Questions asked in the Strategic Directions Group/ Motivoconsulting Syndicated Study

Specifically for women about menopause

mensymp	Which of the following statements apply to you and menopause and the treatment of menopause? (PLEASE CIRCLE ALL THAT APPLY.)	1,Don't have symptoms;2,Have symptoms, but don't do anything;3,Use estrogen replacement therapy now;4,Used estrogen replacement therapy in the past, but not currently using;5,Use relaxation techniques;6,Exercise more than before;7,Use prescription that builds bone, but is not estrogen replacement therapy;8,Use a natural remedy, such as herbs, calcium, or vitamins (if 1 or 2 checked -the other answered are restricted)
mencon	Whether or not you are currently in menopause, what concerns do you have about the possible effects of menopause? Please circle your three main concerns.	1,I have no concerns about menopause;2,Loss of bone mass or osteoporosis;3,Hot flashes, e.g., night sweats;4,Dry skin and wrinkles;5,Discomfort in having sex;6,Reduced sex drive;7,Changes in mood/behavior;8,Changes in body shape;9,Higher risk of heart disease;0,Higher risk of breast cancer;1,Higher risk of Alzheimer's disease;2,Reduction of my lifespan. (if 1 have no concerns checked, other items restricted.)
mamm	Have you had this test in the last three years: Mammogram	1,Yes, 2,No
pap	Have you had this test in the last three years:: Pap smear	1,Yes, 2,No
online	Online: Considering the concerns you have about menopause and the discomfort it may cause you, which of the treatments or remedies listed below have you bought online?	1,Have not tried any treatments or remedies online;2,Online visit with a doctor;3.Herbal remedies online;4, Prescription drug like estrogen;5,Wearable device to control menopausal symptoms ;6,Lubricants for vaginal dryness;7,Wearable device to improve sexual function;8,Cosmetics or treatments for aging skin (if 1 checked others restricted)
onlsat	How satisfied were you or are you with the online sources you have used? (asked for all above but number 1)	1,Very satisfied;2,Somewhat satisfied;3.Slightly Satisfied;4,Not at all satisfied
visit	Which treatments or remedies for the symptoms of menopause have you obtained in an office visit with a health professional and not online? How satisfied were you or are with those you have used? (Circle all that apply - if 1 is selected the others are restricted)	1,Have not tried any treatment or remedies from this source;2, Estrogen replacement therapy;3,Prescription that builds bone, but not estrogen;4,Physical therapist relaxation techniques;5,Exercises;6,Counseling with a doctor;7, Counseling with a therapist
visitsat	How satisfied were you or are you with those professional sources not online that you have used? (asked for all above but number 1)	1,Very satisfied;2,Somewhat satisfied;3.Slightly Satisfied;4,Not at all satisfied

store	Which treatments or remedies for the symptoms of menopause have you obtained in a drug store and *not online* ?	1,Have not obtained any treatments or remedies from a drug store;2,Herbal remedies;3,Multivitamin providing calcium;4,Lubricants/suppositories for vaginal dryness;5,At home test for menopause stage;6,Used treatment recommended by a pharmacist
storesat	How satisfied were you or are you with those drug store sources you have used? (asked for all above but number 1)	1,Very satisfied;2,Somewhat satisfied;3.Slightly Satisfied;4,Not at all satisfied

Calculated from a battery of 38 questions

hlife	Morgan-Levy Health Cube	Z-acores
trustdoc	Morgan-Levy Health Cube	Z-acores
ableund	Morgan-Levy Health Cube	Z-acores
seekinfo	Morgan-Levy Health Cube	Z-acores
selfdet	Morgan-Levy Health Cube	Z-acores
costconcern	Morgan-Levy Health Cube	Z-acores

Demographics

getchk	Morgan-Levy Health Cube	Z-acores
sex	Gender	1, Male;2, Female
age	Age	Age in years
agecat	age categories actual labels	
ms	Marital status	1, Married;2, Widowed;3, Divorced or separated;4, Never married
educ	Highest level of education completed	1, Some high school or less;2, High school graduate;3, Some college\ technical school;4, Four-year college degree;5, Some postgraduate work;6, Postgraduate degree
employ	Number of hours you do paid work each week	1,Zero hours;2,1-20;3,21 or more
income	Household's annual income from all sources before taxes	1, Less than $10,000 a yr.;2, $10,000 to $19,999;3, $20,000 to $29,999;4, $30,000 to $39,999;5, $40,000 to $49,999;6, $50,000 to $74,999;&7, $75,000 to $99,999;8, $100,000 or more a yr.
state		State abbreviation
region	US Census Region	
division	US Census Division	

