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 letter 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. Have you had any serious illness in the last 5 years?

☐ No ☐ Yes - please describe:

5. Do you find any of the following tasks difficult?

	No	Yes
walking	☐	☐
climbing stairs	☐	☐
dressing	☐	☐
washing	☐	☐
shopping	☐	☐
preparing meals	☐	☐

- do you need help with any of the above tasks?

☐ No ☐ Yes

6. How many falls have you had in the last year? *(0 if none)* ☐☐ recent falls

7. How often do you wear high heel shoes?

☐ most days ☐ about weekly ☐ monthly/ less often ☐ never

8. About how many hours sleep do you get (in every 24 hours)? ☐☐ hours sleep *(include naps)*

9. How often do you:

	rarely/ never	monthly	weekly/ fortnightly	most days
have trouble falling asleep?	☐	☐	☐	☐
take medication to sleep?	☐	☐	☐	☐
wake up too early in the morning and cannot fall asleep again?	☐	☐	☐	☐
feel refreshed in the morning?	☐	☐	☐	☐
fall asleep or doze off during the day, without meaning to?	☐	☐	☐	☐

10. How often are you troubled by:

	rarely/ never	monthly	weekly/ fortnightly	most days
bleeding gums?	☐	☐	☐	☐
difficulty swallowing?	☐	☐	☐	☐
reflux/heartburn?	☐	☐	☐	☐
constipation?	☐	☐	☐	☐
intestinal gas (wind)?	☐	☐	☐	☐
diarrhoea?	☐	☐	☐	☐
difficulty breathing?	☐	☐	☐	☐
coughing?	☐	☐	☐	☐
wheezing?	☐	☐	☐	☐

YOUR LIFE NOW

11. Are you currently:

☐ married / living with a partner ☐ divorced ☐ separated
☐ widowed ☐ single ☐ other

12. 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?	☐	☐

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

- If you live with others, how are they related to you?
(you can cross more than one box)

☐ husband/partner ☐ parents (yours/your partner's)
☐ children/stepchildren ☐ grandchildren
☐ other relatives ☐ other unrelated

SAMPLE

YOUR LIFE NOW

14. Do you have any grandchildren?

♦ ☐ No ☐ Yes

- If Yes, do you look after them (without their parents)?

☐ most days ☐ about weekly ☐ about monthly ☐ less often/never

15. About how many relatives do you have that you feel close to? (not including people you live with) ☐☐ number of relatives

- how often do you **hear from or see** the relative you have **most contact** with?

☐ most days ☐ about weekly ☐ about monthly ☐ less often

16. About how many friends do you have that you feel close to? ☐☐ number of friends

- how often do you **hear from or see** the friend you have **most contact** with?

☐ most days ☐ about weekly ☐ about monthly ☐ less often

17. Do you regularly care for family members or others because of their health, disability or other problems?

☐ No ☐ Yes

- If Yes, how many days a week? ☐ days a week

18. About how often do you feel:

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

YOUR CURRENT ACTIVITIES

19. Do you regularly do any of these hobbies or pastimes?

☐ crosswords ☐ sudoku ☐ jigsaws ☐ other puzzles

☐ drawing /painting ☐ knitting ☐ sewing ☐ reading

20. How often do you take part in any of these activities or groups?

	rarely/ never	monthly	weekly/ fortnightly	most days
voluntary or charity work	☐	☐	☐	☐
adult education classes	☐	☐	☐	☐
art or music groups	☐	☐	☐	☐
book clubs	☐	☐	☐	☐
social clubs	☐	☐	☐	☐
church or religious groups	☐	☐	☐	☐
political/environmental groups	☐	☐	☐	☐
neighbourhood groups	☐	☐	☐	☐
exercise classes, sports clubs etc	☐	☐	☐	☐
other social groups/activities	☐	☐	☐	☐

21. In the last 5 years about how many holidays have you taken abroad? ☐☐ number of holidays

- how many were in sunny places? ☐☐ number of holidays

♦

YOUR CURRENT ACTIVITIES

22. In a typical WEEK, how much VIGOROUS activity do you do? (eg running, fast swimming, fast cycling)
(0 if less than one hour in a week)

summer ☐☐ hours in a week **winter** ☐☐ hours in a week

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

summer ☐☐ hours in a week **winter** ☐☐ hours in a week

24. How would you describe your usual walking pace?

☐ brisk ☐ average ☐ slow ☐ cannot walk

25. In a typical DAY, how much LIGHT activity do you do? (walking, general housework, cooking, shopping, gardening)
(0 if less than one hour in a day)

summer ☐☐ hours a day **winter** ☐☐ hours a day

26. In a typical DAY, how much time do you spend SITTING or ON YOUR FEET? *(0 if less than one hour in a day)*

sitting ☐☐ hours a day **on your feet** ☐☐ hours a day

(eg when watching TV, reading, at computer, in car/bus/train) *(eg when standing, cooking, housework, walking)*

YOUR CURRENT CIRCUMSTANCES

27. Are you now in paid work?

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

28. Are you retired from work? ♦

☐ No, not yet retired ☐ Never worked

☐ Yes, retired - if so, when? ☐☐ years ago *(0 if less than one year)*

29. What has been your main job during your working life?

30. Thinking about the cost of living as it affects you, which of the following best describes your situation?

I find it a strain to get by from week to week	☐
I have to be careful about money	☐
I am able to manage without much difficulty	☐
I am quite comfortably off	☐

31. Is your household accommodation:
(you can cross more than one box)

☐ rented ☐ owned ☐ sheltered housing

☐ residential care home ☐ care home with nursing ☐ other

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

SCANS & MEDICATIONS

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

☐ No ☐ Yes ☐ Not sure

- If Yes, were you told that it was:

