THE MILLION WOMEN STUDY

Confidential National Study of Women's Health

The Million Women Study is a major national study of women's health supported by public funds. Over the past few years you have filled out one or more questionnaires similar to this one to help with the study. Now we are asking for your help again to provide vital, up to date information. Your answers are valuable and important - the enclosed leaflet explains more about the study and how it is benefiting women and improving medical knowledge worldwide.

We guarantee that all information provided will be treated with absolute confidentiality and used for medical research only.

To help us read your answers please write as clearly as possible and complete the questionnaire as shown:

Please put a cross in the appropriate box(es) [X] [ ]

OR put numbers in the appropriate places

eg Age? 64 Date? 02 08 06

2nd August 2006

Any questions? Ring us on Freephone 0800 262 872

QUESTIONS ABOUT YOU AND YOUR LIFESTYLE

Please answer every question as best you can. All the information that you give us is very useful. We know it may be difficult for you to give exact answers to some of these questions, but an approximate answer is better than none. Please use a BLACK PEN if possible.

1. What is your date of birth? day [ ][ ] month [ ][ ] year 1 9 [ ][ ]

2. Please write today's date: day [ ][ ] month [ ][ ] year 2 0 [ ][ ]

3. In general how would you now rate your:

	excellent	good	fair	poor
overall health	☐	☐	☐	☐
eyesight (with glasses if worn)	☐	☐	☐	☐
hearing	☐	☐	☐	☐
memory	☐	☐	☐	☐
quality of life	☐	☐	☐	☐

4. Do you:

	No	Yes
have difficulty bathing or dressing yourself?	☐	☐
have difficulty walking up a flight of stairs?	☐	☐
receive a disability living allowance, attendance allowance or blue badge?	☐	☐
receive a carer's allowance?	☐	☐

5. How often do you feel:

	rarely/ never	some-times	usually	most of the time
happy?	☐	☐	☐	☐
relaxed?	☐	☐	☐	☐
in control?	☐	☐	☐	☐
stressed?	☐	☐	☐	☐
tired?	☐	☐	☐	☐

6. Do you belong to or participate in any of the following?

- ☐ voluntary work
- ☐ adult education
- ☐ art/craft group
- ☐ religious group
- ☐ bingo
- ☐ music/singing group
- ☐ dancing group
- ☐ fitness/aerobics classes
- ☐ sports club (swimming, golf etc)
- ☐ yoga/pilates

7. In a typical week, how many hours in total do you spend:

doing vigorous physical activity? *(activities that make you sweat or breathe hard)* [ ][ ] hours per week

doing other physical activity? *(including walking, gardening, leisure activities)* [ ][ ] hours per week

8. How would you describe your usual walking pace?

☐ slow pace ☐ steady average ☐ brisk pace

9. How many hours in each day do you usually spend:

(put '0' if you do not spend any time doing it)

	hours per day		hours per day
sleeping? *(including at night and naps)*	[ ][ ]	standing?	[ ][ ]
watching television or using a computer?	[ ][ ]	reading?	[ ][ ]

10. Do you have a nap during the day?

☐ rarely/never ☐ sometimes ☐ usually

11. Are you now in paid work?

☐ No ☐ Yes, full time ☐ Yes, part time

12. Are you currently married or living with a partner?

☐ No ☐ Yes - *if Yes* - does your husband/partner smoke? ☐ No ☐ Yes

13. How many cars or vans are available for use in your household? [ ] number of cars or vans

14. Do you have any of the following pets at home?

(you can cross more than one box)

☐ cat(s) ☐ dog(s) ☐ bird(s) ☐ fish

15. Are you right or left handed?

☐ right handed ☐ left handed ☐ use both hands equally

16. What was your hair colour when you were 10 yrs old?

☐ blonde ☐ red ☐ brown ☐ black ☐ other

17. If your hair is naturally grey now, at about what age did your hair begin to go grey?

(put "0" if your hair is not grey) [ ][ ] years old or ☐ Not sure

18. When you were about 10 yrs old, compared to average, would you describe yourself as:

(please cross for height and weight)

☐ about average height? ☐ shorter? ☐ taller?

