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.
(see enclosed leaflet and/or www.millionwomenstudy.org)

Over the past few years you have filled out one or more questionnaires to help with the study. Now we are asking for your help again. All information provided will be treated with absolute confidentiality and used for medical research only.

Any questions? Ring Freephone 0800 262 872

QUESTIONS ABOUT YOU AND YOUR HEALTH. Please use a BLACK PEN if possible.
We know it may be difficult to answer some questions, but an approximate answer is better than none.

1. What is your date of birth? d d m m 1 9 y y

2. What is today's date? d d m m 2 0 y y

3. In general, how would you now rate your:
(please cross X the relevant boxes)

	excellent	good	fair	poor
overall health?	☐	☐	☐	☐
memory?	☐	☐	☐	☐
quality of life?	☐	☐	☐	☐
quality of sleep?	☐	☐	☐	☐
physical fitness?	☐	☐	☐	☐
eyesight (with glasses, if worn)?	☐	☐	☐	☐
hearing (best ear, with any aids)?	☐	☐	☐	☐

4. Do you:

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

5. How often do you contact (eg phone, meet, email):

	rarely/ never	monthly	weekly/ fortnightly	most days
family?	☐	☐	☐	☐
friends?	☐	☐	☐	☐
groups (eg religious, WI, fitness, adult education)?	☐	☐	☐	☐

6. In the last 5 years have you experienced:

	No	Yes
death of a spouse or partner?	☐	☐
death of any other close relative or friend?	☐	☐
divorce or permanent separation?	☐	☐

7. How often do you feel:

	rarely/ never	some-times	often	almost always
tired during the day?	☐	☐	☐	☐
in control?	☐	☐	☐	☐
happy?	☐	☐	☐	☐

8. How many people live in your household? ☐ number of people (incl. you)

9. How many cars or vans are available for use in your household? ☐ number of vehicles

10. Is your household accommodation:
☐ rented? ☐ owned (or mortgaged)? ☐ other?

11. When you were about 10 years old,
- was your household accommodation:
☐ rented? ☐ owned (or mortgaged) by your family? ☐ other?

- did your household then have: *(you can cross both boxes)*
☐ running hot water? ☐ an indoor toilet?

- how many people usually slept in your bedroom? (when you were 10 years old) ☐ number of people (incl. you)

12. Has your doctor ever said you had:

	Yes	Age first diagnosed
Breast cancer?	☐	☐☐ years old
Bowel (intestinal) cancer?	☐	☐☐ years old
Malignant melanoma?	☐	☐☐ years old
Cervix cancer/precancer?	☐	☐☐ years old
Womb (endometrial) cancer?	☐	☐☐ years old
Diabetes?	☐	☐☐ years old
High blood pressure?	☐	☐☐ years old
Osteoporosis?	☐	☐☐ years old

13. In the last 5 years have you had any broken/fractured bones?
☐ No ☐ Yes - once ☐ Yes - more than once

If Yes,
- which bones? *(you can cross more than one box)*
☐ wrist ☐ arm ☐ spine ☐ hip
☐ ankle ☐ foot ☐ leg ☐ other

- about when was your most recent fracture? m m y y y y

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

14. How many recent falls have you had? ☐☐ falls in past year *(0 if none)*

Supported by Cancer Research UK, the Medical Research Council and the Health and Safety Executive

LIFESTYLE

15. Have you ever regularly worked at night, or on night shifts?
(at any time between midnight and 6am, for at least 3 nights per month)

☐ No ☐ Yes

If Yes,
- over how many years in total? ☐☐ total years *(0 if less than one)*

- when did you last work at night? ☐☐ years ago *(0 if you still work at night)*

16. When do you usually go to sleep? ☐☐ : ☐☐
(eg for ten-forty-five put 10:45)

17. When do you usually get up? ☐☐ : ☐☐

18. How much actual sleep do you get a night? ☐☐ hours

19. When you sleep at night, is the room usually:

☐ very dark? ☐ dark? ☐ dimly lit? ☐ lit?

20. Do you:

	rarely/ never	monthly	weekly/ fortnightly	most days
take medication to sleep?	☐	☐	☐	☐
have trouble falling asleep?	☐	☐	☐	☐
wake up too early in the morning and cannot fall asleep again?	☐	☐	☐	☐
feel refreshed in the morning?	☐	☐	☐	☐

21. Do you consider yourself to be:

☐ a morning person? ☐ more morning than evening?

