HARVARD
MEDICAL
SCHOOL

NURSES' HEALTH STUDY II

HARVARD
SCHOOL of
PUBLIC HEALTH

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This is your ID ➡

Do you have e-mail?
If you do, please print your e-mail address in the box so that we may send you occasional updates on the progress of the Nurses' Health Study II. Example: **NHS2@channing.harvard.edu**

Please print neatly and differentiate numbers and letters (e.g., 1 vs l or i, Ø vs O, 5 vs S)

We will not release your e-mail address to anyone!

CENTER PERF

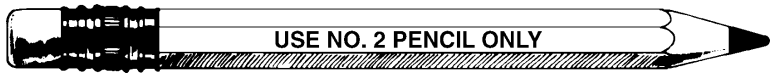
PERF

PERF

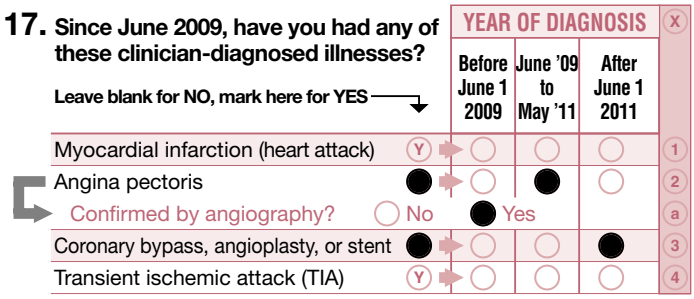
INSTRUCTIONS

INTERNET:
Go to our website at www.NHS2.org and use your ID number (see front of this page) and your birth date to log in. Follow the instructions on the screen to complete the survey on-line.

PAPER FORM:
Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely. The form is designed to be read by optical-scanning equipment, so it is important that you keep any write-in responses **within** the spaces provided and erase any incorrect marks completely. If you have comments, please write them on a separate piece of paper.



EXAMPLE A) Mark "Yes" bubble and Year of Diagnosis bubble for each illness you have had diagnosed.



Please fill in the circles completely; do not mark this way: ✓ ✗ ◒

EXAMPLE B) AGE natural periods ceased:

AGE
4 6

Print numbers neatly within boxes. Your writing will be read by our scanner.

- **Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage–paid envelope.**
- **If your name and address as printed on this questionnaire are no longer correct or are incomplete, or if you are providing your e-mail address, please make any necessary changes on the letter and return it to us.**
- **Thank you for completing the Nurses' Health Study II Questionnaire.**

Federal research regulations require us to include the following information:
There are no direct benefits to you from participating in this study.
The risk of breach of confidentiality associated with participation in this study is very small.
Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty.
You may skip any question you do not wish to answer.
You will not receive monetary compensation for participating.
If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Human Subjects Committee at the Harvard School of Public Health (617-384-5480).

1. PLEASE USE PENCIL

CURRENT WEIGHT
POUNDS

2. Do you currently smoke cigarettes?
○ No ○ Yes → How many/day? ○ 1–4 ○ 5–14 ○ 15–24 ○ 25–34 ○ 35–44 ○ 45+

3. Have you had your uterus removed?
○ No ○ Yes → **Date of surgery:** ○ Before June 1, 2009 ○ After June 1, 2009

4. Have you ever had either of your ovaries surgically removed?
○ No ○ Yes → **a) How many ovaries do you have remaining?** ○ None ○ One

5. Have your natural menstrual periods ceased PERMANENTLY?
○ No: Premenopausal
○ Yes: No menstrual periods
○ Yes: Had menopause but now have periods induced by hormones
○ Not sure (e.g., perimenopausal)

a) AGE natural periods ceased: AGE

b) For what reason did your periods cease?
○ Natural ○ Surgery
○ Endometrial ablation
○ Radiation or Chemo.

6. Are you currently using oral contraceptives for any reason?
○ No ○ Yes

7. Have any of your biological children been diagnosed with the following diseases? ○ I have no children
○ **Schizophrenia:** Year(s) of birth _____
○ **Multiple sclerosis:** Year(s) of birth _____
○ **Type 1 diabetes (insulin dependent):** Year(s) of birth _____

