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 20 years you have filled out one or more questionnaires to help with the study. Now we are asking for your help again. As before, 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? [ ][ ] [ ][ ] [1][9][ ][ ]

2. What is today's date? [ ][ ] [ ][ ] [2][0][ ][ ]

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 find any of the following tasks difficult:

	No	Yes	**If Yes,** do you need help with it?
walking?	☐	☐	☐
climbing stairs?	☐	☐	☐
dressing?	☐	☐	☐
washing?	☐	☐	☐
shopping?	☐	☐	☐
preparing meals?	☐	☐	☐

5. Do you now use any of the following:
☐ walking stick ☐ zimmer frame ☐ wheelchair

6. Are you now:
☐ housebound ☐ bedbound ☐ neither

7. How would you describe your usual walking pace:
☐ brisk ☐ average ☐ slow ☐ cannot walk

8. About how many falls have you had in the last year? *(0 if none)* ☐ number of recent falls

9. How often are you troubled by

	rarely/ never	monthly	weekly/ fortnightly	most days
difficulty swallowing?	☐	☐	☐	☐
reflux/heartburn?	☐	☐	☐	☐
difficulty breathing?	☐	☐	☐	☐
coughing?	☐	☐	☐	☐
wheezing?	☐	☐	☐	☐
constipation?	☐	☐	☐	☐
diarrhoea?	☐	☐	☐	☐

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

11. How often do you:

	rarely/ never	monthly	weekly/ fortnightly	most days
have trouble falling asleep?	☐	☐	☐	☐
have disturbed sleep?	☐	☐	☐	☐
take medication to sleep?	☐	☐	☐	☐
fall asleep or doze off during the day, without meaning to?	☐	☐	☐	☐

12. About how often do you feel:

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

YOUR LIFE NOW OR RECENTLY

13. Are you currently:

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

14. 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

15. 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?	☐	☐

16. How often do you look after your grandchildren:

☐ most days ☐ about weekly ☐ less often/ never ☐ no grandchildren

17. Do you have someone to talk to about your problems:

☐ never ☐ sometimes ☐ most of the time ☐ always

18. About how often do you talk to:

	rarely/ never	monthly	weekly/ fortnightly	most days
relatives?	☐	☐	☐	☐
friends?	☐	☐	☐	☐
neighbours?	☐	☐	☐	☐
others?	☐	☐	☐	☐

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

☐ No ☐ Yes

If Yes:

- how much caring do you do? ☐ hours a day ☐ days a week

- how many people do you care for? ☐ number of people

- is the person you provide most care for your:

☐ husband/partner ☐ parent ☐ child ☐ other

- what health, disability or other problem do they have:

☐ dementia ☐ cancer ☐ other _____

- how long have you been caring for them? ☐ years *(0 if less than one)*

20. Are you now being treated for depression or anxiety?

☐ No ☐ Yes

If Yes, are you being treated with:
(you can cross more than one box)

☐ medication ☐ talking therapy (eg counselling, CBT)

YOUR CURRENT ACTIVITIES

21. 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

22. In a typical WEEK, how much MODERATE activity do you do? (eg brisk walking, heavy housework, heavy gardening, gym, swimming or cycling)

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

23. In a typical DAY, how much LIGHT activity do you do? (walking, general housework, cooking, shopping, gardening)

summer ☐ hours a day winter ☐ hours a day

24. In a typical DAY, how much time do you spend outdoors?
(0 if less than one hour in a day)

summer ☐ hours a day winter ☐ hours a day

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

reading? ☐ hours a day

watching television? ☐ hours a day

using a computer? *(including tablet, laptop, smartphone)* ☐ hours a day

on your feet? *(eg standing, cooking, housework, walking)* ☐ hours a day

26. How often do you take part in any of these activities:

	rarely/ never	monthly	weekly/ fortnightly	most days
voluntary or charity work?	☐	☐	☐	☐
adult education classes?	☐	☐	☐	☐
art or music groups?	☐	☐	☐	☐
social clubs?	☐	☐	☐	☐
church or religious groups?	☐	☐	☐	☐
neighbourhood groups?	☐	☐	☐	☐
exercise classes, sports clubs?	☐	☐	☐	☐

27. Do you regularly do any of these hobbies or pastimes:

☐ crosswords ☐ sudoku ☐ jigsaws ☐ other puzzles
☐ drawing/ painting ☐ knitting ☐ sewing ☐ reading

28. For how many years in total have you used a gas hob for cooking? ☐ total years *(0 if less than one)*

29. In winter have you regularly used:

☐ a gas fire? ☐ an open coal or wood fire?

