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
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
4. I HAVEN’T MENSTRUATED FOR ONE FULL YEAR (“POSTMENOPAUSAL”) A. When was your last period? (month and year)
5. I STARTED HORMONE THERAPY WHILE I WAS STILL HAVING MENSTRUAL PERIODS. AND NOW I GET HORMONE RELATED PERIODS. A. When was your last period? (month and year)
6. I HAD A Hysterectomy A. When? (month and year)

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.)

S2a (1)

YES NO NA
1 a. They are further apart.
9 b. They are closer together.
? c. They last longer.
1 d. They last fewer days.
0 e. You bleed more heavily, on some days or all days.
9 f. You bleed more lightly, on some days or all days.
0 g. You pass clots.
9 h. You find the texture, color or odor of the blood is different.
? i. You have more menstrual cramping.
0 j. You have more spotting at midcycle.
9 k. You have more “run-on” periods that can last as long as two weeks or more.
0 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)

- Breast Cancer
- Endometriosis
- Heart Attack
- Stroke
- Hypothyroidism
- Joint Pain
- Shoulder or Back Pain
- Premenstrual Bloating/Tenderness
- Fibroid Tumors
- High Blood Pressure
- Migraine Headaches
- Endometrial Cancer
- A Poor HDL/LDL Profile
- Diabetes
- Dizziness/Dizziness
- Vaginal Dryness
- Memory Loss
- Heart Palpitations
- Incontinence
- 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.

<table>
<thead>
<tr>
<th>Sexual activity with a partner</th>
<th>STRENGTH OF YOUR FEELINGS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(kissing, hugging, etc.)</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>a. Desire it</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>b. Aroused (turned on) by it</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>c. Enjoy it</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>d. Intense of orgasm from it</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>General sexual activity with a partner</td>
<td></td>
</tr>
<tr>
<td>a. Desire it</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>b. Aroused (turned on) by it</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>c. Enjoy it</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>d. Intense of orgasm from it</td>
<td>1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

5. Menopausal Hormones

- Have you ever used menopausal hormones?
  - YES 9
  - NO 1

6. If YES, what or who most influenced your decision to start?

<table>
<thead>
<tr>
<th>Code up to 3 items</th>
<th>(See attached code scheme)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S5a1 (2)</td>
<td></td>
</tr>
<tr>
<td>S5a2 (2)</td>
<td></td>
</tr>
<tr>
<td>S5a3 (2)</td>
<td></td>
</tr>
</tbody>
</table>

7. If NO, What or who most influenced your decision not to use hormones?

<table>
<thead>
<tr>
<th>Code up to 2 items</th>
<th>(See attached code scheme)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S5b1 (2)</td>
<td></td>
</tr>
<tr>
<td>S5b2 (2)</td>
<td></td>
</tr>
</tbody>
</table>
6. Are you currently taking menopausal hormones?

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

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

No Code

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

(See attached code scheme)

57a(1) Code 1- digit most helpful
57b(1) Code up to 2 possible improvements
57c(2)
FACTS ABOUT YOURSELF

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

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
5. NEVER MARRIED, YOU NOW LIVE WITH A ROMANTIC PARTNER
6. NEVER MARRIED, YOU NOW HAVE A ROMANTIC PARTNER
7. NEVER MARRIED, YOU NOW LIVE WITH A ROMANTIC PARTNER
8. NEVER MARRIED, YOU NOW LIVE WITHOUT A ROMANTIC PARTNER

9a. Your age in years and months: __ years and __ months
9b. Your height: __ inches
9c. Your weight: __ lbs

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

11a. How many parents or other family members live with you?
11b. What is the total number of people living in your household, including yourself?

12. Are you currently employed outside the home?
   a. Are you retired?
      1. YES
      0. NO
   b. What work do you do?
      1. FULL-TIME
      0. PART-TIME

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-PAYED 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) 863-4023 (PA).
Q 5A: What or who influenced your decision to start hormones?

Select 2-digit Codes:

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

(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-digit codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Doctor didn’t recommend / bring up</td>
</tr>
<tr>
<td>02</td>
<td>Others discouraged / had bad stories</td>
</tr>
<tr>
<td>03</td>
<td>No need / no symptoms</td>
</tr>
<tr>
<td>04</td>
<td>Want to feel natural / don’t want to mess with body</td>
</tr>
<tr>
<td>05</td>
<td>Fear of breast cancer</td>
</tr>
<tr>
<td>06</td>
<td>Have / had breast cancer</td>
</tr>
<tr>
<td>07</td>
<td>Don’t want bleeding</td>
</tr>
<tr>
<td>08</td>
<td>Didn’t like side effects (other than bleeding)</td>
</tr>
<tr>
<td>09</td>
<td>Evaluated pros and cons and decided no</td>
</tr>
<tr>
<td>10</td>
<td>Other</td>
</tr>
</tbody>
</table>
Q 6C (a): Major advantages of hormone therapy

Select 2-digit codes

01 Prevents osteoporosis
02 Prevents heart disease / stroke
03 Improves libido / sex
04Feels better overall
05Reduces / eliminates hot flashes
06Reduces / eliminates mood swings
07Reduces / eliminates vaginal dryness
08Reduces / eliminates joint pain
09Reduces / eliminates insomnia
10Reduces / eliminates other symptoms
11Improves skin / hair / nails
12Other
Q 6C (b): Major disadvantages of hormone therapy

Select 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?: About health visits

7A: What is most helpful?

Select 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 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