☐ high ☐ normal ☐ low ☐ not sure

SAMPLE

SCANS & MEDICATIONS

34. 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

35. Has a doctor ever said that you had osteoporosis?

☐ No ☐ Yes

- If Yes, age first diagnosed ☐☐ years old

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

	Daily	Weekly
Alendronate / Fosamax / Fosavance	☐	☐
Risedronate / Actonel / Actonel Combi	☐	☐

☐ Didronel ☐ Bonviva tablets/injections ☐ Other

37. If you EVER used any of the drugs listed in question 36,

- 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 *(0 if less than one)*

☐ Yes, still using one of these osteoporosis drugs

38. Have you ever used HRT?

☐ No ☐ Yes, in the past ☐ Yes, currently

39. Have you regularly taken aspirin for a year or longer?

☐ No ☐ Yes ☐ Not sure

If Yes,

- when did you start? ☐☐ years ago

- how many years have you taken aspirin, in total? ☐☐ total years *(0 if less than one)*

- why do/did you take aspirin?

☐ prevent/treat heart disease ☐ for arthritis/ joint problems ☐ other reason

- do/did you take aspirin:

☐ every day ☐ every second day ☐ less often

- is/was each aspirin tablet:

☐ low dose ☐ standard dose (300mg) ☐ not sure

- are you still taking aspirin?

☐ No, stopped - if so, when? ☐☐ years ago *(0 if less than one)*

☐ Yes, still taking aspirin

40. 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 *(0 if less than one)*
talcum powder for feminine hygiene?	☐	☐	☐☐ total years *(0 if less than one)*
diaphragm (cap) for contraception?	☐	☐	☐☐ total years *(0 if less than one)*
a sunbed?	☐	☐	☐☐ total years *(0 if less than one)*

YOUR DIET

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

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

42. Please cross the box(es) if you NEVER eat or drink:

☐ fish ☐ meat or poultry ☐ dairy products ☐ eggs

43. How many PIECES OF FRUIT do you eat EACH WEEK?
(count one apple, one banana or 10 grapes as one piece, or one tablespoon of stewed, tinned or dried fruit as one piece; 0 if less than one)

fresh fruit ☐☐ dried fruit ☐☐

tinned fruit ☐☐ stewed fruit ☐☐

44. About how much do you eat EACH WEEK of:
(number of tablespoons a week; 0 if less than one)

cooked vegetables (except potatoes) ☐☐ salad items/ raw vegetables ☐☐

45. How much BREAD do you eat EACH WEEK?
(slices or rolls a week; 0 if less than one)

wholemeal bread *(include white with added wholemeal eg 50/50)* ☐☐ white bread ☐☐

other bread ☐☐

46. How many bowls of CEREAL do you eat EACH WEEK?
(0 if less than one)

All-Bran ☐☐ wholewheat (eg Weetabix, Shredded wheat) ☐☐

branflakes or muesli ☐☐ other cereal (eg oats, porridge, cornflakes) ☐☐

47. How much YOGURT A WEEK do you eat? *(0 if less than one)*

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

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

48. About how many TIMES A WEEK do you usually eat:
(0 if less than one)

any fish (fresh, frozen, tinned) ☐☐ any bacon, ham, sausages, salami ☐☐

tinned tuna ☐☐ any beef, lamb, pork (fresh or frozen) ☐☐

oily fish (salmon, sardines, trout, mackerel, etc) ☐☐ any poultry (chicken, turkey, etc) ☐☐

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

YOUR WEIGHT

50. About how much do you weigh now?

☐ stone ☐☐ lbs OR ☐☐ kgs

51. 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

SAMPLE

DRINKS

52. How much TEA do you usually drink? *(include all types)* ☐☐ *cups a day*

- is the type of tea usually:

☐ standard tea *(eg Tetley, PG tips, English Breakfast, Earl Grey)*

☐ fruit/herbal ☐ green ☐ rooibos/redbush

- do you have your tea:

☐ very hot ☐ hot ☐ warm ☐ cool

- do you usually add:

☐ milk ☐ sugar ☐ artificial sweetener

53. How much COFFEE do you usually drink? *(include all types)* ☐☐ *cups a day*

- do you have your coffee:

☐ very hot ☐ hot ☐ warm ☐ cool

- do you usually add:

☐ milk ☐ sugar ☐ artificial sweetener

- is your coffee usually:

☐ caffeinated ☐ decaffeinated

54. Have you EVER had an alcoholic drink?

☐ No, I am a lifelong non-drinker (go to **57**) ☐ Yes

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

☐ No ☐ Yes

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

56. 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
(0 if less than one)

in past year	☐☐	units of alcohol a week, in total
in your 40s	☐☐	units of alcohol a week, in total
in your 20s	☐☐	units of alcohol a week, in total

MEDICAL HISTORY: YOU AND YOUR FAMILY

57. Have YOU or any of your BLOOD RELATIVES ever had, to your knowledge: *(please cross [X] the relevant boxes)*

	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	☐	☐	☐	☐	☐
emphysema or chronic bronchitis	☐	☐	☐	☐	☐	skin cancer	☐	☐	☐	☐	☐
asthma	☐	☐	☐	☐	☐	prostate cancer			☐		☐

TOBACCO

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? *(0 if less than one)*

in past year	☐☐	typical number of cigarettes a day
in your 40s	☐☐	typical number of cigarettes a day
in your 20s	☐☐	typical number of cigarettes a day

64. What is your ethnic group?

☐ White ☐ South Asian

☐ Black ☐ Other Asian

☐ Other, please specify:

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

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

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

68. 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. 1305

SAMPLE