***PLEASE USE PENCIL!***

**1. Current Weight**

POUNDS

| | | |
|---|---|---|
| 0 | 0 | 0 |
| 1 | 1 | 1 |
| 2 | 2 | 2 |
| 3 | 3 | 3 |
| 4 | 4 | 4 |
| 5 | 5 | 5 |
| 6 | 6 | 6 |
| | 7 | 7 |
| | 8 | 8 |
| | 9 | 9 |

**2. Your Major Ancestry:** *(You may mark more than one)* 2 1 2 4

○ Southern European/Mediterranean ○ Scandinavian ○ Other Caucasian ○ African-American
○ Hispanic ○ Asian ○ Native American ○ Other

**3. What is your *current* work status?** *(Mark all that apply)* 3 8 P

○ Retired ○ Homemaker ○ Full-time non-nursing employment ○ Part-time non-nursing employment
○ Nursing full-time ○ Nursing part-time

→ a) **What type of nursing?** ○ Inpatient or E.R. nurse ○ Nursing education a
○ Nursing administration ○ Outpatient/Community Nurse
○ Operating Room Nurse ○ Other nursing

**4. Your living arrangement:** 4

○ Alone ○ With spouse or partner ○ With other family ○ Nursing home ○ Other

**5. Do you currently smoke cigarettes?** 5

○ Yes → a) **How many per day?** ○ 1-4 ○ 5-14 ○ 15-24 ○ 25-34 ○ 35-44 ○ 45 or more a
○ No b) **What specific brand do you smoke? (e.g., "Marlboro Lights 100's")** → SPECIFY EXACT BRAND AND TYPE: b

**6. *Since June 1990,* have you used female hormones (other than oral contraceptives)?** 6

○ No ○ Yes

→ a) **How many months have you used them during the 24-month period between June 1990 and June 1992?** a
○ 1-4 months ○ 5-9 ○ 10-14 ○ 15-19 ○ 20-24 months

b) **Are you currently using them (within the last month)?** ○ Yes, currently ○ No, not currently b

c) **What type of hormone have you used the longest during this period?** c 0 1 2 3 4 5 6 7 8 9
○ Oral Premarin or other conjugated estrogen alone 0 1 2 3 4 5 6 7 8 9
○ Oral progesterone (e.g., Provera) alone 0 1 2 3 4 5 6 7 8 9
○ Oral conjugated estrogen and progesterone 0 1 2 3 4 5 6 7 8 9
○ Patch estrogen and oral progesterone 0 1 2 3 4 5 6 7 8 9
○ Patch estrogen alone 0 1 2 3 4 5 6 7 8 9
○ Vaginal estrogen
○ Other (e.g., Ogen, Estrace) → PLEASE SPECIFY:

d) **If you used oral conjugated estrogen (e.g., Premarin) what dose did you usually take?** d
○ .30 mg/day or less (Green) ○ .625 mg/day (Brown) ○ .9 mg/day (White) ○ 1.25 mg/day (Yellow)
○ More than 1.25 mg/day ○ Dose unknown ○ Did not take oral conjugated estrogen

e) **If you used oral Progesterone, what dose did you usually take?** e
○ < 5 mg ○ 5-9 mg ○ 10 mg ○ More than 10 mg ○ Dose unknown ○ Not used

f) **What was your pattern of hormone use (Days per Month)?** f
**Oral or Patch Estrogen** **Days per Month** ○ Not used ○ < 1 day/mo ○ 1-8 days ○ 9-18 ○ 19-26 ○ 27+ days/mo 1
**Progesterone** **Days per Month** ○ Not used ○ < 1 day/mo ○ 1-8 days ○ 9-18 ○ 19-26 ○ 27+ days/mo 2

**7. What is your usual walking pace outdoors?** 7

○ Slow (less than 2 mph) ○ Normal, average (2-2.9 mph) ○ Brisk pace (3-3.9 mph) ○ Very brisk/striding (4 mph or faster) ○ Unable to walk

**8. How many *flights* of stairs (not individual steps) do you climb daily?** 8

○ 2 flights or less ○ 3-4 ○ 5-9 ○ 10-14 ○ 15 or more flights

**9. DURING THE PAST YEAR, what was your average time PER WEEK spent at each of the following recreational activities?**

| | TIME PER WEEK | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Zero | 1-4 Min. | 5-19 Min. | 20-59 Min. | One Hour | 1-1.5 Hrs. | 2-3 Hrs. | 4-6 Hrs. | 7-10 Hrs. | 11+ Hrs. |
| Walking or hiking outdoors (include walking to work) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Jogging (slower than 10 minutes/mile) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Running (10 minutes/mile or faster) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Bicycling (include stationary machine) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Tennis, squash, racquetball | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Lap swimming | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Other aerobic exercise (aerobic dance, rowing machine, etc.) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Lower intensity exercise (yoga, stretching, toning) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Other vigorous activities (e.g., lawn mowing) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

**10. On average, how many HOURS PER WEEK do you spend:**

| | Zero | One Hour | 2-5 Hrs. | 6-10 Hrs. | 11-20 Hrs. | 21-40 Hrs. | 41-60 Hrs. | 61-90 Hrs. | Over 90 Hrs. |
|---|---|---|---|---|---|---|---|---|---|
| Standing or walking around at work or away from home? (hrs./wk.) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Standing or walking around at home? (hrs./week) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Sitting at work or away from home or while driving? (hrs./week) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Sitting at home while watching TV/VCR? (hrs./week) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Other sitting at home (e.g., reading, meal times, at desk)? (hrs/wk.) | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

  

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 6 | 11 | 92 |
| 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 7 | 12 | 93 |
| 4 | 4 | 4 | 4 | 4 | 4 | 4 | 3 | 8 | | 94 |
| 8 | 8 | 8 | 8 | 8 | 8 | 8 | 4 | 9 | | A |
| P | P | P | P | P | P | P | 5 | 10 | | |

**THIS IS YOUR ID**

**11. Is this your correct date of birth?**

○ Yes ○ No → If no, please write correct date. MONTH / DAY / YEAR

**12. How many years has it been since your most recent mammogram?** 12

○ Never ○ < 1 year ○ 1 year ○ 2 years ○ 3 years
○ 4 years ○ 5 years ○ 6-9 years ○ 10 or more years

**13. In how many months did you practice breast self-examination in the past year?** 13

○ None ○ One ○ 2-3 ○ 4-6 ○ 7-11 ○ 12

**14. Have you *ever* had any of these procedures or injections at any site?** 14

| | No | Yes |
|---|---|---|
| Breast implant | N | Y |
| Silicone injection | N | Y |
| Collagen injection | N | Y |
| Paraffin injection | N | Y |

**15. In the past two years have you had:** 15

| | No | Yes, for screening | Yes, for symptoms |
|---|---|---|---|
| A physical exam? | N | Y | