# **Your NHS Menopause Experience - BNSSG**

### **About this survey – and your rights**

### **This survey is from Healthwatch Bristol. We would like you to spare a few minutes to tell us about your experiences around education, support, and treatment for the menopause.** The Menopause is when your period stops because of lower hormone levels. This usually happens between the ages 45 and 55. It can sometimes happen earlier naturally, or for different personal reasons (sometimes the reason is unknown).

### **The report from this survey will be made public and sent to those who fund and provide our local healthcare services, in hope to improve their standards of care. Healthwatch Bristol is your local health and social care champion. Find more about us at: www.healthwatchbristol.co.uk This survey is confidential and anonymous (kept private and cannot be linked back to yourself). We will only use your email address (if included) for a follow-up question at a later date, if you consent or agree to. Please see our privacy policy here:** [**www.healthwatchbristol.co.uk/privacy**](http://www.healthwatchbristol.co.uk/privacy)

### **We need your permission for Healthwatch Bristol to store your answers to this survey in accordance with our privacy statement so that we can use it to improve delivery of health and care services across Bristol, North Somerset and South Gloucestershire. Please select yes below if you give us your permission to do this or no if you don’t.**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

1. **Education (what you knew about the Menopause before/after seeking help from a healthcare worker)**

### **1. Do you live in Bristol, North Somerset, or South Gloucestershire?**

|  |  |
| --- | --- |
|  | Bristol |
|  | North Somerset |
|  | South Gloucestershire |

### **2. How much did you know about the menopause before you asked for help? (0 being none, 10 being a lot) Please circle the number you feel suits you.**

10

9

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |

8

7

6

5

4

3

2

1

### **4. What was the first place you went to for advice, information, or treatment on the menopause?**

|  |  |
| --- | --- |
|  | Doctor |
|  | Pharmacy |
|  | Family or friends |
|  | The internet |
|  | Prefer not to say |
|  | Other (if you have chosen other, please explain write your answer here):   |  | | --- | |  | |

### **5. When looking for medical treatment, you probably have attended a GP surgery or hub. Would you prefer a clinic or hub that is only for menopause or women’s health?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Maybe |
|  | Prefer not to say |

Comments:

|  |
| --- |
|  |

1. **Stages of the Menopause**

### **6. Are you peri-menopausal, post-menopausal, or experiencing the menopause currently?**

|  |  |
| --- | --- |
|  | Peri-menopausal (Peri-menopause is then you have symptoms before your periods have stopped. You reach the menopause when you have not had a period for 12 months.) |
|  | Post-menopausal (Post-menopause is the time after the Menopause.) |
|  | Experiencing the menopause currently (The Menopause is when your period stops because of lower hormone levels.) |
|  | Not too sure |

### **7. If you are post-menopausal, do you feel your doctor, or a healthcare worker gave you enough information on this stage? Please ignore if this does not apply to you.**

### Please write your answer below:

|  |
| --- |
|  |

### **8. If you are peri-menopausal, did your doctor or healthcare worker know your symptoms were due to peri-menopause? (Please leave blank if this does not apply to you).**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Please write any comments below:

|  |
| --- |
|  |

### **9. If you are perimenopausal, do you feel you have been supported by your doctor or a healthcare worker through the peri-menopausal stage? (Please leave blank if this does not apply to you).**

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Please write any comments below:

|  |
| --- |
|  |

1. **Symptoms (a change in your body or mind)**

**10. What symptoms did you have that made you look for medical help or go to the doctor?**

### Please write your answer below:

|  |
| --- |
|  |

### **11. Do you think your symptoms were mistaken as a different health problem, rather than menopausal?**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Maybe |
|  | Prefer not to say |

If you have any experiences you would like to tell us about, please write them here:

|  |
| --- |
|  |

### **12. If you do think your symptoms were mistaken by your doctor or healthcare worker, were you given any medication other than menopausal treatment? Please write below.**

If you feel your symptoms were mistaken, please write them here:

|  |
| --- |
|  |

1. **Seeing your doctor and treatment (something done to cure illness, injury or help someone feel better)**

