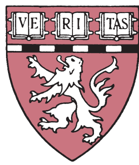
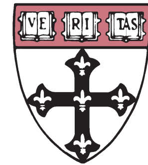


HARVARD
MEDICAL
SCHOOL

NURSES' HEALTH STUDY II



HARVARD
SCHOOL of
PUBLIC HEALTH

• Channing Laboratory • 181 Longwood Avenue • Boston, Massachusetts 02115-5804 •
Telephone (617) 525-2279 • Fax (617) 525-2008 • E-Mail NHS2@channing.harvard.edu

This is your ID ➡

Dear Colleague:

In 1989, you and over 116,000 other RNs joined the Nurses' Health Study II. As we celebrate our 20-year anniversary, we want to thank you for your continued enthusiastic participation. The fruits of your efforts are bountiful, as dozens of scientific papers continue to be published on important topics in women's health.

To update your health status we ask that you complete the attached brief questionnaire. It should take less than 10 minutes to complete. If you prefer, you can complete the questionnaire online at **www.nhs2.org/short**, using your ID# printed above to login.

As always, all information you provide is kept strictly confidential and is used for medical statistical purposes only. If you have any questions about the study or the questionnaire, you may contact us at the address shown above.

We value **each** member of the Nurses' Health Study II as an irreplaceable colleague in our research, regardless of your health, employment (or retirement) status. In short, **no matter what your circumstances, we would like to hear from you!**

It is with our deepest gratitude that we thank you again for the time and care that you have continued to offer to help us all learn more about women's health.

Sincerely,

Walter Willett

Walter Willett, M.D.
Professor of Epidemiology and Nutrition

CENTER PERF

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**

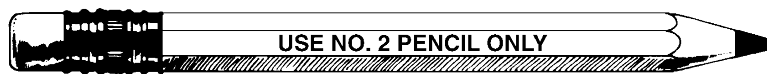
Please print neatly and differentiate numbers and letters (e.g., 1 vs l or i, Ø vs O, 5 vs S)

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

INSTRUCTIONS

INTERNET:
Go to our website at **www.NHS2.org/short** and use your ID number (see front of this page) 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: Mark "Yes" bubble and Year of Diagnosis bubble for each illness you have had diagnosed.

14. Since June 2007, have you had any of these clinician-diagnosed illnesses?

LEAVE BLANK FOR "NO". MARK HERE FOR "YES"

	Yes	YEAR OF DIAGNOSIS: BEFORE JUNE 1 2007	JUNE '07 TO MAY 2009	AFTER JUNE 1 2009
Myocardial infarction (heart attack)	Ⓨ	○	○	○
Angina pectoris	●	○	●	○
Coronary bypass/angioplasty	●	○	○	●
Stroke (CVA)	Ⓨ	○	○	○
Transient ischemic attack (TIA)	Ⓨ	○	○	○

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

- **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 2009 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).

CENTER PERF

1. What is your current weight? → POUNDS

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

3. Do you CURRENTLY use any of these forms of contraception? (Mark all that apply.)
◯ None ◯ Tubal ligation ◯ Foam/Jelly/Sponge ◯ Condom ◯ Diaphragm/Cervical cap ◯ Depo-Provera ◯ Other
◯ Vasectomy ◯ Oral contraceptive ◯ Intrauterine device ◯ Rhythm/NFP ◯ Other hormonal contraceptive (e.g., Nuva Ring, Ortho Evra, etc.)

4. SINCE JUNE 2007, have you used oral contraceptives (OC's)?
- ◯ Yes → **a. How many months did you use OC's since June 2007?**
  ◯ 1 month or less ◯ 2–4 ◯ 5–9 ◯ 10–14 ◯ 15–19 ◯ 20–25 ◯ 26–30 ◯ 31–35 ◯ 36+ months
  b. Please indicate the brand and type of OC you have used the longest during this time period (e.g., Ortho-Novum 1/50). Specify brand and type:
- ◯ No

5. SINCE JUNE 2007, have you been pregnant?
- ◯ Yes → **a. Are you currently pregnant?**
  ◯ No ◯ Yes–Continue with part b, but do NOT fill in a bubble in part b for your current pregnancy.
  b. For each pregnancy *ending* after JUNE 1, 2007, fill in a response bubble for the year during which each pregnancy *ended*.
- ◯ No

Calendar Year	Pregnancies lasting 6 months or more		Pregnancies lasting less than 6 months	
	Single Births	Twins/Triplets	Miscarriages	Induced Abortions
6/1/07–12/31/2007	◯	◯	◯	◯
2008	◯	◯	◯	◯
2009	◯	◯	◯	◯
2010+	◯	◯	◯	◯

6. Have your menstrual periods ceased PERMANENTLY?
- ◯ No: Premenopausal
- ◯ Yes: No menstrual periods
- ◯ Yes: Had menopause but now have periods induced by hormones
- ◯ Not sure (e.g., started hormones prior to cessation of periods)

a. AGE natural periods ceased: AGE → **b. For what reason did your periods cease?**
◯ Natural ◯ Surgical ◯ Radiation or chemotherapy

7. Have you EVER had surgery to remove your uterus or ovaries? (Mark all that apply.)
◯ No ◯ Uterus removed ◯ Both ovaries removed ◯ One ovary removed

8. SINCE JUNE 2007, have you used Evista (raloxifene) or tamoxifen (Nolvadex)?
◯ No ◯ Yes → **Are you currently using Evista or tamoxifen?** ◯ No, not currently ◯ Yes, Evista ◯ Yes, tamoxifen

