THE EUROPEAN COMMUNITY
RESPIRATORY HEALTH
SURVEY II

ECRHS II

WOMEN’S QUESTIONNAIRE

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For further information:
www.ecrhs.org

Note: Researchers using these materials are requested to cite the source appropriately
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

2. Have you ever had a baby (including still-born babies, if any)? NO YES
   IF ‘NO’ GO TO QUESTION 3, IF ‘YES’
   2.1 How many (including still-born babies, if any)? NUMBER
   2.2 How many since the last survey (including still-born babies, if any)? NUMBER
   2.3 What was the date of the last delivery? DAY MONTH YEAR

3. Are you pregnant now? NO YES
   IF ‘YES’ YOU HAVE COMPLETED THIS QUESTIONNAIRE, IF NO

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

<table>
<thead>
<tr>
<th>Naturally?</th>
<th>1</th>
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<tbody>
<tr>
<td>Because of surgery?</td>
<td>2</td>
</tr>
<tr>
<td>Other?</td>
<td>3</td>
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</tbody>
</table>

4.2 Have you ever taken hormonal replacement therapy?

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)

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

IF ‘NO’ GO TO QUESTION 4.3, IF ‘YES’

4.2.2.1 Which one?

4.2.2.2 How many months have you been taking this one?

4.3 Have you ever taken hormonal contraceptive?

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)

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 1
   No, they have never been regular 2
   No, they have been irregular for a few months 3

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 1
   24-26 days 2
   27-29 days 3
   30-32 days 4
   More than 32 days 5

7. Have you ever taken hormonal contraceptives
   
   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)

   NO YES

   7.2 Have you taken any hormone contraceptives during the last month?
   
   IF ‘NO’ GO TO QUESTION 8, IF ‘YES’
   
   7.2.1 Which one?

   NO YES

   7.2.2 How many months have you been taking this one?

   NO YES

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

   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

   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)  

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<th>MONTHS</th>
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8.2.2 Have you been taking hormone replacement *during the last month?*  

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
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**IF ‘NO’ YOU HAVE COMPLETED THIS QUESTIONNAIRE, IF ‘YES’**

8.2.2.1 Which one?  

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<th>MONTHS</th>
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8.2.2.2 How many months have you been taking this one?  

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YOU HAVE COMPLETED THIS QUESTIONNAIRE