☐ an evening person? ☐ more evening than morning?

22. How often do you usually nap? ☐ naps per week *(0 if less than one)*

- for about how long? ☐☐☐ minutes per nap (usually)

23. In a typical week, how much VIGOROUS activity do you do?
eg running, fast swimming or cycling, heavy lifting
Please state both how many days and the total hours a week (0 if less than one)

- summer: ☐ DAYS a week **AND** ☐☐ HOURS a week

- winter: ☐ DAYS a week **AND** ☐☐ HOURS a week

In a typical week, how much MODERATE activity do you do?
eg brisk walking, ordinary swimming or cycling, gym, heavy housework or gardening *(0 if less than one)*

- summer: ☐ DAYS a week **AND** ☐☐ HOURS a week

- winter: ☐ DAYS a week **AND** ☐☐ HOURS a week

24. How would you describe your usual walking pace?

☐ brisk ☐ average ☐ slow ☐ cannot walk

25. In a typical SINGLE DAY, how much LIGHT activity do you do?
eg walking, shopping, cooking, general housework, yoga

summer ☐☐ hours per day **winter** ☐☐ hours per day

26. On a typical WEEKDAY (not weekends) how long do you:

watch TV ☐☐ hours — use a computer (include at work) ☐☐ hours

read ☐☐ hours — look after sick relatives ☐☐ hours

MEDICATIONS

27. Have you ever used HRT? ☐ No ☐ Yes

If Yes,
- how many years in total? ☐☐ total years of use *(0 if less than one)*

- are you still using HRT?

☐ No, stopped - if so, when? ☐☐ years ago

☐ Yes, still using

28. Have you EVER used any of these osteoporosis drugs?
(you can cross more than one box)

☐ Alendronate 10mg (daily)	☐ Fosamax (daily)	☐ Actonel (daily)
☐ Alendronate 70mg (weekly)	☐ Fosamax Once Weekly	☐ Actonel Once a Week
☐ Bonviva tablets	☐ Fosavance	☐ Actonel Combi
☐ Bonviva injection	☐ Didronel	☐ Didronel PMO

Please write the name(s) of any other osteoporosis drugs you have used, eg Aclasta

For office use only ☐☐☐☐☐

29. If you EVER used any of the drugs listed in question 28,

- for how long? ☐☐ total years of use of all types added together *(0 if less than one)*

- are you still using any of them?

☐ No, stopped - if so, when? ☐☐ years ago

☐ Yes, still using

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

☐ Aspirin	☐ Insulin injections
☐ Prednisolone	☐ Glucophage
☐ Thyroxine	☐ Avandia
☐ a statin for cholesterol eg Lipitor, Zocor, Lipostat	☐ other drugs for diabetes

SCREENING

31. About how many years is it since you last had:
(0 if screened less than one year ago; cross box if never screened)

a cervical smear test? ☐☐ years ago **OR** ☐ never

a breast cancer screen? ☐☐ years ago **OR** ☐ never

a bowel cancer screen? ☐☐ years ago **OR** ☐ never

32. Have you had a bone mineral density (eg DEXA) scan?

☐ No ☐ Yes ☐ not sure

- If Yes, were you told your bone density was:

☐ low? ☐ normal? ☐ not sure

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

☐ No ☐ Yes ☐ not sure

- If Yes, were you told it was:

☐ high? ☐ normal? ☐ low? ☐ not sure

- what was your blood pressure?

☐☐☐ / ☐☐☐

eg 130 / 90
(leave blank if not sure)

YOUR DIET

34. Any major changes to your diet in the past 5 years?

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

35. Please cross the box(es) if in the past 5 years you:

☐ never ate fish ☐ never ate meat or poultry ☐ never ate dairy products ☐ never ate eggs

36. About how many TIMES A WEEK do you usually eat:

- the following vegetables? *(0 if none usually)*

broccoli	☐☐	cooked tomatoes	☐☐
cauliflower	☐☐	bean curd foods (eg soya, tofu)	☐☐
cabbages or sprouts	☐☐	baked beans or pulses (eg lentils, chickpeas)	☐☐

