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2003 Women's Health in the Middle Years Postal Questionnaire

closer:sourceFileName

nshd_03_pq

Instrument Locations

- https://discovery.closer.ac.uk/files/instruments/nshd_03_pq-5480b592e6df3abe9c98e2e06a9d8a96.pdf

nshd_03_pq

Label nshd_03_pq	Location Sequence
Type Sequence	Order InOrderOfAppearance

 s_intro_i

Name s_intro_i	Location Sequence › nshd_03_pq
Type Statement	

Statement Text


STRICTLY CONFIDENTIAL

 s_intro_ii

Name s_intro_ii	Location Sequence › nshd_03_pq
Type Statement	

Statement Text

MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

 s_intro_iii

Name s_intro_iii	Location Sequence › nshd_03_pq
Type Statement	

Statement Text

Royal Free & University College London Medical School

s_intro_iv	
Name	Location
s_intro_iv	Sequence › nshd_03_pq
Type	
Statement	

Statement Text

Department of Epidemiology and Public Health

s_intro_v	
Name	Location
s_intro_v	Sequence › nshd_03_pq
Type	
Statement	

Statement Text

WOMEN'S HEALTH IN THE MIDDLE YEARS

s_intro_vi	
Name	Location
s_intro_vi	Sequence › nshd_03_pq
Type	
Statement	

Statement Text

Postal Questionnaire 2003

s_intro_vii	
Name	Location
s_intro_vii	Sequence › nshd_03_pq
Type	
Statement	

Statement Text

This short postal questionnaire is for everyone and we would appreciate you taking a few minutes to complete it. In order to continue our research on health and the menopause it is important that all women complete this questionnaire whether or not they have reached menopause or used hormone replacement therapy (HRT). When we last contacted women study members, one in eight were still perimenopausal and one in twenty remained premenopausal. In addition, many will have taken hormone replacement therapy since the last questionnaire and some will have had an operation to remove the uterus or ovaries. Thus this questionnaire

updates menstrual, surgical and HRT histories. If there is little or nothing to report this will involve only a few questions but we still need to have the information to conduct our research.

s_intro_viii	
Name	Location
s_intro_viii	Sequence › nshd_03_pq
Type	
Statement	

Statement Text

We are delighted that so many women in the study complete the postal questionnaires. This has allowed us to publish widely on health topics of importance to women at midlife, including lifetime influences on timing of perimenopause and menopause, common symptoms and health care, breast cancer, and body dissatisfaction. Recent work is summarised on the birthday card and in our list of new publications. We are now incorporating this information on the menopause into our studies of earlier biological risk and lifetime social circumstances in relation to cardiovascular and musculoskeletal health and other measures of function.

s_intro_ix	
Name	Location
s_intro_ix	Sequence › nshd_03_pq
Type	
Statement	

Statement Text

When completing the questionnaire please use a pen to circle the appropriate response to each question and provide further details where requested. Please feel free to add any further explanations or comments that will help us to understand your particular experiences.

s_intro_x	
Name	Location
s_intro_x	Sequence › nshd_03_pq
Type	
Statement	

Statement Text

All information you give us will be treated in the strictest confidence. If you have any queries please do not hesitate to telephone Diana Kuh or Rebecca Hardy or write to us at the above address.

s_intro_xi	
Name	Location
s_intro_xi	Sequence › nshd_03_pq
Type	
Statement	

Statement Text

When you have finished filling in the questionnaire please use the pre-paid envelope provided to post it back to us. Thank you very much for your time and cooperation.

qi_intro_i - intro i

Name	Label	Location
qi_intro_i	intro i	Sequence > nshd_03_pq
Type		
Date		

Question

Please give the date you completed this questionnaire:

qi_1 - 1

Name	Label	Location
qi_1	1	Sequence > nshd_03_pq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Question

Since January 1999 have you had an operation to remove your uterus (womb) and/or ovaries?

Choices

0	No
1	Yes

qg_1_a-e - 1 a-e

Name	Label	Location
qg_1_a-e	1 a-e	Sequence > nshd_03_pq
Type		
Question Grid		

Condition

If yes,

Question

please give dates of all operations. (Circle 0 (No) or 1 (Yes) for a-e)). If you cannot remember the month and year, give your age at the time of the operation.

Rows

1	Removal of uterus (womb) and both ovaries (hysterectomy and bilateral oophorectomy)
2	Removal of uterus (womb) only (hysterectomy)
3	Removal of uterus (womb) and one ovary (hysterectomy and oophorectomy)

4	Removal of both ovaries only (bilateral oophorectomy)
5	Removal of one ovary only (oophorectomy)

Columns

Age	Numeric
Generic date	DateTime
	Code
	Code
Generic date	DateTime
Age	Numeric
	Code
Age	Numeric
Generic date	DateTime

qi_2 - 2		
Name	Label	Location
qi_2	2	Sequence › nshd_03_pq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Question

Since January 1999 have you had a period or menstrual bleeding?

Choices

0	No
1	Yes

qi_3 - 3		
Name	Label	Location
qi_3	3	Sequence › nshd_03_pq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

Question

In the last 12 months have you had a period or menstrual bleeding?

Choices

0	No
---	----

1	Yes
---	-----

qi_3_i-3_i		
Name	Label	Location
qi_3_i	3 i	Sequence > nshd_03_pq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
If no,		

Question

were your periods stopped by:

Instructions

(circle all that apply)

Choices

1	Surgery?
2	Chemotherapy or radiation therapy?
3	No obvious reason/menopause?
4	Other reason, please specify:

qi_4 - 4		
Name	Label	Location
qi_4	4	Sequence > nshd_03_pq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		

Question

In the last 3 months have you had a period or menstrual bleeding?

Choices

0	No
1	Yes

qi_5 - 5		
Name	Label	Location
qi_5	5	Sequence > nshd_03_pq
Type		
Date		
Condition		

Question

When was your last period? (Include current period if bleeding now)

qi_5_i-5_i		
Name	Label	Location
qi_5_i	5 i	Sequence › nshd_03_pq
Type	Low	High
Integer	0	
Condition		

Question

If you cannot remember the month and year please give your age at the time: ... yrs

qi_6_a-6_a		
Name	Label	Location
qi_6_a	6 a	Sequence › nshd_03_pq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Question

Since January 1999 have you had hormone replacement therapy (HRT)?

Choices

0	No
1	Yes

qi_6_a_i-6_a(i)		
Name	Label	Location
qi_6_a_i	6 a(i)	Sequence › nshd_03_pq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
If yes,		

Question

was this the first time you have taken HRT?

Choices

0	No
1	Yes

qi_6_b-6_b		
------------	--	--

Name qi_6_b	Label 6 b	Location Sequence › nshd_03_pq
Type Date		
Condition		
If yes,		

Question

When did you first start HRT?

? qi_6_b_i - 6 b(i)		
Name qi_6_b_i	Label 6 b(i)	Location Sequence › nshd_03_pq
Type Integer	Low 0	High
Condition		
If yes,		

Question

If you cannot remember the month and year please give your age at the time: ... yrs

? qi_6_c - 6 c		
Name qi_6_c	Label 6 c	Location Sequence › nshd_03_pq
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		
If yes,		

Question

Before you first started HRT had your menstrual periods stopped?

Choices

0	No
1	Yes

? qi_6_c_i - 6 c(i)		
Name qi_6_c_i	Label 6 c(i)	Location Sequence › nshd_03_pq
Type Date		

Condition

If yes,

If yes,

Question

what was the date of your last period before starting HRT?

 qi_6_c_ii - 6 c(ii)

Name	Label	Location
qi_6_c_ii	6 c(ii)	Sequence > nshd_03_pq
Type	Low	High
Integer	0	

Condition

If yes,

If yes,

Question

If you cannot remember the month and year please give your age at the time: ... yrs

 qi_6_c_iii - 6 c(iii)

Name	Label	Location
qi_6_c_iii	6 c(iii)	Sequence > nshd_03_pq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Condition

If yes,

If yes,

Question

and were your periods stopped by:

Instructions

(circle all that apply)

Choices

1	Surgery?
2	Chemotherapy or radiation therapy?
3	No obvious reason/menopause?
4	Other reason, please specify:

 qg_7 - 7

Name qg_7	Label 7	Location Sequence > nshd_03_pq
Type Question Grid		
Condition If yes,		

Question

Please give your 3 most important reasons for starting HRT, ranking them in order of importance.

Rows

1	To relieve menopausal symptoms (e.g. hot flushes, night sweats)
2	To prevent osteoporosis (brittle bones)
3	To prevent heart disease
4	Because I had an early menopause
5	Because I had my ovaries removed
6	To regularise monthly periods
7	Because I was having difficulties with sexual Intercourse
8	To keep me youthful
9	My doctor recommended it
10	Other reason, please specify:

Columns

Importance	Numeric
------------	---------

? qi_7_i-7.i		
Name qi_7_i	Label 7 i	Location Sequence > nshd_03_pq
Type Text	Minimum Length	Maximum Length 255
Condition If yes,		

Question

Please give your 3 most important reasons for starting HRT, ranking them in order of importance. Other reason, please specify:

Instructions

(Rank your 3 choices by putting 1,2 & 3 in the appropriate boxes)

qg_8 - 8

Name qg_8	Label 8	Location Sequence > nshd_03_pq
Type Question Grid		

Question

Please indicate (by ticking the boxes) which months you used HRT preparations. Please start from January 1999

Rows

1	1999
2	2000
3	2001
4	2002
5	2003

Columns

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qi_9 - 9		
Name	Label	Location
qi_9	9	Sequence › nshd_03_pq
Type	Low	High
Integer	0	

Question

How many different HRT preparations have you taken since January 1999? ... number

qi_10 - 10		
Name	Label	Location
qi_10	10	Sequence › nshd_03_pq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Question

Since January 1999 have you stopped taking HRT and then started again?