8. Since June 2009, have you used prescription female hormones? (Not including oral contraceptives.)
○ Yes → **a)** How many months did you use hormones since June 2009?
○ 1–4 months ○ 5–9 ○ 10–14 ○ 15–19 ○ 20–25 ○ 26–30 ○ 31–35 ○ 36+ months
○ No

b) Are you *currently* using them (within the last month)? ○ Yes ○ No **If No, skip to Part d.**

c) Mark the type(s) of hormones you are *CURRENTLY* using:
Combined: ○ Prempro (beige) ○ Prempro (gold) ○ Prempro (peach) ○ Prempro (light blue) ○ Premphase ○ Combipatch ○ FemHRT
Estrogen: ○ Oral Premarin or conjugated estrogens ○ Patch Estrogen ○ Vaginal Estrogen ○ Estrace ○ Estrogen gels, creams, or sprays on skin ○ Estratest ○ Ogen ○ Other Estrogen (specify in box below)
Progesterone/Progestin: ○ Provera/Cycrin/MPA ○ Vaginal ○ Micronized (e.g., Prometrium) ○ Other progesterone (specify type)
Other hormones *CURRENTLY* used (e.g., Tri-est), Specify:

d) If you used oral conjugated estrogen (e.g., Premarin) since June 2009, what dose did you usually take?
○ .30 mg/day or less ○ .45 mg/day ○ .625 mg/day ○ .9 mg/day
○ 1.25 mg/day or higher ○ Unsure ○ Did not take oral conjugated estrogen

e) What was your pattern of hormone use (Days per Month)?
Oral or Patch Estrogen: Days per Month ○ Not used ○ <1 day/mo. ○ 1–8 days ○ 9–18 ○ 19–26 ○ 27 + days/mo.
Progesterone: Days per Month ○ Not used ○ <1 day/mo. ○ 1–8 days ○ 9–18 ○ 19–26 ○ 27 + days/mo.

9. Are you currently using any of these over-the-counter (OTC) preparations for hormone replacement?
○ Soy estrogen products ○ Black cohosh (e.g., Remifemin) ○ Natural progesterone cream/wild yam ○ Other OTC

10. Which best describes your current employment status?
○ ER ○ OR ○ ICU ○ Other inpatient nurse ○ Nursing education or admin
○ Outpatient or community ○ Other hospital nursing ○ Nursing outside hospital
○ Non-nursing employment ○ F/T homemaker ○ Disabled ○ Retired ○ Other

11. From June 2009 to June 2011, how many months have you worked ROTATING night shifts (at least 3 nights/month in addition to other days and evenings in that month)?
○ None ○ 1–4 months ○ 5–9 ○ 10–14 ○ 15–19 ○ 20+ months

12. In your current job, on how many days per week, on average, do you use spray or aerosol products?
○ Never
○ <1 day/week
○ 1–3 days/week
○ 4–7 days/week

Mark each task at work where you use a spray or aerosol product at least once per week:
○ Patient care ○ Instrument cleaning or disinfection ○ Surface cleaning or disinfection
○ Air-refreshing ○ Other ○ None

13. Thinking about your current job and the use of disinfectants (such as ethylene oxide, hydrogen peroxide, ortho-phtaladehyde, formaldehyde, glutaraldehyde and bleach):
a.) On how many days per week, on average, do you clean medical instruments with disinfectants?
○ Never ○ <1 day/week ○ 1–3 days/week ○ 4–7 days/week
b.) On how many days per week, on average, do you clean surfaces (like floors, tables) at work with disinfectants?
○ Never ○ <1 day/week ○ 1–3 days/week ○ 4–7 days/week

14. On average, how often in the past year have you experienced any amount of accidental bowel leakage?
a.) Liquid stool: ○ Never ○ Less than 1/month ○ 1–3 /month ○ About once/wk ○ Several times/wk ○ Nearly daily
b.) Solid stool: ○ Never ○ Less than 1/month ○ 1–3 /month ○ About once/wk ○ Several times/wk ○ Nearly daily

15. In the past two years, have you had two weeks or longer when nearly every day you felt sad, blue or depressed for most of the day? ○ No ○ Yes

16. In the past two years, have you had gastrointestinal bleeding that required hospitalization or a transfusion? ○ No ○ Yes

17. Since June 2009, have you had any of these clinician-diagnosed illnesses?

Leave blank for NO, mark here for YES →

	YEAR OF DIAGNOSIS: Before June 1 2009	June '09 to May '11	After June 1 2011	
Myocardial infarction (heart attack)	Y			1
Angina pectoris	Y			2
Confirmed by angiography?	No	Yes		a
Coronary bypass, angioplasty, or stent	Y			3
Transient ischemic attack (TIA)	Y			4
Stroke (CVA)	Y			5
Pulmonary embolus	Y			6
Fibrocystic/other benign breast disease	Y			7
Confirmed by breast biopsy?	No	Yes		a
Breast cancer	Y			8
Cancer of the uterus (endometrium)	Y			9
Cancer of the ovary	Y			10
Colon or rectal polyp (benign)	Y			11
Cancer of the colon or rectum	Y			12
Melanoma	Y			13
Basal cell skin cancer	Y			14
Squamous cell skin cancer	Y			15
Other cancer	Y			16
Specify site of other cancer: →				
Ulcerative colitis/Crohn's	Y			17
Gastric or duodenal ulcer	Y			18
Barrett's Esophagus	Y			19
Gallstones	Y			20
Did you have symptoms?	No	Yes		a
Cholecystectomy	Y			21
Diabetes mellitus	Y			22
Elevated cholesterol	Y			23
High blood pressure	Y			24
Endometriosis—1st diagnosis	Y			25
Confirmed by laparoscopy?	No	Yes		a
Kidney stones	Y			26
Multiple Sclerosis	Y			27
Asthma, doctor diagnosed	Y			28
Emphysema/Chronic Bronchitis DrDx	Y			29
Graves' Disease/Hyperthyroidism	Y			30
Hypothyroidism	Y			31
Hyperparathyroidism	Y			32
Gout	Y			33
SLE (systemic lupus)	Y			34
Rheumatoid arthritis, Doctor Dx	Y			35
Other arthritis	Y			36
Depression, clinician Dx	Y			37
Parkinsons' disease (ever)	Y			38
Gastric banding/bypass (ever)	Y			39
Vitiligo (Dr. dx - ever)	Y			40
Alopecia areata (Dr. dx – ever)	Y			41
Other major illness or surgery since June 2009	Y			42

