

MEN - GO TO QUESTION 20, PAGE 7

The following questions 13-16 are being asked of WOMEN ONLY:

13a. Have you had a menstrual period in the last 12 months? *(Circle your answer)*

Yes No

13b. What age were you when you had your last period?

Age _____

13c. Have you gone (or are you currently going) through menopause? *(Circle your answer)*

No Yes

13d. Was menopause induced or hastened by a hysterectomy (surgical removal of your uterus and/or ovaries)? *(Circle your answer)*

No Yes

14a. Have you ever taken hormones or birth control pills for menopausal or aging symptoms? *(Circle your answer)*

No

Yes

14b. At what age did you first start taking them for these symptoms?

Age _____

14c. Are you currently taking them? *(Circle your answer)*

No

Yes

15a. To what extent do or did you experience the following menopausal symptoms?	<i>(Circle one number for each symptom)</i>			
	Not at all	A little	Somewhat	A lot
a. hot flushes/flashes	0	1	2	3
b. depression	0	1	2	3
c. sleep disturbance	0	1	2	3
d. bone pains	0	1	2	3
e. night sweats	0	1	2	3
15b. To what extent are you <u>still</u> experiencing any menopausal symptoms?	0	1	2	3

16. Please respond to the following set of questions which relate to feelings you may have had (or continue to have) about menopause. <i>(Circle one number for each row.)</i>				
Going through menopause has affected or is likely to affect my:	In a positive way	Both positive and negative	In a negative way	No effect
a. Family life	1	2	3	4
b. Work life	1	2	3	4
c. Feelings about myself as a woman	1	2	3	4