### **13. How did you feel seeing your doctor or a healthcare worker about the menopause? (You can choose more than one).**

|  |  |
| --- | --- |
|  | Nervous |
|  | Comfortable |
|  | Embarrassed |
|  | Guilty |
|  | Awkward |
|  | Calm |
|  | Confused |
|  | Fearful |
|  | Interested |
|  | Relieved |
|  | Satisfied |
|  | Other (if you felt something else, please write what you felt here):   |  | | --- | |  | |

### **14. Did you find your doctor's or a healthcare workers advice (suggestion of what to do for symptoms) helpful?**

|  |  |
| --- | --- |
|  | Extremely helpful |
|  | Very helpful |
|  | Somewhat helpful |
|  | Not so helpful |
|  | Not at all helpful |

If you would like to add more, please write this here:

|  |
| --- |
|  |

### **15. If you could choose, would you have rather seen a male or female doctor or healthcare worker?**

|  |  |
| --- | --- |
|  | Male |
|  | Female |
|  | Do not mind |
|  | Prefer not to say |

### **16. Did the doctor or healthcare worker explain clearly what was causing your symptoms?**

|  |  |
| --- | --- |
|  | Extremely clear |
|  | Very clear |
|  | Somewhat clear |
|  | Not so clear |
|  | Not at all clear |

### **17. How much did you understand the different options for treating your symptoms of the menopause?**

|  |  |
| --- | --- |
|  | Understood fully |
|  | Somewhat understood |
|  | Not really understood |
|  | Not at all understood |

### **18. If you have received treatment, are planning treatment, or are having treatment currently for the menopause, what treatment is this?**

If you are happy to, please write your answer below:

|  |
| --- |
|  |

### **19. If you are taking Hormone Replacement Therapy (HRT) for the menopause, how much has this helped you? (Please leave blank if this does not apply to you).**

### **\*Hormone Replacement Therapy – a treatment which replaces the hormones that are low levels due to the menopause.\***

|  |  |
| --- | --- |
|  | Extremely helpful |
|  | Very helpful |
|  | Somewhat helpful |
|  | Not so helpful |
|  | Not at all helpful |

If you would like to write more about this, please write below:

|  |
| --- |
|  |

1. **Ongoing Support from local health or social care services**

### **20. How do you think healthcare services (doctors, hospitals or anywhere you go to find medical support) could be improved for people going through, or have been through, the menopause?**

### Please write your answer below:

|  |
| --- |
|  |

### **21. Does the place you work for have a menopause policy or any way they can support you with the menopause? (Please leave blank if this does not apply to you).**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Not sure |
|  |  |

### **22. Is there anything else you would like to add about your experiences of the menopause?**

### Please write your response below:

|  |
| --- |
|  |

1. **Please tell us about yourself**

We want to ensure that we represent (speak for) everyone and by telling us more information about yourself, you will help us better understand how people's experiences may differ depending on their personal characteristics (what makes you, you).

### **23. Please tell us your age**

|  |  |
| --- | --- |
|  | 13 to 15 years |
|  | 16 - 17 years |
|  | 18 - 24 years |
|  | 25 - 49 years |
|  | 50 - 64 years |
|  | 65 to 79 years |
|  | 80+ years |
|  | Prefer not to say |
|  | Not known |

### **24. Is your gender identity the same as your sex recorded at birth?**

### **\*Gender identity – gender identity refers to our sense of who we are and how we see and describe ourselves\***

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |

### **25. Please tell us which sexual orientation you identify with.**

### **\*Sexual Orientation – who you feel physically and emotionally attracted to, and this can be romantic or emotional attraction, or both\***

|  |  |
| --- | --- |
|  | Asexual |
|  | Bisexual |
|  | Gay man |
|  | Heterosexual/straight |
|  | Lesbian/Gay woman |
|  | Pansexual |
|  | Prefer not to say |
|  | Prefer to self-describe:   |  | | --- | |  | |