- the following fruits? *(number of times a week; 0 if none usually)*

an apple	☐☐	an orange, satsuma, etc	☐☐
a banana	☐☐	a stone fruit (eg plum, apricot, peach)	☐☐
a pear	☐☐	grapes, berries	☐☐
prunes	☐☐	tinned fruit (except prunes)	☐☐
stewed fruit (except prunes)	☐☐	dried fruit (except prunes)	☐☐

37. In total how many PIECES OF FRESH FRUIT A WEEK?

☐☐ number of pieces a week *(count one apple, one banana, 10 grapes, 10 berries etc as one piece; 0 if none usually)*

38. How many tablespoons of SALAD/VEGETABLE A WEEK?
(number of tablespoons a week; 0 if none usually)

raw tomatoes	☐☐	raw vegetables (except tomato and green salad)	☐☐
green salad	☐☐	cooked vegetables (except potatoes)	☐☐

39. How much WHOLEMEAL BREAD A WEEK do you eat?
(0 if none usually)

Slices, rolls etc of wholemeal bread a week (not white or brown bread) ☐☐

40. How many bowls of CEREAL A WEEK do you eat?

All-Bran	☐☐	wholewheat (eg Weetabix, Shredded wheat)	☐☐
branflakes or muesli	☐☐	other cereal (eg oats, rice crispies, cornflakes)	☐☐

41. How much YOGURT A WEEK do you eat?

dairy yogurt or desserts ☐☐ number of small pots soya yogurt or desserts ☐☐ number of small pots

42. About how many TIMES A WEEK do you usually eat:

any fish (fresh or tinned)	☐☐	any meat or poultry (fresh or processed)	☐☐
tuna	☐☐	any poultry (chicken, turkey, etc)	☐☐
oily fish (salmon, sardines, trout, mackerel, etc)	☐☐	any processed meat (bacon, ham, sausages, etc)	☐☐

TEA, COFFEE, MILK, DIGESTION

43. How much TEA do you usually drink? ☐☐ cups a day

- do you have your tea:

☐ very hot ☐ hot ☐ warm ☐ cool

- do you usually add:

☐ milk ☐ sugar ☐ artificial sweetener

44. How much COFFEE do you usually drink? ☐☐ cups a day

- do you have your coffee:

☐ very hot ☐ hot ☐ warm ☐ cool

- do you usually add:

☐ milk ☐ sugar ☐ artificial sweetener

45. On average, how much MILK A WEEK do you drink?
include milk in cereal, cocoa, tea, coffee, cooking etc

☐☐ pints **OR** ☐☐ litres *(0 if less than one)*

46. Which type of milk do you use most often?

☐ cow's milk ☐ soya milk ☐ other/none

47. How frequently are you troubled by:

	rarely/ never	less than weekly	about weekly	more often
bleeding gums?	☐	☐	☐	☐
difficulty swallowing?	☐	☐	☐	☐
reflux/heartburn?	☐	☐	☐	☐
constipation?	☐	☐	☐	☐
intestinal gas (flatulence)?	☐	☐	☐	☐
diarrhoea?	☐	☐	☐	☐

48. About how many bowel movements (motions) do you have each week? ☐☐ times a week

WEIGHT AND HEIGHT

49. About how much do you weigh now?

☐☐ stone ☐☐ lbs **OR** ☐☐☐ kgs

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

☐ No ☐ Yes

If Yes, how did you lose it? *(you can cross more than one box)*

☐ dieting ☐ exercise ☐ illness ☐ other

51. What is your:

waist measurement? ☐☐ inches **OR** ☐☐☐ cms

hip measurement? ☐☐ inches **OR** ☐☐☐ cms

52. 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+

53. Are you shorter now than when you were in your 20s/30s?

☐ no ☐ a little shorter ☐ noticeably shorter

54. About how tall are you now?

☐ feet ☐☐ inches **OR** ☐☐☐ cms

ALCOHOL AND TOBACCO

55. Have you EVER had an alcoholic drink?

♦ ☐ No, I am a lifelong non-drinker (go to **58**) ☐ Yes

56. Did you have an alcoholic drink in the past year?

☐ No ☐ Yes

- If No, age when you last drank alcohol ☐☐ years old

57. About how many "units" a week, now and in the past?
a unit = glass of wine, half pint of beer or cider, or 25ml tot of spirits

in past year	☐☐	units of alcohol a week, in total *(0 if less than one)*
in your 40s	☐☐	units of alcohol a week, in total
in your 20s	☐☐	units of alcohol a week, in total