☐ about average weight? ☐ thinner? ☐ plumper?

19. Are you shorter NOW than when you were in your 20s or 30s? ☐ No ☐ Yes

QUESTIONS ABOUT YOUR HEALTH AND MEDICATIONS

20. In the LAST 5 YEARS, have you had any of the following conditions diagnosed for the FIRST time? ***If YES****, please cross the box and write your age when this FIRST happened*

	Yes	Age when first happened
Breast cancer	☐	☐☐ years old
Blood clot in leg/DVT	☐	☐☐ years old
Blood clot in lung/PE (pulmonary embolism)	☐	☐☐ years old
Stroke/TIA (transient ischaemic attack)	☐	☐☐ years old
Angina	☐	☐☐ years old
Heart attack	☐	☐☐ years old
Palpitations/irregular heart beat (cardiac arrhythmia)	☐	☐☐ years old
Diabetes	☐	☐☐ years old
High blood cholesterol	☐	☐☐ years old
High blood pressure	☐	☐☐ years old
Asthma	☐	☐☐ years old
Emphysema/chronic bronchitis	☐	☐☐ years old
Thyroid problem	☐	☐☐ years old
Cataract in eye	☐	☐☐ years old
Stomach or duodenal ulcer	☐	☐☐ years old
Bowel polyps	☐	☐☐ years old
Bleeding from stomach or bowels	☐	☐☐ years old
Crohn's disease	☐	☐☐ years old
Ulcerative colitis	☐	☐☐ years old
Coeliac disease	☐	☐☐ years old
Osteoporosis	☐	☐☐ years old
Rheumatoid arthritis	☐	☐☐ years old
Osteoarthritis	☐	☐☐ years old
Depression/anxiety	☐	☐☐ years old
Hysterectomy	☐	☐☐ years old
Gallbladder removed	☐	☐☐ years old
Hip replacement	☐	☐☐ years old
Knee replacement	☐	☐☐ years old

Other serious illnesses or operations in the last 5 years:
(please state what the illness or operation was and your age when it first happened)

Age

_____ ☐☐ years old

_____ ☐☐ years old

For office use only:

♦

21. In the LAST 5 YEARS have you had any broken/fractured bones?
☐ No ☐ Yes - once ☐ Yes - more than once

If Yes, which bone(s) were broken? (you can cross more than one box)
☐ wrist ☐ arm ☐ spine ☐ hip
☐ ankle ☐ foot ☐ leg ☐ other

If Yes, when was your most recent fracture? ☐☐ month ☐☐ year

If Yes, did your most recent fracture result from a fall? ☐ No ☐ Yes

22. In the last year, how many falls have you had? ☐☐ falls in the last year

23. Have you had a bone mineral density scan?
☐ No ☐ Yes - ***if Yes,*** was the result normal? ☐ No ☐ Yes ☐ Do not know

24. About how many years is it since you last went for breast screening? ☐☐ years ago
(put "0" if less than one year ago)

25. About how many years is it since your last cervical smear test? ☐☐ years ago
(put "0" if less than one year ago)

26. Have you been through your menopause?
☐ No
☐ Not sure *(because I had a hysterectomy)*
☐ Not sure *(because of irregular periods, taking HRT, etc)*
☐ Yes - How old were you when you had your menopause? ☐☐ years old

27. Have you ever used HRT?
☐ No - ***if No*** *- please go to question 31.* ♦
☐ Yes

28. Are you now using HRT?
☐ No - ***if No*** - when did you stop using HRT? ☐☐ month ☐☐ year
☐ Yes

29. For how many years *in total* have you used HRT? ☐☐ years of use
(please put "0" if you used HRT for less than a year in total)