Electronics

smartphone	Which of the following items does your household currently have? Smartphone	1,Yes;0,No
tablet	Which of the following items does your household currently have? Tablet, e.g., iPad, Samsung	1,Yes;0,No
bloodprs	Which of the following items does your household currently have? Electronic blood pressure monitor	1,Yes;0,No
therm	Which of the following items does your household currently have? Digital thermometer	1,Yes;0,No
glucose	Which of the following items does your household currently have? Blood glucose meter	1,Yes;0,No
	Which of the following items does your household currently have? Smart scale, discloses body composition and weight	1,Yes;0,No
sleepdev	Which of the following items does your household currently have? Sleep monitoring device (not CPAP)	1,Yes;0,No

Social Media

Youtube	(Do you have an account with any of the social media listed below? YouTube	1,Yes;0,No
Facebook	(Do you have an account with any of the social media listed below? Facebook	1,Yes;0,No
pinterest	(Do you have an account with any of the social media listed below? Pinterest	1,Yes;0,No
Twitter (now called X)	(Do you have an account with any of the social media listed below? Twitter(X)	1,Yes;0,No
tiktok	(Do you have an account with any of the social media listed below? TiKTok	1,Yes;0,No
socother	(Do you have an account with any of the social media listed below? Other	1,Yes;0,No
socoftvisit	How often do you visit your social media sites>	1, Constantly; 2, several times a day; 3, Once a day;4, Less than once a day

Sources of information

healmag	Which of the following sources of advice or information about your health have you used in the last 12 months? Articles in health magazines	1,Yes;0,No
magnothealth	Which of the following sources of advice or information about your health have you used in the last 12 months? Articles in magazines, other than health	1,Yes;0,No
hnewspaper	Which of the following sources of advice or information about your health have you used in the last 12 months? Articles in newspaper	1,Yes;0,No
hnewslet	Which of the following sources of advice or information about your health have you used in the last 12 months? Health newsletter you paid for	1,Yes;0,No
hfreenews	Which of the following sources of advice or information about your health have you used in the last 12 months? Free health newsletter	1,Yes;0,No
hadvert	Which of the following sources of advice or information about your health have you used in the last 12 months? TV, radio, or magazine advertisements	1,Yes;0,No
healtv	Which of the following sources of advice or information about your health have you used in the last 12 months? TV programs about health	1,Yes;0,No
healthorg	Which of the following sources of advice or information about your health have you used in the last 12 months? Health organizations, e.g., American Heart Association	1,Yes;0,No
healbook	Which of the following sources of advice or information about your health have you used in the last 12 months? Books	1,Yes;0,No

healdoc	Which of the following sources of advice or information about your health have you used in the last 12 months? Doctor	1,Yes;0,No
healnurse	Which of the following sources of advice or information about your health have you used in the last 12 months?Nurse	1, Yes;0, No
socmed	Which of the following sources of advice or information about your health have you used in the last 12 months? Social media	1, Yes;0, No
supgrp	Which of the following sources of advice or information about your health have you used in the last 12 months? Support group on Internet	1, Yes;0, No
healint	Which of the following sources of advice or information about your health have you used in the last 12 months? Internet	1,Yes;0,No
healspouse	Which of the following sources of advice or information about your health have you used in the last 12 months?Spouse	1, Yes;0, No
healrelfriend	Which of the following sources of advice or information about your health have you used in the last 12 months?Relatives/friends	1, Yes;0, No
healempl	Which of the following sources of advice or information about your health have you used in the last 12 months? Employer	1,Yes;0,No
healgov	Which of the following sources of advice or information about your health have you used in the last 12 months? Government publications	1,Yes;0,No
healprodinf	Which of the following sources of advice or information about your health have you used in the last 12 months? Product information from drug or other companies	1,Yes;0,No
pharminfo	Which of the following sources of advice or information about your health have you used in the last 12 months? Druggist	1,Yes;0,No

nomedia	Which of the following sources of advice or information about your health have you used in the last 12 months? None of the above	1,Yes;0,No

Healthy Behaviors

stateheal	How would you rate your current state of health?	1,Excellent;2,Very good;3,Good;4,Fair;5,Poor
bmi	Body Mass Index	Calculated from height/weight
exer	Do you exercise, but not as a part of your job?	1=yes, 2=No
targetheart	How many times a week do you exercise within the range of your target heart rate? That is, so that you feel as if you are working hard for at least 20 minutes each time and are to the point that you might be a bit short of breath or feel your heart is pounding harder?	1,0 times per week;2,1- 3 times per week;3,4-5 times per week;4,6-7 times per week;5,Over 7 times per week
wellprog	Have you ever participated or are participating now in any type of wellness program offered to you? That is, a program to improve some aspect of your health.	1=yes, 2=No
emprwell	My employer	1,Yes;0,No
healpwell	My health insurance plan	1,Yes;0,No
welleffect	How effective do you think these programs were or are in helping you reach your health goals?	1,Yes;0,No
seendoc	How often have you seen a physician in past year?	1,Once a week;2,Twice a month;3,Once a month;4,Once every three months;5,Twice a year;6,Once a year;7,Never
tobacco	What describes your usage of tobacco products, such as cigarettes, cigars, or pipes?	1,Currently use;2,Used in past;3,Have never used
bodypercept	How would you rate your current body weight?	1, Very underweight;2, Slightly underweight;3, Ideal body weight;4, Slightly overweight;5, Very overweight
sunscreenho	Sunscreen (How often do you use the following items?)	1, Always; 2, Sometimes; 3, Never;
seatbelts	Seatbelts (How often do you use the following items?)	1, Always; 2, Sometimes; 3, Never;
vaccination	Are you careful to get a flu vaccination each year?	1,Yes;0,No

Medical Insurance

managed care	Sources you currently receive health care coverage Veterans Administration Managed Care	1,Yes;0,No
va	Sources you currently receive health care coverage Veterans Administration (VA)	1,Yes;0,No

medicare	Sources you currently receive health care coverage Medicare	1,Yes;0,No
medicaid	Sources you currently receive health care coverage Medicaid	1,Yes;0,No
nocov	Sources you currently receive health care coverage No coverage	1,Yes;0,No
kindmed	What kind of Medicare do you have?	1=Original Medicare; 2=Medicare with medigap;3,Advantage Medicare

Alchohol Consumption

wineamt	How many of the following do you consume each week? 5-ounce glass of wine	5-ounce glass of wine
liquoramt	How much of the following do you consume each week? 1.5-ounce shot glass of hard liquor,straight or in a cocktail	1.5-ounce shot glass of hard liquor,straight or in a cocktail
beeramt	How much of the following do you consume each week? 8-ounce bottle of beer	8-ounce bottle of beer

Conditions seen by a doctor

rosaceadoc	For which of the following illnesses or conditions have you ever seen a doctor?Adult acne	1, Yes;0, No
alcoholismdoc	For which of the following illnesses or conditions have you ever seen a doctor? Alcoholism	1,Yes; 0,No
allergiesdoc	For which of the following illnesses or conditions have you ever seen a doctor?Allergies	1, Yes;0, No
anginadoc	For which of the following illnesses or conditions have you ever seen a doctor?Angina/Chest pains	1, Yes;0, No
anxietydoc	For which of the following illnesses or conditions have you ever seen a doctor?Anxiety	1, Yes;0, No
arthritisdoc	For which of the following illnesses or conditions have you ever seen a doctor?Arthritis	1, Yes;0, No
backprobdoc	For which of the following illnesses or conditions have you ever seen a doctor? Back problems	1,Yes; 0,No

