

# MIDLIFE WOMEN'S HEALTH SURVEY

## JANUARY 1999

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.)

- R1(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
- R1-3A(2) → A. When was your last period? (month and year) \_\_\_\_\_
- R2-3A(2) → A. When was your last period? (month and year) \_\_\_\_\_
- R1-4A(2) → 4 I HAVEN'T MENSTRUATED FOR ONE FULL YEAR ("POSTMENOPAUSAL")
- R3-4A(2) → A. When was your last period? (month and year) \_\_\_\_\_
- R1-4B(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 I GET HORMONE RELATED PERIODS.
- 6 I HAD A HYSTERECTOMY
- R1-6A(2) → A. When? (month and year) \_\_\_\_\_
- R2-6A(2) → B. How old were you? \_\_\_\_\_
- R1-6B(2) → C. For what reason? \_\_\_\_\_
- R1-6C(1) → 1 FIBROID TUMORS → code up to 2
- R1-6C(2) → 2 HEAVY BLEEDING
- 3 CANCER
- 4 PROLAPSE OF BLADDER, RECTUM, ETC
- 5 OVARIAN CYSTS
- 6 ENDOMETRIOSIS
- 7 OTHER \_\_\_\_\_
- R1-6D(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.)

	<u>YES</u>	<u>NO</u>	<u>NA</u>	
R2a(1)	1	0	9	a. They are farther 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.
R2l(1)	1	0	9	l. You have begun to experience 'gushing' (very heavy, uncontrollable bleeding)

- R3-1(2) 01 BREAST CANCER
- 02 ENDOMETRIOSIS
- R3-2(2) 03 HEART ATTACK
- 04 STROKE
- 05 OSTEOPOROSIS
- 06 JOINT PAIN
- 07 SHOULDER OR BACK PAIN/STIFFNESS
- 08 PREMENSTRUAL BLOATING/TENDERNESS
- 09 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
- 21 OVARIAN CANCER

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.

Use these codes:

- 1 NONEXISTENT FEELINGS
- 5 MODERATE FEELINGS
- 9 VERY STRONG FEELINGS

R4a (1)

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

STRENGTH OF YOUR FEELINGS

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 from 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 from it	1	2	3	4	5	6	7	8	9

Fantasies and masturbation without a partner

i. Enjoy sexual fantasies	1	2	3	4	5	6	7	8	9
j. Aroused (turned on) by sexual fantasies	1	2	3	4	5	6	7	8	9
k. Desire for <i>masturbation</i>	1	2	3	4	5	6	7	8	9
l. Aroused (turned on) by <i>masturbation</i>	1	2	3	4	5	6	7	8	9
m. Enjoy <i>masturbation</i>	1	2	3	4	5	6	7	8	9
n. Intensity of orgasm through <i>masturbation</i>	1	2	3	4	5	6	7	8	9

Pain

o. Pain during genital sex	1	2	3	4	5	6	7	8	9
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R4b (1)

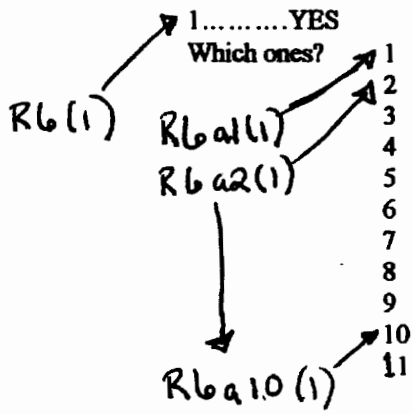
Menopausal Hormones

5. Have you ever used menopausal hormones?

R5 (1) {

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

CURRENTLY USING



- 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
- 10 PROGESTERONE ALONE
- 11 OTHER \_\_\_\_\_

1 = circled  
0 = not circled

**FACTS ABOUT YOURSELF**

7. 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 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

R7(1)

8. A. Your age in years and months: \_\_\_\_\_ years and \_\_\_\_\_ months  
 B. Your height: \_\_\_\_\_ inches  
 C. Your weight: \_\_\_\_\_ lbs.
9. 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? \_\_\_\_\_

R8A1(2)  
R8A2(2)  
R8B(2)  
R8C(3)  
9A(1)  
9B(1)  
9C(1)

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

R10(1)

a. Are you retired?  
 1.....YES  
 0.....NO

R10a1(1)

1.....YES  
 a. 1..... FULL-TIME  
 0..... PART-TIME  
 b. What work do you do? \_\_\_\_\_

R10a2(1)

\_\_\_\_\_  
 not coded  
 \_\_\_\_\_

R11 (1) → 1. To begin, is your current partner a 1 MAN 2 WOMAN

Now please take the time to write your responses to the following questions:

12. Midlife and Aging:

A. How do you feel about yourself at this time in your life?

2A-1(2)

2A-2(2)

2A-3(2)

B. What are the positive and negative aspects of being a woman your age?

12Ba-1(1)

R12Ba-2(1)

R12Bb-1(2)

R12Bb-2(2)

C. How do you think heterosexual midlife and menopause experiences compare to the experience of lesbian women?

R12C-1(2)

R12C-2(2)

13. Menopause:

I → [If you have experienced menopause, how do you feel about the end of menstruation?] [If you have not yet reached menopause, how do you think you will feel about menstruation ending?]

I: R13A-1(2)

R13A-2(2)

∴ R13B-1(2)

R13B-2(2)

14. Sexuality:

A. Whether or not you currently have a sexual partner, discuss any aspects of your sexuality that are of importance or concern to you—e.g. feelings about yourself, your body, passion, intimacy, relationships, sexual changes, etc.

R14A-1(2)

R14A-2(2)

R14A-3(2)

B. How do you think heterosexual sexuality and relationships at midlife compare to those of lesbian women?

R14B-1(1)

R14B-2(1)

R14C-3(1)

Once again, we thank you very much for your continuing support of this research project. RETURN THIS QUESTIONNAIRE (AND YOUR COMPLETED 1998-1999 MENSTRUAL CALENDAR IF YOU HAVE ONE) IN THE ENCLOSED POSTAGE-PAID ENVELOPE. MAKE SURE YOU HAVE ENTERED YOUR ID# ON ALL MATERIALS. IF YOU HAVE LOST YOUR NUMBER, CALL OUR OFFICE AND WE CAN GIVE IT TO YOU. If you have any questions, you may E-mail us at TREMIN@POP.PSU.EDU, or call our Project Office at (814) 863-9570 (PA).