc.)

STRENGTH OF YOUR FEELINGS

Ha (1) 1	a. Desire it	1	2	3	4	5	6	7	8	9
2	b. Aroused (turned on) by it	1	2	3	4	5	6	7	8	9
3	c. Enjoy it	1	2	3	4	5	6	7	8	9
4	d. Intensity of orgasm from it	1	2	3	4	5	6	7	8	9
	<u>Genital sexual activity with a partner</u>									
5	e. Desire it	1	2	3	4	5	6	7	8	9
6	f. Aroused (turned on) by it	1	2	3	4	5	6	7	8	9
7	g. Enjoy it	1	2	3	4	5	6	7	8	9
8	h. Intensity of orgasm from it	1	2	3	4	5	6	7	8	9
	<u>Fantasies and masturbation without a partner</u>									
9	i. Enjoy sexual fantasies	1	2	3	4	5	6	7	8	9
10	j. Aroused (turned on) by sexual fantasies	1	2	3	4	5	6	7	8	9
11	k. Desire for masturbation	1	2	3	4	5	6	7	8	9
12	l. Aroused (turned on) by masturbation	1	2	3	4	5	6	7	8	9
13	m. Enjoy masturbation	1	2	3	4	5	6	7	8	9
14	n. Intensity of orgasm through masturbation	1	2	3	4	5	6	7	8	9
	<u>Pain</u>									
Ho (1) 15	o. Pain during genital sex	1	2	3	4	5	6	7	8	9

Menopausal Hormones

5. Have you ever used menopausal hormones?

5 (1) → { 0.....NO  
1.....YES

A. If YES, What or who most influenced your decision to start?

Code up to 3 items (2-digit) (See attached code scheme)

S5A1 (2)  
S5A2 (2)  
S5A3 (2)

B. If No, What or who most influenced your decision not to use hormones?

Code up to 2 items (2 digit) (See attached code scheme)

S5B1 (2)  
S5B2 (2)

6. Are you currently taking menopausal hormones?

0.....NO  
1.....YES

A. Which ones?

- S6 (1) →
- S6a1 (1) → 1 ESTROGEN PILL ALONE
- S6a2 (1) → 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
- S6a9 (1) → 9 ESTROGEN PATCH WITH NATURAL PROGESTERONE

1 = circled  
0 = not circled

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

no code

C. Are you satisfied with your decision to take hormones? Discuss the major advantages or disadvantages of taking hormones.

S6ca-1(2) } up to 2 advantages, 2 digits each

S6ca-2(2)

S6cb-1(2) } up to 2 disadvantages, 1 digit each

S6cb-2(2)

(see attached code scheme)

7. We are interested in making suggestions to health care providers regarding ways in which they can be more helpful to midlife women. Regarding office visits, what about your practitioner do you find most helpful? What could be improved? Are you satisfied with the information you receive, especially regarding menopause?

S7a (1) → Code 1 1-digit most helpful

(see attached code scheme)

S7b1 (1) } code up to 2, possible 1-digit improvements

S7b2 (1) }

**FACTS ABOUT YOURSELF**

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

- S8(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

- S9A1(2)  
S9A2(2)  
S9B(2)  
S9C(3)
- A. Your age in years and months: 7 years and 7 months
  - B. Your height: \_\_\_\_\_ inches
  - C. Your weight: \_\_\_\_\_ lbs.

- S10A(1)  
S10B(1)  
S10C(1)
- 10. A. How many children live at home with you year-round? \_\_\_\_\_
  - B. How many parents or other family members live with you? \_\_\_\_\_
  - C. What is the total number of people living in your household, including yourself? \_\_\_\_\_

11. Are you currently employed outside the home?  
0.....NO

- S11(1)  
S11a1(1)
- a. Are you retired?  
1.....YES  
0.....NO

- S11a2(1)
- 1.....YES
  - 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 1997-1998 MENSTRUAL CALENDAR IF YOU HAVE ONE) (AND ONE SIGNED COPY OF YOUR CONSENT FORM) 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).

## CODEBOOK 1998 "S" SERIES

**\*\*If a survey has less than the number of answers (codes) given, enter dashes (--) to represent blanks.\*\***

**Q 5A: What or who influenced your decision to start hormones?**

**Select 3 2-digit Codes:**

- 01 Doctor recommended
- 02 Others recommended / talked to others
- 03 Decided myself / read literature / found out myself
- 04 My menopause in general / low estrogen / my age
- 05 Family history / my history
- 06 For vaginal dryness
- 07 For hot flashes
- 08 For insomnia
- 09 For heavy periods / clots
- 10 For moodiness / swings
- 11 For aches and pains
- 12 For existing osteoporosis
- 13 For existing heart disease
- 14 To improve memory
- 15 To feel good generally

*(continued on next page)*

**Q5A: *Continued from previous page***

- 16 To prevent osteoporosis in future
- 17 To prevent heart disease in future
- 18 To prevent symptoms (as in 06-11) in future
- 19 Other

**Q 5B What or who most influenced your decision not to use hormones?**

**Select (2) 2-digit codes**

- 01 Doctor didn't recommend / bring up
- 02 Others discouraged / had bad stories
- 03 No need / no symptoms
- 04 Want to feel natural / don't want to mess with body
- 05 Fear of breast cancer
- 06 Have / had breast cancer
- 07 Don't want bleeding
- 08 Didn't like side effects (other than bleeding)
- 09 Evaluated pros and cons and decided no
- 10 Other

**Q 6C (a): Major advantages of hormone therapy**

Select **2** 2-digit codes

- 01 Prevents osteoporosis
- 02 Prevents heart disease / stroke
- 03 Improves libido / sex
- 04 Feel better overall
- 05 Reduces / eliminates hot flashes
- 06 Reduces / eliminates mood swings
- 07 Reduces / eliminates vaginal dryness
- 08 Reduces / eliminates joint pain
- 09 Reduces / eliminates insomnia
- 10 Reduces / eliminates other symptoms
- 11 Improves skin / hair / nails
- 12 Other

**Q 6C (b): Major disadvantages of hormone therapy**

Select **2** 1-digit codes

- 1 Increased risk of breast cancer
- 2 Weight gain
- 3 Menstrual bleeding
- 4 Swelling / bloating / tender breasts
- 5 Increased moodiness
- 6 Other side effects
- 7 Don't like taking drugs / feels unnatural
- 8 Other

**Q 7: About health visits**

**7A: What is most helpful?**

Select **1** 1-digit code

- 1 Doctor listens / spends time
- 2 Doctor provides good / full / current information
- 3 Doctor is supportive / respectful / lets women make own decisions
- 4 Other

**7B: What could be improved?**

Select **2** 1-digit codes

- 1 Doctor treats menopause as illness / pushes hormones
- 2 Doctor doesn't provide enough information about menopause / hormones / alternatives
- 3 Woman does a better job finding information than her doctor
- 4 Doctor discourages women from making own decisions / lack of respect / support
- 5 Doctor doesn't take enough time
- 6 Doctor doesn't listen
- 7 Other