

# THE EUROPEAN COMMUNITY RESPIRATORY HEALTH SURVEY II



## ECRHS II

### WOMEN'S QUESTIONNAIRE

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For further information:

[www.ecrhs.org](http://www.ecrhs.org)



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## ECRHS II WOMEN'S QUESTIONNAIRE

Area Number							
Personal Number							
Sample							
Date							

### QUESTIONNAIRE FOR WOMEN ONLY

1. How old were you when you had your first period? YEARS

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2. Have you ever had a baby (including still-born babies, if any)?

NO	YES
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**IF 'NO' GO TO QUESTION 3, IF 'YES'**

2.1 How many (including still-born babies, if any)? NUMBER

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2.2 How many since the last survey (including still-born babies, if any)? NUMBER

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2.3 What was the date of the last delivery?

DAY		MONTH		YEAR	
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3. Are you pregnant now? NO YES

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**IF 'YES' YOU HAVE COMPLETED THIS QUESTIONNAIRE, IF NO**

4. When was the first day of your last period?

DAY		MONTH		YEAR	
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**IF LAST PERIOD WITHIN LAST 6 MONTHS, GO TO QUESTION 5**

**IF LAST PERIOD MORE THAN 6 MONTHS AGO, CONTINUE**

ECRHS II WOMEN'S QUESTIONNAIRE

**IF LAST PERIOD MORE THAN 6 MONTHS AGO**

4.1 Did your periods stop

TICK ONE BOX ONLY

Naturally?	1	<input type="checkbox"/>
Because of surgery?	2	<input type="checkbox"/>
Other?	3	<input type="checkbox"/>

4.2 Have you ever taken hormonal replacement therapy?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF 'NO' GO TO QUESTION 4.3, IF 'YES'**

4.2.1 For how many months, *since the last survey* have you taken hormone replacement therapy? (total duration)

MONTHS		
<input type="text"/>	<input type="text"/>	<input type="text"/>

4.2.2 Have you been taking hormonal replacement *during the last month*?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF 'NO' GO TO QUESTION 4.3, IF 'YES'**

4.2.2.1 Which one? \_\_\_\_\_

<input type="text"/>	<input type="text"/>
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4.2.2.2 How many months have you been taking this one?

MONTHS		
<input type="text"/>	<input type="text"/>	<input type="text"/>

4.3 Have you ever taken hormonal contraceptive?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF 'NO' YOU HAVE COMPLETED THE QUESTIONNAIRE, IF 'YES'**

4.3.1 For how many months since the last survey have you taken hormonal contraception? (total duration)

MONTHS		
<input type="text"/>	<input type="text"/>	<input type="text"/>

**YOU HAVE COMPLETED THE QUESTIONNAIRE**

**ECRHS II WOMEN'S QUESTIONNAIRE**

**IF LAST PERIOD WAS WITHIN THE LAST 6 MONTHS**

5. Are your periods regular?

TICK ONE BOX ONLY

- |   |          |                          |
|---|----------|--------------------------|
| Yes   | <b>1</b> | <input type="checkbox"/> |
| No, they have never been regular              | <b>2</b> | <input type="checkbox"/> |
| No, they have been irregular for a few months | <b>3</b> | <input type="checkbox"/> |

6. What is the usual interval between your periods? (from the first day of one period to the first day of the next)

TICK ONE BOX ONLY

- |                   |          |                          |
|-------------------|----------|--------------------------|
| Less than 24 days | <b>1</b> | <input type="checkbox"/> |
| 24-26 days        | <b>2</b> | <input type="checkbox"/> |
| 27-29 days        | <b>3</b> | <input type="checkbox"/> |
| 30-32 days        | <b>4</b> | <input type="checkbox"/> |
| More than 32 days | <b>5</b> | <input type="checkbox"/> |

7. Have you ever taken hormonal contraceptives

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF 'NO' GO TO QUESTION 8, IF 'YES'**

7.1 For how many months *since the last survey* have you taken hormone contraceptives? (total duration)

MONTHS		
<input type="text"/>	<input type="text"/>	<input type="text"/>

7.2 Have you taken any hormone contraceptives *during the last month*?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF 'NO' GO TO QUESTION 8, IF 'YES'**

7.2.1 Which one? \_\_\_\_\_

<input type="text"/>	<input type="text"/>
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7.2.2 How many months have you been taking this one?

MONTHS		
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Have you taken hormonal treatment for any other reason than contraception *since the last survey*?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF 'NO' YOU HAVE COMPLETED THIS QUESTIONNAIRE, IF 'YES'**

8.1 Have you taken any hormonal treatment to promote pregnancy *during the last month*?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF 'YES' YOU HAVE COMPLETED THIS QUESTIONNAIRE, IF 'NO'**

8.2 Have you taken any hormonal treatment as a therapy for menopause *since the last survey*?

NO	YES
<input type="checkbox"/>	<input type="checkbox"/>

**IF 'NO' YOU HAVE COMPLETED THIS QUESTIONNAIRE, IF 'YES'**

**ECRHS II WOMEN'S QUESTIONNAIRE**

8.2.1 For how many months *since the last survey* have you taken hormone replacement therapy? (total duration) MONTHS  

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8.2.2 Have you been taking hormone replacement *during the last month*? NO YES  

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**IF 'NO' YOU HAVE COMPLETED THIS QUESTIONNAIRE, IF 'YES'**

8.2.2.1 Which one? \_\_\_\_\_ 

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8.2.2.2 How many months have you been taking this one? MONTHS  

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**YOU HAVE COMPLETED THIS QUESTIONNAIRE**