9. SINCE JUNE 2007, have you used female replacement hormones (other than oral contraceptives)?
- ◯ Yes, currently
- ◯ Yes, but not currently
- ◯ No

What type of hormone did you use? ◯ Estrogen only ◯ Estrogen and progesterone ◯ Other — Specify type:

10. In a typical week during the past year, on how many days did you consume an alcoholic beverage of any type?
◯ No days ◯ 1 day ◯ 2 days ◯ 3 days ◯ 4 days ◯ 5 days ◯ 6 days ◯ 7 days

11. In a typical month during the past year, what was the largest number of drinks of beer, wine and/or liquor you may have had in one day?
◯ None ◯ 1–2 ◯ 3–5 ◯ 6–9 ◯ 10–14 ◯ 15 or more

12a. What is your blood type? ◯ A ◯ B ◯ AB ◯ O ◯ Unknown

b. What is your RH factor? ◯ Pos ◯ Neg ◯ Unknown

13. Have you *ever* had any of these clinician-diagnosed illnesses?

LEAVE BLANK FOR "NO", MARK HERE FOR "YES"

	YES	Before 1995	1995–1999	2000–2004	2005–2006	2007 +
Meningioma	Ⓨ	◯	◯	◯	◯	◯
Seizure (1 or more) / epilepsy	Ⓨ	◯	◯	◯	◯	◯
Shingles	Ⓨ	◯	◯	◯	◯	◯
Psoriasis	Ⓨ	◯	◯	◯	◯	◯
Low bone density	Ⓨ	◯	◯	◯	◯	◯
Osteoporosis	Ⓨ	◯	◯	◯	◯	◯
Fractures: Wrist or Colles' Fracture	Ⓨ	◯	◯	◯	◯	◯
Hip fracture	Ⓨ	◯	◯	◯	◯	◯

(Column group header: YEAR OF FIRST DIAGNOSIS)

Please Continue on Back of Form →

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14. Since June 2007, have you had any of these clinician-diagnosed illnesses?

LEAVE BLANK FOR "NO".
MARK HERE FOR "YES"

Illness	Yes	YEAR OF DIAGNOSIS: BEFORE JUNE 1 2007	JUNE '07 TO MAY 2009	AFTER JUNE 1 2009	Follow-up
Myocardial infarction (heart attack)	Y	○	○	○	
Angina pectoris	Y	○	○	○	Confirmed by angiography? ○ No ○ Yes
Coronary bypass/angioplasty	Y	○	○	○	
Stroke (CVA)	Y	○	○	○	
Transient ischemic attack (TIA)	Y	○	○	○	
Deep vein thrombosis/Pul. embolism	Y	○	○	○	
Melanoma	Y	○	○	○	
Basal cell skin cancer	Y	○	○	○	
Squamous cell skin cancer	Y	○	○	○	
Fibrocystic/other benign breast disease	Y	○	○	○	Confirmed by breast biopsy? ○ No ○ Yes; Confirmed by aspiration? ○ No ○ Yes
Breast cancer	Y	○	○	○	
Other cancer	Y	○	○	○	Specify site and date of diagnosis:
Colon or rectal polyp (benign)	Y	○	○	○	
Ulcerative colitis/Crohn's disease	Y	○	○	○	
Gastric or duodenal ulcer	Y	○	○	○	
Barrett's Esophagus	Y	○	○	○	
Gallstones	Y	○	○	○	Did you have symptoms? ○ No ○ Yes; How diagnosed? ○ X-ray or ultrasound ○ Other
Cholecystectomy	Y	○	○	○	
Diabetes	Y	○	○	○	
Elevated Cholesterol	Y	○	○	○	
High blood pressure	Y	○	○	○	
Endometriosis, 1st diagnosis	Y	○	○	○	Confirmed by laparoscopy? ○ No ○ Yes
Uterine fibroids, 1st diagnosis	Y	○	○	○	Confirmed by pelvic exam? ○ No ○ Yes; Confirmed by ultrasound or hysterectomy? ○ No ○ Yes
Premenstrual syndrome (PMS)	Y	○	○	○	
Kidney stones	Y	○	○	○	
Multiple sclerosis	Y	○	○	○	
Asthma, doctor diagnosed	Y	○	○	○	
Emphysema/Chronic Bronchitis DrDx	Y	○	○	○	
Pneumonia, x-ray confirmed	Y	○	○	○	
Graves' Disease/Hyperthyroidism	Y	○	○	○	
Hypothyroidism	Y	○	○	○	
Hyperparathyroidism	Y	○	○	○	
Thyroid nodule (benign)	Y	○	○	○	
Gout	Y	○	○	○	
SLE (systemic lupus)	Y	○	○	○	
Rheumatoid arthritis, doctor diagnosed	Y	○	○	○	Rheumatoid factor ○ negative/unknown ○ positive
Other arthritis	Y	○	○	○	
Depression, clinician Dx	Y	○	○	○	
Other major illness or surgery since June 2007:	Y	○	○	○	Please specify: Date:

15. Is this your correct date of birth?

○ Yes ○ No ➔ **If no, please write correct date.** Month / Day / Year

16. Please indicate the name of someone at a <u>DIFFERENT PERMANENT ADDRESS</u> to whom we might write in the event we are unable to contact you:

Name: ______________________

Address: ______________________

THANK YOU! PLEASE RETURN FORM IN ENCLOSED ENVELOPE TO DR. WALTER WILLETT • NURSES' HEALTH STUDY II • 181 LONGWOOD AVENUE • BOSTON, MA 02115