THE MILLION WOMEN STUDY

Confidential National Study of Women's Health

The Million Women Study is an important national study of women's health. A few years ago you received the first questionnaire with your invitation to the National Health Service Breast Screening Programme. Your help is needed again. Can you find time to complete this second questionnaire? Some of the questions may seem familiar and others are new, but all will provide vital up to date information for the study. Your answers are valuable and important - the enclosed leaflet explains how the study will benefit women and improve medical knowledge world-wide. We very much hope you are still willing to be one of the Million Women in the study.

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) ☒ ☐

OR put numbers in the appropriate places

eg 54 *(age)* 0 2 | 0 8 | 2 0 0 0

2nd August 2000

Any questions? Ring us on Freephone 0800 262 872

QUESTIONS ABOUT YOU AND YOUR HEALTH

Please answer every question as best you can as all the information that you give us is very useful. If you are not sure about exact dates or ages an approximate answer is better than none. Please use a black pen, if possible.

1. In the last 5 years has a doctor told you that you have had any of the following conditions?

*If **YES** please cross the box ☒ and write your age when the condition was first diagnosed (eg. 57 (age))*

Yes			Yes			Yes	
☐ High blood pressure	____ *(age)*		☐ Asthma	____ *(age)*		☐ Gallstones/gall bladder problems	____ *(age)*
☐ High blood cholesterol	____ *(age)*		☐ Osteoporosis	____ *(age)*		☐ Blood clot in leg	____ *(age)*
☐ Diabetes	____ *(age)*		☐ Thyroid problem	____ *(age)*		☐ Blood clot elsewhere *(please describe below)*	____ *(age)*
☐ Heart problem *(please describe below)*	____ *(age)*		☐ Breast cancer	____ *(age)*		☐ Inflammatory bowel disease *(please describe below)*	____ *(age)*
☐ Stroke/TIA *(please describe below)*	____ *(age)*		☐ Other cancer *(please describe below)*	____ *(age)*		☐ Any other serious illness *(please describe below)*	____ *(age)*

Please give as many details as possible about any illness mentioned above

2. Are you NOW being treated for: *If YES please cross the box ☒ and write your age when the condition was first treated (eg. 60 (age))*

Yes			Yes			Yes	
☐ High blood pressure	____ *(age)*		☐ Asthma	____ *(age)*		☐ Osteoporosis	____ *(age)*
☐ Diabetes	____ *(age)*		☐ Rheumatoid arthritis	____ *(age)*		☐ Depression/anxiety	____ *(age)*
☐ Heart problem *(please describe below)*	____ *(age)*		☐ Osteoarthritis	____ *(age)*		☐ Other serious illness or disability *(please describe below)*	____ *(age)*

Please give further details of any serious illness or disability you are now being treated for

3. Have you had any broken/fractured bones in the last 5 years? *(please cross)* ☐ No ☐ Yes

If Yes, which bones were broken? ☐ wrist ☐ arm ☐ ankle ☐ hip ☐ spine ☐ other ____ *(please describe)*

If Yes, how did the fracture occur? ☐ after a fall ☐ in a car accident ☐ some other way ____ *(please describe)*

If Yes, when did it occur? month | year *(give month/year of the most recent fracture, if you have had more than one)*

4. Have you had any major operations in the last 5 years? ☐ No ☐ Yes - ***If Yes***, when? month | year

*If **Yes**, please describe the operation and why it was done. (If you have had more than one operation please give the dates and details of each)*

5. When did you last go for breast screening? month | year

6. Have you ever had a cervical smear test? ☐ No ☐ Yes - ***If Yes***, when was your last test? month | year

About how many cervical smear tests have you had in the last 10 years? ____ number of tests

Were you told that any of the cervical smear tests (in the last 10 years) were abnormal? ☐ No ☐ Yes

7. How would you describe your health now? ☐ excellent ☐ good ☐ fair ☐ poor

QUESTIONS ABOUT MEDICATIONS

8. Have you ever used H R T (hormone replacement therapy)? ☐ No - ***if No*** - *please go to question 13*
☐ Yes

9. How old were you when you *first started* using HRT? ☐☐ years old

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

11. For about how many years *in total* have you used HRT? ☐ years of use
(Add together all the years and months when you were using HRT. Please write "0" if you used HRT for less than a year in total)

12. Which HRT did you use MOST RECENTLY?

- ☐ Prempak C 0.625mg
- ☐ Prempak C 1.25mg
- ☐ Tridestra
- ☐ Trisequens
- ☐ Cycloprogynova 1mg
- ☐ Cycloprogynova 2mg
- ☐ Estrapak
- ☐ Estracombi
- ☐ Climaval 1mg
- ☐ Climaval 2mg
- ☐ Premique Cycle
- ☐ Premique
- ☐ Premarin 0.625mg
- ☐ Premarin 1.25mg
- ☐ Evorel 25mcg/50mcg
- ☐ Evorel 75mcg/100mcg
- ☐ Progynova 1mg
- ☐ Progynova 2mg
- ☐ Estraderm 25mcg
- ☐ Estraderm 50mcg
- ☐ Estraderm 100mcg
- ☐ Zumenon 1mg
- ☐ Zumenon 2mg
- ☐ Ethinyloestradiol
- ☐ Nuvelle
- ☐ Kliofem
- ☐ Livial
- ☐ Oestrogel
- ☐ Implants
- ☐ Provera
- ☐ Micronor
- ☐ Duphaston
- ☐ Do not know

Other (please write here)

13. Have you taken any medications (other than HRT) for most of the last 4 weeks? ☐ No ☐ Yes

If Yes, was it:

- ☐ thyroxine
- ☐ ibuprofen
- ☐ aspirin
- ☐ tamoxifen
- ☐ bendrofluazide
- ☐ amlodipine *Istin*
- ☐ digoxin
- ☐ paracetamol
- ☐ propranolol
- ☐ atenolol
- ☐ warfarin
- ☐ prednisolone
- ☐ Losec/Zoton
- ☐ Prozac
- ☐ insulin
- ☐ co-proxamol *Distalgesic*
- ☐ amitriptyline *Tryptizol etc*
- ☐ sleeping pills
- ☐ lithium

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

14. Do you regularly take any vitamins, minerals or supplements? ☐ No ☐ Yes - ***if Yes,*** do you take:

- ☐ multivitamins (with minerals)
- ☐ multivitamins (without minerals)
- ☐ fish oil (including cod liver oil)
- ☐ evening primrose oil
- ☐ garlic
- ☐ iron
- ☐ zinc
- ☐ calcium
- ☐ vitamin A
- ☐ vitamin B (including B_6, B_{12})
- ☐ vitamin C
- ☐ vitamin D
- ☐ vitamin E
- ☐ other *(please describe)*_____

QUESTIONS ABOUT YOUR DIET

We know it may be difficult for you to give exact answers to these questions about your diet. An approximate answer is very valuable for this study. So, please answer as best you can, thinking of a typical week.

15. Which types of meat do you eat about once a week or more often? *(you can cross more than one box)*

- ☐ beef
- ☐ bacon
- ☐ chicken/poultry
- ☐ lamb
- ☐ ham
- ☐ kidney
- ☐ pork
- ☐ sausages
- ☐ liver/pâté
- ☐ beefburger/hamburger
- ☐ never eat meat

16. Which types of fish do you eat about once a week or more often? *(you can cross more than one box)*

- ☐ tuna
- ☐ sardines
- ☐ trout
- ☐ "fish & chips"
- ☐ salmon
- ☐ kippers/herring
- ☐ other seafood *(prawns, scampi etc)*
- ☐ cod/haddock or other white fish
- ☐ mackerel
- ☐ never eat fish

17. About how many times each week do you eat:
(please count all meals and snacks. put '0' if never eaten or eaten less than once a week)

meat	☐	number of times eaten each week *(remember meat in sandwiches)*
fish/ seafood	☐	number of times eaten each week
chips	☐	number of times eaten each week
potatoes (except chips)	☐	number of times eaten each week
pasta/ spaghetti	☐	number of times eaten each week
rice	☐	number of times eaten each week
cheese	☐	number of times eaten each week *(remember cheese in pizzas, quiches, cheese sauce, etc)*

18. About how many eggs do you eat each week?
eggs ☐ number of eggs eaten each week *(remember eggs in omelettes, quiches, cakes etc. put '0' if less than one)*

19. Which types of vegetables/salads (fresh, frozen or tinned) do you eat once a week or more often?
(you can cross more than one box)

- ☐ green peas
- ☐ tomatoes
- ☐ green beans
- ☐ broccoli
- ☐ onions
- ☐ baked beans
- ☐ cabbage
- ☐ garlic
- ☐ soya meat/tofu
- ☐ carrots
- ☐ swede
- ☐ chick peas/lentils
- ☐ courgettes
- ☐ spinach
- ☐ cauliflower
- ☐ beetroot
- ☐ sweetcorn
- ☐ green/red peppers
- ☐ leeks
- ☐ avocado
- ☐ brussels sprouts
- ☐ parsnip
- ☐ aubergine
- ☐ mushrooms
- ☐ lettuce
- ☐ celery
- ☐ cucumber

20. 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)*

21. Which types of fruit do you eat once a week or more often, when in season? *(you can cross more than one box)*

- ☐ apples
- ☐ bananas
- ☐ oranges, satsumas, etc
- ☐ grapefruit
- ☐ pears
- ☐ stone fruit *(peaches, plums, nectarines etc)*

22. About how much fruit or fruit juice do you eat or drink each week? *(count 10 grapes, berries or raisins as one piece; put "0" if less than one a week)*

- ☐ number of pieces of **fresh fruit** eaten each week
- ☐ number of pieces of **dried fruit** eaten each week
- ☐ number of glasses of **fruit juice** each week
- ☐ number of tablespoons of **stewed or tinned fruit** eaten each week

MORE ABOUT YOUR DIET

23. About how many of the following do you eat: *(put "0" if none or less than one)*

slices/pieces of white bread	☐	slices each week
slices/pieces of brown/wholemeal bread *(also include granary, rye bread etc)*	☐	slices each week
crackers, crispbread etc *(ryvita, water biscuits etc)*	☐	number each week
sweet biscuits	☐	number each week
dairy desserts (yoghurts etc)	☐	number each week
cakes, puddings, pies, buns etc	☐	number each week
chocolate (in any food or drink)	☐	approx. number of pieces each week
nuts (including peanut butter)	☐	tablespoons each week
soup	☐	bowls/cups each week
gravy, cream/cheese sauces etc	☐	tablespoons each week
breakfast type cereal	☐	bowls each week

If you eat breakfast cereal is it usually: *(please cross)*

☐ bran cereal *(allbran, branflakes etc)*
☐ biscuit cereal *(weetabix, shreddies etc)*
☐ oat cereal *(porridge, ready brek etc)*
☐ muesli
☐ other *(e.g. cornflakes, rice crispies etc)*

24. Which type of spread do you use on bread, crispbreads etc, once a week or more often? *(you can cross more than one box)*

☐ butter ☐ margarine ☐ soft cheese
☐ low fat spread ☐ mayonnaise ☐ salad cream
☐ olive oil spread ☐ marmite etc ☐ rarely use spread

Do you spread it: ☐ thick? ☐ medium? ☐ thin? (please cross)

Do you add butter etc to: ☐ potatoes? ☐ other vegetables?

25. Which types of fats or oils do you use for cooking or salad dressing once a week or more often?
(you can cross more than one box)

☐ butter ☐ soft (tub) margarine ☐ white flora
☐ olive oil ☐ hard (block) margarine ☐ lard/dripping
☐ corn oil ☐ sunflower oil ☐ mayonnaise
☐ soya oil ☐ other vegetable oil ☐ salad cream

Please put a cross in the box if you RARELY OR NEVER:

☐ use fats or oils for cooking ☐ use salad dressing/cream

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

☐ beef ☐ pork/ham ☐ lamb ☐ dairy products
☐ kidney ☐ liver/pâté ☐ sugar ☐ wheat products
☐ salami ☐ sausages ☐ eggs ☐ beefburgers

27. Which type of milk or cream do you drink or use once a week or more often? *(you can cross more than one box)*

milk: ☐ full cream ☐ semi-skimmed ☐ skimmed ☐ soya
cream: ☐ single ☐ double ☐ other
other: ☐ dairy ice cream ☐ never have milk/cream

28. Do you:

	never	some-times	usually	always
add milk to your tea?	☐	☐	☐	☐
add milk to your coffee?	☐	☐	☐	☐
add salt to your food?	☐	☐	☐	☐
remove fat from meat? *(cross "never" if vegetarian)*	☐	☐	☐	☐
eat organic food?	☐	☐	☐	☐

29. Have you made any major changes to your diet in the last 5 years? ☐ No ☐ Yes-because of illness ☐ Yes-for some other reason

30. 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 do not drink, or have less than one drink each week)

If you have more than one drink of alcohol each week:

is it usually with meals? ☐ No ☐ Yes ☐ it varies

on how many days each week do you usually drink? ☐ days each week

31. About how much do you drink EACH DAY of:

tea? *cups daily* ☐ milk?(include hot chocolate etc) *cups daily* ☐ fizzy/soft drink? *glasses daily* ☐
coffee? *cups daily* ☐ water? *glasses daily* ☐ fruit squash? *glasses daily* ☐

32. How many teaspoons of sugar do you add to tea, coffee, cereal, fruit etc EACH DAY? ☐ teaspoons of sugar each day

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

Clothes	☐ 10 or less	☐ 12	☐ 14	☐ 16	☐ 18	☐ 20+
Bra	☐ 32	☐ 34	☐ 36	☐ 38	☐ 40	☐ 42+
Cup	☐ A/AA	☐ B	☐ C	☐ D	☐ DD/E +	

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

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

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

36. About how many hours each week do you spend doing:

housework? *(include cooking, cleaning etc)* ☐ hours per week

	summer	winter	
gardening?	☐	☐	hours per week
walking?	☐	☐	hours per week
cycling?	☐	☐	hours per week
any work or exercise causing sweating or a fast heartbeat?	☐	☐	hours per week

WHEN YOU WERE YOUNG

37. About how much did you weigh when you were born? ☐ lbs ☐ ozs *(Put "0" if you do not know)*

38. Were you breastfed when you were a baby?

☐ No ☐ Yes ☐ do not know

39. Did your parents smoke:

at around the time that you were born?

Mother ☐ No ☐ Yes ☐ do not know
Father ☐ No ☐ Yes ☐ do not know

at around the time that you were 10 years old?

Mother ☐ No ☐ Yes ☐ do not know
Father ☐ No ☐ Yes ☐ do not know

40. When you were about 10 years old, compared to average, would you describe yourself as *(please cross)*:

☐ thinner? ☐ plumper? ☐ about average?

41. What size clothes did you wear when you were about 20 years old? *(you can cross more than one box)*

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

QUESTIONS ABOUT YOUR FAMILY AND LIFESTYLE

42. Is your mother still alive?

- ☐ Yes-please give her age now ☐☐ years old
- ☐ No-please give her age when she died ☐☐ years old
- ☐ Do not know

43. If your mother has died, what did she die from?

- ☐ heart disease *heart attack etc*
- ☐ stroke
- ☐ chest infection *pneumonia*
- ☐ "old age"
- ☐ breast cancer
- ☐ cancer of the womb
- ☐ cancer of ovary
- ☐ other/unknown_____

44. Has your mother or father ever suffered from:

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

other*(mother)*_____ other*(father)*_____

45. How tall is/was your mother? ☐☐ feet ☐☐ inches
(Put "0" if you do not know)
How tall is/was your father? ☐☐ feet ☐☐ inches

46. Have you ever been a smoker?

- ☐ No - ***if No*** - *please go to question 50*
- ☐ Yes

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

48. 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

49. 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

50. Have you had your menopause?

- ☐ No ☐ Not sure *(because periods irregular, taking HRT etc)*
- ☐ Yes- How old were you when you had your menopause? ☐☐ years old

51. Are you now in paid work?

- ☐ No ☐ Yes, full time ☐ Yes, part time
- ***If Yes***, does your work involve physical effort? ☐ No ☐ Yes
- ***At work***, do you mostly ☐ stand? ☐ sit? ☐ both

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

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

53. About how often do you use a mobile phone?

- ☐ Never ☐ less than once a day ☐ every day
- **For how long have you used one?** *(put "0" if never or less than 1 year)* ☐☐☐ years

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

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

55. How often do you feel:

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

56. Do you have a nap during the day?

- ☐ rarely/never ☐ sometimes ☐ usually

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

58. To which ethnic group do you consider you belong?

- ☐ White ☐ Black - Caribbean, African etc.
- ☐ Asian ☐ Other -*please specify*_____

59. What is your date of birth? day ☐☐ month ☐☐ year ☐☐☐☐

60. On what date did you fill in this form? ☐☐ ☐☐ ☐☐☐☐

61. In case we need to check on any details, it would be helpful if you would write your telephone number below.

☐☐☐☐☐☐☐☐☐☐☐☐
STD code Telephone number

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

If your name /address has changed or is incorrect could you please cross this box ☐ & give the correct details below.

Surname:
Given name(s):
House number and street:
District:
Town/County: Postcode:

For office use only

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The Million Women Study is supported by the Imperial Cancer Research Fund, the Medical Research Council and the National Health Service Breast Screening Programme.