

RELIABILITY AND VALIDITY OF A  
HORMONE THERAPY PERCEPTION SCALE  
and  
A DECISION RATIONALE SCALE

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**BACKGROUND:** The Women's Health Initiative (WHI) was established by the National Institutes of Health (NIH) in 1991 to examine specific ways (such as hormone therapy) to prevent coronary heart disease (CHD), osteoporosis, and breast and colorectal cancer in postmenopausal women. After 5.2 years, the WHI stopped the combined (estrogen plus progestin) hormone study pills in July 2002 because the findings indicated that the health risks were greater than the health benefits for women in the study. Even though hormone therapy (HT) remains the most effective treatment for symptoms associated with menopause, the WHI recommended that women not use combined hormone therapy for the purpose of preventing heart disease. As a result, women had to make an important decision about whether to keep using HT for the relief of symptoms or to stop using HT completely. The purpose of this study was to assess the preliminary validity and reliability data for a Hormone Therapy Perception Scale (HTPS) and a Decision Rationale Scale (DRS) for pre- and postmenopausal women.

**METHODS:** The HTPS is an 8-item Likert-type scale with items specifically relating to individual perception of personal risk for developing breast cancer, colon cancer, heart disease, stroke, blood clots, osteoporosis, Alzheimer's disease, and/or ovarian cancer; the DRS is a 15-item scale relating to the level of importance of reasons given for continuing or stopping HT. Data were collected from a convenience sample of pre- and postmenopausal women recruited from the Emory University community (n =68). The average age of women was 51.8 (range 40–65) with a racial composition predominately White (84%), 12% Black or African-American, and 4% Other. Thirty (44%) of the women indicated having a menstrual cycle in the past year and 38 (56%) indicated their last menstrual cycle one year ago or more. Previous HT use: 60% indicated no previous HT use while 40% indicated previous use; only 19% of the respondents indicated current use of HT.