30. Which HRT did you use MOST RECENTLY?

☐ Prempak C 0.625mg		☐ Premarin 0.625mg
☐ Prempak C 1.25mg		☐ Premarin 1.25mg
☐ Estraderm patch		☐ Evorel (25, 50, 75, 100mcg)
☐ Trisequens		☐ Evorel conti or sequi
☐ Premique	☐ Kliofem	☐ Estracombi
☐ Climesse	☐ Livial	☐ Implants
☐ Oestrogel	☐ Nuvelle	☐ Do not know

Other (please write here and include Mirena coil, if used)

31. Do you regularly take any of the following supplements?
(you can cross more than one box)

☐ glucosamine	☐ calcium	☐ vitamin A
☐ fish oil (incl cod liver oil)	☐ iron	☐ vitamin B (including B_6, B_{12})
☐ evening primrose oil	☐ zinc	☐ vitamin C
☐ red clover	☐ selenium	☐ vitamin D
☐ black cohosh	☐ garlic	☐ vitamin E
☐ multivitamins	☐ echinacea	☐ folic acid (vit B_9)

MORE QUESTIONS ABOUT MEDICATIONS

32. Have you ever taken or are you now taking any of these medications: *(please cross)*

	never	previously	currently
alendronate (Fosamax)?	☐	☐	☐
risedronate (Actonel)?	☐	☐	☐
etidronate (Didronel)?	☐	☐	☐

If you have ever taken any of the above medications, how many years in total have you used them? ☐☐ total years of use

(Add together all the years and months that you have used any of these medications. Please write "0" if you have used them for less than a year in total.)

33. Have you taken any of the following medications for most of the last 4 weeks? *(you can cross more than one box)*

- ☐ paracetamol
- ☐ bendrofluazide
- ☐ Losec/Zoton
- ☐ sleeping pills
- ☐ amlodipine *(Istin)*
- ☐ propranolol
- ☐ prednisolone
- ☐ ranitidine *(Zantac)*
- ☐ metformin
- ☐ nifedipine *(Adalat)*
- ☐ aspirin
- ☐ thyroxine
- ☐ atenolol
- ☐ tamoxifen
- ☐ lisinopril
- ☐ Prozac
- ☐ frusemide
- ☐ warfarin
- ☐ enalapril
- ☐ insulin
- ☐ ibuprofen
- ☐ co-proxamol *(Distalgesic)*
- ☐ diclofenac *(Voltarol)*
- ☐ amitriptyline *(Tryptizol)*
- ☐ Co-codamol/Co-dydramol
- ☐ simvastatin *(Zocor)*
- ☐ atorvastatin *(Lipitor)*
- ☐ paroxetine *(Seroxat)*
- ☐ salbutamol *(Ventolin)*
- ☐ beclomethasone *(Becotide)*

Please give the name(s) of any other medications you have used for most of the last 4 weeks:

For office use only:

QUESTIONS ABOUT YOUR FAMILY

Please answer these questions for blood relatives only - if you are adopted please go to question 38.

34. Is your mother still alive?

☐ No ☐ Yes ☐ Do not know

What is her age now or age when she died? ☐☐ years old

35. Is your father still alive?

☐ No ☐ Yes ☐ Do not know

What is his age now or age when he died? ☐☐ years old

36. How many sisters and brothers do you have? ☐☐ sisters ☐☐ brothers

(please include sisters or brothers who have died)

37. Have your mother, father, sister(s) or brother(s) ever had:

(please cross [X] if any of these relatives have had the condition)

	mother	father	sister	brother		mother	father	sister	brother
heart disease	☐	☐	☐	☐	breast cancer	☐	☐	☐	☐
stroke	☐	☐	☐	☐	bowel cancer	☐	☐	☐	☐
high blood pressure	☐	☐	☐	☐	lung cancer	☐	☐	☐	☐
diabetes	☐	☐	☐	☐	asthma	☐	☐	☐	☐
emphysema	☐	☐	☐	☐	osteoporosis	☐	☐	☐	☐
Alzheimer's disease	☐	☐	☐	☐	hip fracture	☐	☐	☐	☐
Parkinson's disease	☐	☐	☐	☐	severe arthritis	☐	☐	☐	☐
severe depression	☐	☐	☐	☐	prostate cancer		☐		☐