If so, for about how many years in total? ☐ total years *(0 if less than one)*

30. When you were a child:

	No	Yes
- was gas used for cooking at home?	☐	☐
- did you have a gas fire at home?	☐	☐
- did you have an open coal or wood fire at home?	☐	☐

YOUR CURRENT CIRCUMSTANCES

1. Are you now in paid work?

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

2. Are you retired from paid work?

☐ No, not yet retired ☐ Never in paid work

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

3. 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	☐

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

☐ rented ☐ owned ☐ sheltered housing

☐ residential care home ☐ care home with nursing ☐ other

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

6. Do you currently drive a car?

☐ Yes ☐ No, I've never driven

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

7. Do you use private medical care:

☐ never ☐ sometimes ☐ most of the time ☐ always

8. 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

PERSONAL CARE

9. 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)*

SCANS & MEDICATIONS

40. Have you ever used HRT (hormone replacement therapy)?

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

If Yes,

- for 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 *(0 if less than one)*

☐ still using HRT

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

☐ No (go to **42**) ☐ Yes

If Yes,

- age first diagnosed ☐ years old

- 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	☐	☐

other drugs ☐ _____

- if so, for how long? ☐ total years of use of any type *(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 an osteoporosis drug

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

☐ No (go to **43**) ☐ Yes ☐ Not sure

If Yes,

- about when did you start? ☐ years old

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

- are you still taking aspirin?

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

☐ Yes, still taking aspirin

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

☐ ibuprofen	☐ paracetamol	☐ statins for cholesterol *eg simvastatin (Zocor) atorvastatin (Lipitor) rosuvastatin (Crestor)*
☐ tramadol	☐ co-codamol	
☐ warfarin	☐ clopidogrel	☐ drugs for heartburn/ acid reflux *eg omeprazole (Losec) lansoprazole (Zoton) ranitidine (Zantac)*
☐ insulin	☐ metformin	
☐ thyroxine	☐ prednisolone	☐ blood pressure drugs *eg bendroflumethiazide bisoprolol (Cardicor) lisinopril (Zestril) amlodipine (Istin)*
☐ citalopram	☐ amitriptyline	
☐ sertraline	☐ mirtazapine	

☐ other _____

_____

DRINKS

44. How much TEA do you usually drink? *(include all types)* ☐ cups a day *(0 if not every day)*

- is the type of tea usually:

☐ standard tea (eg Tetley, PG Tips, 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

45. How much COFFEE do you usually drink? *(include all types)* ☐ cups a day *(0 if not every 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

46. Have you ever had an alcoholic drink?

☐ No, I am a lifelong non-drinker *(go to **48**)* ☐ Yes

47. In the past year, did you have an alcoholic drink?

☐ No ☐ Yes

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

If Yes, about how many "units" in a typical week?

a unit = glass of wine, half pint of beer or cider, or 25ml tot of spirits (0 if less than one)

☐ units of alcohol a week, in total

- when you drink alcohol is it usually with meals?

☐ No ☐ Yes ☐ It varies

48. Have you ever smoked tobacco?

☐ No ☐ Yes

If Yes,

- at what age did you begin smoking regularly? (daily, or on most days) ☐ years old

- at what age did you last smoke regularly? (daily, or on most days) ☐ years old

- about how many cigarettes a day did you smoke in the past year?

☐ typical number of cigarettes a day *(0 if less than one, or an ex-smoker)*

49. Have you ever tried vaping / e-cigarettes?

☐ No / a few times ☐ Yes, regularly in past but now stopped ☐ Yes, regularly now

If Yes,

- were you also smoking tobacco when you started vaping?

☐ No ☐ Yes

- did vaping have an effect on your tobacco use?

☐ No ☐ Yes, helped me reduce ☐ Yes, helped me stop altogether

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

MEDICAL HISTORY: YOU AND YOUR FAMILY

52. Have YOU or any of your BLOOD RELATIVES ever had, to your knowledge:

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

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

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

55. 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.
Please post the completed form back to me using the envelope provided. Postage is pre-paid.