bladderdoc	For which of the following illnesses or conditions have you ever seen a doctor?Bladder incontinence or urinary leakage	1, Yes;0, No
cancerdoc	For which of the following illnesses or conditions have you ever seen a doctor?Cancer	1, Yes;0, No
migrainesdoc	For which of the following illnesses or conditions have you ever seen a doctor?Chronic migraines	1, Yes;0, No
depressiondoc	For which of the following illnesses or conditions have you ever seen a doctor?Depression	1, Yes;0, No
diabetesdoc	For which of the following illnesses or conditions have you ever seen a doctor?Diabetes	1, Yes;0, No
dryitchyskdoc	For which of the following illnesses or conditions have you ever seen a doctor?Dry, itchy, flaky skin	1, Yes;0, No
eddoc	For which of the following illnesses or conditions have you ever seen a doctor?Unable to have & keep an erection	1, Yes;0, No
footdoc	For which of the following illnesses or conditions have you ever seen a doctor?Foot problems	1, Yes;0, No
constipationdoc	For which of the following illnesses or conditions have you ever seen a doctor?Frequent constipation	1, Yes;0, No
indigestiondoc	For which of the following illnesses or conditions have you ever seen a doctor?Frequent indigestion	1, Yes;0, No
heartattackdoc	For which of the following illnesses or conditions have you ever seen a doctor? Heart attack	1,Yes; 0,No
heartdisdoc	For which of the following illnesses or conditions have you ever seen a doctor? Heart disease	1,Yes; 0,No
hemmordoc	For which of the following illnesses or conditions have you ever seen a doctor? Hemorrhoids	1,Yes;0,No
herniadoc	For which of the following illnesses or conditions have you ever seen a doctor? Hernia	1,Yes;0,No
hibloodprdoc	For which of the following illnesses or conditions have you ever seen a doctor?High blood pressure	1, Yes;0, No
hibloodsugardoc	For which of the following illnesses or conditions have you ever seen a doctor? High blood sugar	1,Yes; 0,No
hicholesdoc	For which of the following illnesses or conditions have you ever seen a doctor?High cholesterol	1, Yes;0, No
sleepdoc	For which of the following illnesses or conditions have you ever seen a doctor?Insomnia	1, Yes;0, No
metaboldoc	For which of the following illnesses or conditions have you ever seen a doctor? Metabolic syndrome	1,Yes; 0,No
nervousdoc	For which of the following illnesses or conditions have you ever seen a doctor? Nervous disorders	1, Yes;0, No

osteodoc	For which of the following illnesses or conditions have you ever seen a doctor?Osteoporosis	1, Yes;0, No
strokedoc	For which of the following illnesses or conditions have you ever seen a doctor? Stroke	1,Yes; 0,No
upperresdoc	For which of the following illnesses or conditions have you ever seen a doctor?Upper respiratory conditions	1, Yes;0, No
nonedoc	For which of the following illnesses or conditions have you ever seen a doctor? None of the above	1,Yes;0,No

Conditions for Prescriptions

allergiesrx	For which illnesses below do you regularly use a prescription drug? Allergies	1,Yes; 0,No
anginarx	For which illnesses below do you regularly use a prescription drug? Angina	1,Yes;0,No
anxietyrx	For which illnesses below do you regularly use a prescription drug? Anxiety/Nervous tension	1,Yes;0,No
artdisrx	For which illnesses below do you regularly use a prescription drug? Artery disease	1,Yes;0,No
asthmarx	For which illnesses below do you regularly use a prescription drug? Asthma	1,Yes;0,No
arthritisrx	For which illnesses below do you regularly use a prescription drug? Arthritis	1,Yes;0,No
bloodclotrx	For which illnesses below do you regularly use a prescription drug? Blood clot	1,Yes;0,No
cancerrx	For which illnesses below do you regularly use a prescription drug? Cancer	1,Yes;0,No
congestrx	For which illnesses below do you regularly use a prescription drug? Congestive heart failure	1,Yes;0,No
depressionrx	For which illnesses below do you regularly use a prescription drug? Depression	1, Yes;0, No
diabetesrx	For which illnesses below do you regularly use a prescription drug? Diabetes	1,Yes;0,No
edrx	For which illnesses below do you regularly use a prescription drug? Unable to have and keep an erection	1, Yes;0, No
mildpainrx	For which illnesses below do you regularly use a prescription drug? General mild to moderate pain	1,Yes;0,No
glaucomarx	For which illnesses below do you regularly use a prescription drug? Glaucoma	1,Yes;0,No

heartburnrx	For which illnesses below do you regularly use a prescription drug? Heartburn/acid reflux	1,Yes;0,No
heartrhyrx	For which illnesses below do you regularly use a prescription drug? Heartburn/acid reflux	1,Yes;0,No
hicholesrx	For which illnesses below do you regularly use a prescription drug? High cholesterol	1, Yes;0, No
hibloodprrx	For which illnesses below do you regularly use a prescription drug? High-blood pressure	1,Yes;0,No
sleeprx	For which illnesses below do you regularly use a prescription drug? Insomnia	1,Yes;0,No
menorx	For which illnesses below do you regularly use a prescription drug? Menopausal symptoms	1,Yes;0,No
osteorx	For which illnesses below do you regularly use a prescription drug? Osteoporosis	1,Yes;0,No
rosacearx	For which illnesses below do you regularly use a prescription drug? Rosacea	1,Yes;0,No
sleeppillrx	For which illnesses below do you regularly use a prescription drug? Sleeplessness	1,Yes;0,No
thyroidrx	For which illnesses below do you regularly use a prescription drug? Thyroid conditions	1,Yes;0,No
ulcerrx	For which illnesses below do you regularly use a prescription drug? Ulcer	1,Yes;0,No
otherrx	For which illnesses below do you regularly use a prescription drug? Other	1,Yes;0,No
nonerx	For which illnesses below do you regularly use a prescription drug? None	1,Yes;0,No

