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) X OR put numbers in the appropriate places

e.g. 54 (age) 02 08 2000

2nd August 2006

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?

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

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

2. Are you NOW being treated for:

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

   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

   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
**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/pieces of brown/wholemeal bread (also include granary, rye bread etc.)
- crackers, crispbread etc (ryvita, water biscuits etc)
- sweet biscuits
- dairy desserts (yoghurts etc.)
- cakoes, puddings, pies, buns etc
- chocolate (in any food or drink)
- nuts (including peanut butter)
- soup
- gravy, cream/cheese sauces etc
- breakfast type cereal

If you eat breakfast cereal is it usually: (please cross)
- bran cereal (all-bran, bran flakes etc)
- biscuit cereal (weetabix, shreddies etc)
- oat cereal (porridge, ready brek 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
- low fat spread
- mayonnaise
- salad cream
- olive oil spread
- marmite etc

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
- olive oil
- hard (block) margarine
- sunflower oil
- soya oil
- other vegetable oil
- white flora
- mayonnaise
- mayonnaise
- 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
- cream: single
- other:
- dairy ice cream
- never have milk/cream

28. Do you:
- 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. 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?

31. About how much do you drink EACH DAY of:
- tea?  cups daily
- milk? (include hot chocolate etc)  cups daily
- fizzy/soft drinks?  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)
- Bra 32
- Cup A AA B C D D/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?

36. About how many hours each week do you spend doing:
- housework? (include cooking, cleaning etc) hours per week
- gardening? summer winter 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?
- at around the time that you were 10 years old?

39. 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 +
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  
- Other/unknown  

44. Has your mother or father ever suffered from:  
- Heart disease  
- Stroke  
- High blood pressure  
- Diabetes  
- Alzheimer's disease  
- Parkinson's disease  
- Severe depression  
- Other  
- Heart disease  
- Breast cancer  
- Bowel cancer  
- Lung cancer  
- Prostate cancer  
- Osteoporosis  
- Hip fracture  
- Other  

45. How tall is/was your mother? (Put "0" if you do not know)  
- Feet ___  
- Inches ___  

46. How tall is/was your father?  
- Feet ___  
- Inches ___  

47. Have you ever been a smoker?  
- No - If No - please go to question 50  
- Yes  

48. How old were you when you started smoking regularly? ___ years old  

49. 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  

50. Have you had your menopause?  
- No  
- Yes. 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  

52. Are you currently married or living with a partner?  
- No  
- Yes - If Yes - does your spouse/partner smoke? ___  

53. About how often do you use a mobile phone?  
- Never  
- Less than once a day  
- Every day  

54. Do you belong to or participate in any of the following?  
- Religious group  
- Art/craft group  
- Bingo  
- Voluntary work  
- Musical/singing group  
- Sports club (swimming, golf, etc)  
- Dancing group  
- Yoga, etc  
- Other group activity  

55. How often do you feel:  
- 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 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.  

Thank you very much for your help  
Please put your completed questionnaire in the pre-paid envelope and post it back to us.