### **26. Which applies to you, around your marital (marriage) or partnership situation?**

|  |  |
| --- | --- |
|  | Single |
|  | Cohabiting |
|  | In a civil partnership |
|  | Married |
|  | Separated |
|  | Divorced/Dissolved civil partnership |
|  | Widowed |
|  | Prefer not to say |

### **27. Do any of these situations apply to you, around pregnancy?**

|  |  |
| --- | --- |
|  | This question does not apply to me |
|  | I am currently pregnant |
|  | I am currently breast-feeding |
|  | I have given birth in the last 26 weeks |
|  | I prefer not to say |
|  | Not known |

### **28. Please select your ethnicity.**

### **\*Ethnicity – the ethnic group (race or culture) you belong to.\***

|  |  |
| --- | --- |
|  | Arab |
|  | Asian/Asian British: Bangladeshi |
|  | Asian/Asian British: Chinese |
|  | Asian/Asian British: Indian |
|  | Asian/Asian British: Pakistani |
|  | Asian/Asian British: Any other Asian/Asian British background |
|  | Black/Black British: African |
|  | Black/Black British: Caribbean |
|  | Black/Black British: Any other Black/Black British background |
|  | Mixed/multiple ethnic groups: Asian and White |
|  | Mixed/multiple ethnic groups: Black African and White |
|  | Mixed/multiple ethnic groups: Black Caribbean and White |
|  | Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background |
|  | White: British/English/Northern Irish/Scottish/Welsh |
|  | White: Irish |
|  | White: Any other White background |
|  | Prefer not to say |
|  | Other (please specify):   |  | | --- | |  | |

### **29. What is your religion or belief?**

|  |  |
| --- | --- |
|  | Christian |
|  | Muslim |
|  | Hindu |
|  | Sikh |
|  | Jewish |
|  | Buddhist |
|  | No religion |
|  | Prefer not to say |
|  | Other (please specify):   |  | | --- | |  | |

### **30. Do you consider yourself to be a carer?**

### **\*Carer – a carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support.’**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |

### **31. Which of the following best describes your current financial situation (money situation).**

|  |  |
| --- | --- |
|  | Very comfortable (I have more than enough money for living expenses, and a LOT spare to save or spend on extras) |
|  | Quite comfortable (I have enough money for living expenses, and a LITTLE spare to save or spend on extras) |
|  | Just getting by (I have just enough money for living expenses and little else) |
|  | Really struggling (I don't have enough money for living expenses and sometimes run out of money) |
|  | Prefer not to say |

1. **Your Ethnicity**

### **\*Ethnicity – the ethnic group (race or culture) you belong to.\***

### **32. Some communities have different ideas and views on the Menopause. Do you feel your ethnicity or community has affected the way you feel about the menopause? Could you tell us a bit more about your experiences of this. (Please ignore if you do not feel this applies to you).**

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### **33. In what way, if any, do you feel your ethnicity or the community you belong to affected you asking for support from a doctor or healthcare worker? (Please ignore if you do not feel this applies to you).**

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|  |

### **34. Do you feel as though the menopause was approached with sensitivity or your culture was considered by a healthcare worker? (Please ignore if you do not feel this applies to you).**

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|  |

**9. Your gender identity**

### **\*Gender identity – gender identity refers to our sense of who we are and how we see and describe ourselves\***

### **35. How would you describe your gender identity? (Please choose one)**

|  |  |
| --- | --- |
|  | Woman |
|  | Man |
|  | Transgender (an umbrella term to describe people whose current gender identity differs from the sex they were registered with at birth) |
|  | Non-binary/Non-conforming (genders that do not fall into one of these two categories, male or female) |
|  | Prefer to not say |
|  | Prefer to self describe (please write what you would describe your gender identity as):   |  | | --- | |  | |

### **36. Do you feel your gender identity has affected the way you feel about the menopause? Could you tell us a bit more about your experiences of this. (Please ignore if you do not feel this applies to you).**

Please write your answer here:

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| --- |
|  |

### **37. In what way, if any, do you feel your gender identity has affected you asking for support from a doctor or healthcare worker? (Please ignore if you do not feel this applies to you).**

Please write your answer here:

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| --- |
|  |

### **38. Do you feel as though the menopause was approached with sensitivity or your gender identity was considered by a healthcare worker? (Please ignore if you do not feel this applies to you).**

Please write your answer here:

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| --- |
|  |

**10. Gypsy, Roma or Traveller communities**

### **39. Do you consider yourself a Gypsy, Roma or traveller? (If you choose ‘no’, please skip to section 11).**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |

### **40. Do you feel being a part of a Gypsy, Roma or Traveller community has affected the way you feel about the menopause? Could you tell us a bit more about your experiences of this. (Please ignore if you do not feel this applies to you).**

Please write your answer here:

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| --- |
|  |

### **41. In what way, if any, has being a part of a Gypsy, Roma or Traveller community affected you asking for support from a doctor or healthcare worker? (Please ignore if you do not feel this applies to you).**

### Please write your answer here:

|  |
| --- |
|  |

### **42. Do you feel as though the menopause was approached with sensitivity or the fact you are a part of a Gypsy, Roma or Traveller community or was considered by a healthcare worker? (Please ignore if you do not feel this applies to you).**

Please write your answer here:

|  |
| --- |
|  |

**11. Disabilities or long-term conditions**

### **43. Do you consider yourself to be a Disabled person or have a long-term condition? (If no, please skip to section 12).**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |

### **44. Do you feel your disability or long-term condition has affected the way you feel about the menopause? Could you tell us a bit more about your experiences of this. (Please ignore if you do not feel this applies to you).**

### Please write your answer here:

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### **45. In what way, if any, has your disability or long-term condition affected you asking for support from a doctor or healthcare worker? (Please ignore if you do not feel this applies to you).**

### Please write your answer here:

|  |
| --- |
|  |

### **46. Do you feel as though the menopause was approached with sensitivity to your disability or long-term condition, or that this was considered by a healthcare worker? (Please ignore if you do not feel this applies to you).**

### Please write your answer below:

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| --- |
|  |

**12. Visual impairments or a person who uses British Sign Language (BSL)**

### **47. Do you consider yourself visually impaired? (If no, please skip to section 13).**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |

### **48. Do you feel your visual impairment or using British Sign Language (BSL) has affected the way you feel about the menopause? Could you tell us a bit more about your experiences of this. (Please ignore if you do not feel this applies to you).**

### Please write your answer here:

|  |
| --- |
|  |

### **49. In what way, if any, has your visual impairment or using BSL affected you asking for support from a doctor or healthcare worker? (Please ignore if you do not feel this applies to you).**

Please write your answer here:

|  |
| --- |
|  |

### **50. Do you feel as though the menopause was approached with sensitivity to your visual impairment or your use of BSL, or that this was considered by a healthcare worker? (Please ignore if you do not feel this applies to you).**

### Please write your answer here:

|  |
| --- |
|  |

### **51. Was information, advice and medication for the menopause available to you in an accessible format? (Please ignore if you do not feel this relates to you).**

Please write your answer here:

|  |
| --- |
|  |

**13. Learning Disabilities**

### **52. Do you consider yourself to be a Disabled Person with a Learning Disability? (If no, please ignore and skip to next section).**

|  |  |
| --- | --- |
|  | Yes |
|  | No |
|  | Prefer not to say |

### **53. Do you feel your Learning Disability has affected the way you feel about the menopause? Could you tell us a bit more about your experiences of this. (Please ignore if you do not feel this applies to you).**

Please write your answer here:

|  |
| --- |
|  |

### **54. In what way, if any, has your Learning Disability affected you asking for support from a doctor or healthcare worker? (Please ignore if you do not feel this applies to you).**

Please write your answer here:

|  |
| --- |
|  |

### **55. Do you feel as though the menopause was approached with sensitivity to your Learning Disability or long-term condition, or that this was considered by a healthcare worker? (Please ignore if you do not feel this applies to you).**

Please write your answer here:

|  |
| --- |
|  |

# A very warm thank you for finishing Your NHS Menopause Experience – BNSSG by Healthwatch Bristol. We appreciate your time taken to answer these questions.