Please specify: Date:

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18. In the past two years have you had: (If yes, mark all that apply)

	No	Yes, for screening	Yes, for symptoms	
A physical exam?	N	Y	Y	
Mammogram (or other breast imaging)?	N	Y	Y	
Fasting blood sugar?	N	Y	Y	
Upper endoscopy?	N No	Y Yes		
(Virtual) CT Colonoscopy?	N No	Y Yes		
Colonoscopy?	N No	Y Yes		
Sigmoidoscopy?	N No	Y Yes		

Initial reason(s) you had Colonoscopy/Sigmoidoscopy? a

- Visible blood
- Occult fecal blood
- Abdominal pain
- Diarrhea/constipation
- Family history of colon cancer
- Barium enema
- Follow-up of (virtual) CT colonoscopy
- Prior polyps
- Asymptomatic or routine screening

19. Regular Medication *(Mark if used regularly in past 2 years.)*

- Acetaminophen (e.g., Tylenol)
  - **Days/week:** 1 | 2–3 | 4–5 | 6+ days
  - **Total tabs/wk:** 1–2 | 3–5 | 6–14 | 15+ tablets
- "Baby" or low dose aspirin (100 mg or less/tablet)
  - **Days/week:** 1 | 2–3 | 4–5 | 6+ days
  - **Total tabs/wk:** 1–2 | 3–5 | 6–14 | 15+ tablets
- Aspirin or aspirin-containing products (325 mg or more/tablet)
  - **Days/week:** 1 | 2–3 | 4–5 | 6+ days
  - **Total tabs/wk:** 1–2 | 3–5 | 6–14 | 15+ tablets
- Ibuprofen (e.g., Advil, Motrin, Nuprin)
  - **Days/week:** 1 | 2–3 | 4–5 | 6+ days
  - **Total tabs/wk:** 1–2 | 3–5 | 6–14 | 15+ tablets
- Celebrex (COX-2 inhibitors)
  - **Days/week:** 1 | 2–3 | 4–5 | 6+ days
- Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)
- Thiazide diuretic | Lasix | Potassium
- Calcium blocker (e.g., Calan, Procardia, Cardizem, Norvasc)
- Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)
- ACE Inhibitors (e.g., Capoten, Vasotec, Zestril)
- Angiotensin receptor blocker (e.g., Diovan, Cozaar, Avapro)
- Other anti-hypertensive (e.g., clonidine, doxazosin)
- Coumadin (Warfarin) | Plavix
- Digoxin | Antiarrhythmic

"Statin" cholesterol-lowering drug:

- Mevacor (lovastatin) | Zocor (simvastatin) | Crestor
- Pravachol (pravastatin) | Lipitor (atorvastatin) | Other
- Other cholesterol-lowering drug [e.g., niacin, Lopid (gemfibrozil), Tricor (fenofibrate), Questran (cholestyramine), Colestid, Zetia]
- Steroids taken orally (e.g., Prednisone, Decadron, Medrol)
- Insulin
- Metformin | Glyburide/Gilizide/Glimeperide
- Actos | Other oral hypoglycemic agents
- Thyroid hormone (e.g., Sythroid, Levothroid, extract)
- Triptans (e.g., Imitrex, Maxalt, Zomig, Amerge, Replax)
- Bisphosphonates (e.g., Fosamax, Boniva, Actonel)
- Evista (raloxifene) | Nolvadex (tamoxifen)
- SSRIs (Celexa, Lexapro, Prozac, Paxil, Zoloft, Luvox)
- Other antidepressants (e.g., Elavil, Tofranil, Pamelor)
- Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium)
- Prilosec, Nexium, Prevacid (lansoprazole), Protonix, Aciphex
- H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)

20. Is this your correct date of birth? →

- Yes
- No →

If no, please write correct date. MONTH / DAY / YEAR