58. Have you EVER smoked tobacco?

☐ Never (go to **64**) ☐ Current smoker ☐ Ex-smoker

59. Current smokers: might you quit in the next 5 years?

☐ No ☐ Yes ☐ not sure

60. Ex-smokers: might you restart in the next 5 years?

☐ No ☐ Yes ☐ not sure

61. Give your ages at starting/stopping, as best you can:
(or cross box if not applicable)

- first smoked any tobacco	☐☐	years old	
- began smoking regularly (daily, or on most days)	☐☐	years old, or	☐ N/A
- first seriously quit	☐☐	years old, or	☐ N/A
- last smoked regularly	☐☐	years old, or	☐ N/A
- last smoked any tobacco	☐☐	years old, or	☐ N/A

62. How much do/did you generally inhale?

☐ slightly ☐ moderately ☐ deeply

63. How many cigarettes a day, now and in the past?

in past year	☐☐	typical number of cigarettes a day *(0 if less than one cigarette a day)*
in your 40s	☐☐	typical number of cigarettes a day
in your 20s	☐☐	typical number of cigarettes a day

MEDICAL HISTORY: YOU AND YOUR FAMILY

64. Have YOU (even if already reported) or any of your BLOOD RELATIVES ever had, to your knowledge:

	you	mother	father	sister	brother		you	mother	father	sister	brother
heart attack	☐	☐	☐	☐	☐	glaucoma	☐	☐	☐	☐	☐
other heart disease	☐	☐	☐	☐	☐	Parkinson's disease	☐	☐	☐	☐	☐
stroke	☐	☐	☐	☐	☐	Alzheimer's disease	☐	☐	☐	☐	☐
high blood pressure	☐	☐	☐	☐	☐	other dementia	☐	☐	☐	☐	☐
diabetes	☐	☐	☐	☐	☐	severe depression	☐	☐	☐	☐	☐
severe arthritis	☐	☐	☐	☐	☐	breast cancer	☐	☐	☐	☐	☐
hip fracture	☐	☐	☐	☐	☐	bowel cancer	☐	☐	☐	☐	☐
osteoporosis	☐	☐	☐	☐	☐	lung cancer	☐	☐	☐	☐	☐
asthma	☐	☐	☐	☐	☐	skin cancer	☐	☐	☐	☐	☐
♦ emphysema or chronic bronchitis	☐	☐	☐	☐	☐	prostate cancer			☐		☐

MWS-PF/301/0910

FINALLY…

65. Are you now in paid work?

☐ No ☐ Yes - full time ☐ Yes - part time

66. Have you worked for a total of 10 years or more as a:
(you can cross more than one box)

☐ secretary/clerk?	☐ hairdresser?	☐ cook?
☐ shop worker?	☐ gardener?	☐ nurse?
☐ factory worker?	☐ farm worker?	☐ teacher?
☐ flight attendant?	☐ waitress?	☐ cleaner?
☐ bus conductor?	☐ bar worker?	☐ telephonist?

67. How much do you talk on a mobile phone? ☐☐☐ minutes per week *(0 if none)*

- How long have you used a mobile phone? ☐☐ total years *(0 if less than one)*

68. Have you ever regularly used:

	No	Yes	If Yes, for about how long?	
mouthwash?	☐	☐	☐☐	total years *(0 if less than one)*
underarm deodorant?	☐	☐	☐☐	total years
talcum powder for feminine hygiene?	☐	☐	☐☐	total years
a sunbed?	☐	☐	☐☐	total years

69. What is your eye colour?

☐ blue ☐ grey ☐ brown/black
☐ green ☐ hazel ☐ other/not sure

♦

70. Compared to other women, do you have:

☐ fewer freckles? ☐ more freckles? ☐ about average?
☐ fewer moles? ☐ more moles? ☐ about average?

71. If you go out in the summer sun do you:
(you can cross more than one)

☐ burn easily? ☐ tan easily? ☐ rarely tan?

72. In the last 5 years about how many holidays did you take in sunny places? ☐☐ number of holidays

73. In which country were you born? *eg* W A L E S

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

74. Optional: print your email address below if you might consider answering similar questions online in the future

75. Optional: write your phone number (with area code)

76. If your name/address has CHANGED or is incorrect please give the correct details below

For office use only

Thank you for your help! Professor Valerie Beral, University of Oxford, FREEPOST OX3 7DG. Please post the completed form back to me.