QUESTIONS ABOUT YOUR DIET

38. Which of the following do you eat once a week or more often? *(you can cross more than one box)*

- ☐ beef
- ☐ lamb
- ☐ pork
- ☐ ham/bacon
- ☐ chicken/poultry
- ☐ oily fish *(eg, sardines, salmon, mackerel)*
- ☐ other fish *(eg, cod, haddock, tinned tuna)*
- ☐ pulses *(eg, chickpeas, lentils)*
- ☐ processed meats *(eg, sausages, burgers, pies, spam)*
- ☐ onions
- ☐ garlic
- ☐ spinach
- ☐ carrots
- ☐ tomatoes
- ☐ beetroot
- ☐ prunes
- ☐ broccoli
- ☐ cabbage
- ☐ cauliflower
- ☐ green/red peppers
- ☐ soya meat/tofu
- ☐ baked beans

39. About how many times each week do you eat:

(put "0" if never eaten or eaten less than once a week)

meat/poultry? ☐☐ number of times eaten each week *(remember to count meat in sandwiches)*

fish? ☐☐ number of times eaten each week

40. About how much do you eat each week of:

(put "0" if less than one)

cooked vegetables? *(except potatoes)* ☐☐ number of heaped tablespoons each week

salad items/ raw vegetables? ☐☐ number of heaped tablespoons each week *(please count lettuce, tomato etc in sandwiches)*

cereal? ☐☐ number of bowls each week

bread? ☐☐ number of slices each week

41. About how much fruit do you eat each week?

☐☐ number of pieces of **fresh fruit** eaten each week ☐☐ number of pieces of **dried fruit** eaten each week

(count one apple or one banana or 10 grapes or 10 raisins etc. as one piece; put '0' if less than one piece a week)

42. If you eat cereal, is it usually? *(please cross)*

- ☐ bran cereal *(All Bran, Branflakes etc)*
- ☐ oat cereal *(porridge, Ready Brek etc)*
- ☐ muesli
- ☐ other *(eg: Cornflakes)*

43. Which type of bread do you mainly eat? *(you can cross more than one box)*

☐ white ☐ brown ☐ wholemeal ☐ other/none

44. Which of the following do you use for cooking or as a spread once a week or more often? *(you can cross more than one box)*

- ☐ butter
- ☐ lard
- ☐ olive oil
- ☐ soft margarine
- ☐ hard margarine
- ☐ Flora Pro-Active/Benecol
- ☐ vegetable oil
- ☐ olive oil spread
- ☐ rarely use any

45. About how many cups do you drink EACH DAY of:

tea? ☐☐ coffee? ☐☐ milk? *(include hot chocolate etc)* ☐☐

46. Which type of milk do you mainly use?

☐ full cream ☐ semi-skimmed ☐ skimmed ☐ soya

47. Are you lactose intolerant? ☐ No ☐ Yes ☐ Do not know

48. Do you prefer to drink your hot drinks (such as coffee or tea):

☐ Very hot ☐ Hot ☐ Warm ☐ Do not drink hot drinks

49. Do you use artificial sweeteners?

☐ No ☐ Yes - only for drinks ☐ Yes - all the time

***If Yes*, which sweeteners do you usually use?**

☐ saccharine ☐ aspartame (Canderel/ Nutrasweet/Equal) ☐ sucralose (Splenda)

MORE QUESTIONS ABOUT YOUR DIET

50. Do you eat:

	never	some-times	usually	always
organic food?	☐	☐	☐	☐
'low fat' or 'healthy eating' food products?	☐	☐	☐	☐
Yakult/Actimel (or other probiotic products)?	☐	☐	☐	☐