Choices

0	No
1	Yes

qi_10_i - 10.i		
Name	Label	Location
qi_10_i	10 i	Sequence › nshd_03_pq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	
Condition		
If yes,		

Question

did you have periods after you stopped taking HRT and before you started again?

Choices

0	No
---	----

1	Yes
---	-----

qi_11_a - 11 a		
Name	Label	Location
qi_11_a	11 a	Sequence > nshd_03_pq
Type	Selection Type	Display Style
Multiple Choice	SelectOne	

Question

Are you currently on HRT?

Choices

0	No
1	Yes

qi_11_b_i - 11 b(i)		
Name	Label	Location
qi_11_b_i	11 b(i)	Sequence > nshd_03_pq
Type	Minimum Length	Maximum Length
Text		255
Condition		
If you are currently on HRT		

Question

What is the name of the HRT preparation? Please specify:

qg_11_b_ii - 11 b(ii)		
Name	Label	Location
qg_11_b_ii	11 b(ii)	Sequence > nshd_03_pq
Type		
Question Grid		
Condition		
If you are currently on HRT		

Question

Give your 3 most important reasons for continuing HRT, ranking them in order of importance.

Rows

1	To relieve menopausal symptoms (e.g. hot flushes, night sweats)
2	To prevent osteoporosis (brittle bones)
3	To prevent heart disease
4	To slow down ageing of body or brain
5	To maintain or restore health

6	Because I had an early menopause
7	Because I had my ovaries removed
8	My doctor recommended it

Columns

Importance	Numeric
------------	---------

qi_11_b_iii - 11 b(iii)		
Name	Label	Location
qi_11_b_iii	11 b(iii)	Sequence > nshd_03_pq
Type	Low	High
Integer	1	3
Condition		
If you are currently on HRT		

Question

Give your 3 most important reasons for continuing HRT, ranking them in order of importance. Other reason, please specify:

Instructions

(Rank your 3 choices by putting 1,2 & 3 in the appropriate boxes)

s_q11_b	
Name	Location
s_q11_b	Sequence > nshd_03_pq
Type	
Statement	

Statement Text

Go to back page

qi_11_c_i - 11 c(i)		
Name	Label	Location
qi_11_c_i	11 c(i)	Sequence > nshd_03_pq
Type	Minimum Length	Maximum Length
Text		255
Condition		
If you are no longer on HRT		

Question

What was the name of the last HRT preparation that you took? Please specify:

qg_11_c_ii - 11 c(ii)

Name qg_11_c_ii	Label 11 c(ii)	Location Sequence › nshd_03_pq
Type Question Grid		
Condition If you are no longer on HRT		

Question

Give your 3 most important reasons for stopping HRT, ranking them in order of importance.

Rows

1	I was feeling better
2	HRT didn't help me feel any better
3	I didn't like having periods again
4	I didn't like taking it any more
5	I had difficulty remembering to take it
6	I was concerned about possible side-effects
7	My doctor advised me to stop
8	I was having side-effects Please specify side-effects:
9	Other reason, please specify

Columns

Importance	Numeric
------------	---------

? qi_11_c_iii - 11 c(iii)		
Name qi_11_c_iii	Label 11 c(iii)	Location Sequence › nshd_03_pq
Type Text	Minimum Length	Maximum Length 255
Condition If you are no longer on HRT		

Question

Give your 3 most important reason for stopping HRT, ranking them in order of importance. I was having side-effects Please specify side-effects:

? qi_11_c_iv - 11 c(iv)		
Name qi_11_c_iv	Label 11 c(iv)	Location Sequence › nshd_03_pq
Type Text	Minimum Length	Maximum Length 255
Condition If you are no longer on HRT		

Question

Give your 3 most important reason for stopping HRT, ranking them in order of importance. Other reason, please specify



s_q11_c

Name	Location
s_q11_c	Sequence › nshd_03_pq
Type	
Statement	

Statement Text

[Go to back page](#)



s_outro_i

Name	Location
s_outro_i	Sequence › nshd_03_pq
Type	
Statement	

Statement Text

Thank you very much for the time you have spent filling in this questionnaire. If you would like to make any further comments, either about your own experiences or about the questionnaire, please feel free to do so.