Over-the-counter drugs used

acidblock	What kinds of over-the-counter drugs or products do you regularly take or use? Acid blockers	1,Yes;0,No
antacids	What kinds of over-the-counter drugs or products do you regularly take or use? Antacids	1,Yes;0,No
antihist	What kinds of over-the-counter drugs or products do you regularly take or use? Antihistamines	1, Yes;0, No
coldmed	What kinds of over-the-counter drugs or products do you regularly take or use? Cold medicines	1,Yes;0,No
coughsyr	What kinds of over-the-counter drugs or products do you regularly take or use? Cough syrup	1,Yes;0,No
dietpillsotc	What kinds of over-the-counter drugs or products do you regularly take or use? Diet pills	1,yes, 0,No

enerboostotc	What kinds of over-the-counter drugs or products do you regularly take or use? Energy boosters	1,Yes;0,No
footcare	What kinds of over-the-counter drugs or products do you regularly take or use? Footcare	1,Yes;0,No
hairgrowth	What kinds of over-the-counter drugs or products do you regularly take or use? Hair growth	1,Yes;0,No
headache	What kinds of over-the-counter drugs or products do you regularly take or use? Headache remedies	1,Yes;0,No
herbalmed	What kinds of over-the-counter drugs or products do you regularly take or use? Herbal medicines	1,Yes; 0,No
laxativeotc	What kinds of over-the-counter drugs or products do you regularly take or use? Laxatives	1,Yes;0,No
liqvitaminotc	What kinds of over-the-counter drugs or products do you regularly take or use? Liquid vitamin supplements	1,Yes;0,No
memoryotc	What kinds of over-the-counter drugs or products do you regularly take or use? Memory enhances	1,Yes;0,No
painkill	What kinds of over-the-counter drugs or products do you regularly take or use? Pain killers	1,Yes;0,No
potenhotc	What kinds of over-the-counter drugs or products do you regularly take or use? Potency enhancers	1,Yes;0,No
dryitchyskotc	What kinds of over-the-counter drugs or products do you regularly take or use? Skin lotions for dry, itchy, flaky skin	1,Yes;0,No
rashes	What kinds of over-the-counter drugs or products do you regularly take or use? Skin ointments for irritations/rashes	1,Yes;0,No
jointpain	What kinds of over-the-counter drugs or products do you regularly take or use? Skin ointments for muscle or joint pain	1,Yes;0,No
sleeppill	What kinds of over-the-counter drugs or products do you regularly take or use? Sleeping pills	1,Yes;0,No
vitaminotc	What kinds of over-the-counter drugs or products do you regularly take or use? Vitamins, tablets or pills	1,Yes;0,No

Expenditures/consumption

spendrx	spendrx	Dollars
rxquan	How many OTC drugs taken	1,None;2,1-2;3,3-5,4,Over 5
otcquan	How many Rx drugs	1,None;2,1-2;3,3-5,4,Over 5
meddebt	Do you currently have medical debt that keeps you from getting the medical care you believe you need?	1=Yes, 0=No

Hospitalization

inpat	In the past two years how many days have you been hospitalized on an in-patient basis?	Number of Days
wentback	If you were in a hospital as an inpatient within the last two years, did you have to go back into the hospital within 30 days of when you had left?	1, Yes; 0, No
outpat	In the past two years how many times were you treated at a hospital on an out-patient basis?	Number Days
emerg	In the past two years, how many times have you been treated at a hospital's emergency room (ER).	Number of Times

Reductions

Sodium	Things that you have reduced: Sodium	1,On advice of doctor;2,On my own;3, Have not reduced
Fat	Things that you have reduced: Fat	1,On advice of doctor;2,On my own;3, Have not reduced
Sugar	Things that you have reduced: Sugar	1,On advice of doctor;2,On my own;3, Have not reduced
Caffine	Things that you have reduced: Caffine	1,On advice of doctor;2,On my own;3, Have not reduced
Cholesterol	Things that you have reduced: Cholesterol	1,On advice of doctor;2,On my own;3, Have not reduced
Calories	Things that you have reduced: Calories	1,On advice of doctor;2,On my own;3, Have not reduced