51. Please put a cross in the box if you NEVER eat:

☐ meat/poultry ☐ pork/ham ☐ fish ☐ dairy products
☐ beef ☐ liver/pâté ☐ sugar ☐ wheat products
☐ lamb ☐ sausages ☐ eggs ☐ beefburgers

52. Have you made any major changes to your diet in the last 5 years?

☐ No ☐ Yes - because of illness ☐ Yes - for some other reason

53. About how many bowel movements do you have each week? ☐☐ times a week

54. How often do you take laxatives? *(put "0" if never or less than once a month)* ☐☐ times a month

55. How often are you troubled by:

	never/ rarely	less than once a week	about once a week	more than once a week
reflux/heartburn?	☐	☐	☐	☐
difficulty swallowing?	☐	☐	☐	☐
diarrhoea?	☐	☐	☐	☐
constipation?	☐	☐	☐	☐
bleeding gums?	☐	☐	☐	☐

56. About how much alcohol do you drink each week?

☐☐ number of drinks of alcohol each week
one drink = a glass of wine, half pint of lager, or tot of spirits
(put "0" if you have less than one drink each week)

If you have less than one drink a week, please go to question 60

57. When you drink alcohol is it usually with meals? ☐ No ☐ Yes ☐ it varies

58. On how many days each week do you usually drink alcohol? ☐ days each week

59. Which of the following do you drink at least once a week?
(you can cross more than one box)

☐ red wine ☐ gin ☐ lager/cider/beer
☐ white wine ☐ vodka ☐ sherry/fortified wine
☐ brandy ☐ whisky ☐ none of these

60. In the last 5 years, have you reduced the amount of alcohol that you drink?

☐ No ☐ Yes - because of illness ☐ Yes - for some other reason

61. About how much do you weigh now? ☐☐ stone ☐☐ lbs *(Put "0" in both boxes if you do not know)*

62. Compared to about 5 years ago, have you lost weight?

☐ No ☐ Yes - ***if Yes*** - did you lose the weight through dieting and/or exercise? ☐ No ☐ Yes

MORE QUESTIONS ABOUT YOUR LIFESTYLE

63. What size clothes do you wear now?
(you can cross more than one box if the size varies)

☐ 10 or less ☐ 12 ☐ 14 ☐ 16 ☐ 18 ☐ 20+

64. What is your: *(please put "0" if you do not know)*

hip measurement? ☐☐ inches waist measurement? ☐☐ inches

65. Have you had your blood pressure taken in the last 5 years?

☐ No
☐ Yes - ***if Yes*** - what was it most recently? ☐☐☐ / ☐☐☐

For example: 1 3 0 / 9 0 ☐

(if you are not sure, an approximate answer is better than none; please cross this box ☐ if you were told it was normal; leave blank if you do not know)

66. Have you ever been a smoker?

☐ No - ***if No*** - *please go to question 70.*
☐ Yes

67. How old were you when you started smoking regularly? ☐☐ years old

68. Are you a smoker now?

☐ No - ***if No*** - how old were you when you stopped smoking? ☐☐ years old

☐ Yes - ***if Yes*** - please write the tar & nicotine content of your usual brand of cigarettes:
(this is written on each packet of cigarettes) tar ☐☐ mg nicotine ☐ mg

69. About how many cigarettes do you/did you smoke on average each day? *(if you are an ex-smoker, how many did you smoke on average when you smoked?)*

☐☐ cigarettes per day

CONTACT DETAILS

70. Do you use the internet? ☐ No ☐ Yes

71. Do you use email? ☐ No ☐ Yes

If Yes - might you be willing to answer questions similar to these on-line, in a few years time? ☐ No ☐ Yes

If Yes - please write down your email address

72. In case we need to check any details, it would be helpful if you would write your telephone number (including the area code) below.

73. If your name/address has CHANGED or is incorrect could you please give the correct details below?

For office use only
0605
MWS-PF/201/0605

SAMPLE

THANK YOU VERY MUCH FOR YOUR HELP
Please put your completed questionnaire in the pre-paid envelope and post it back to us

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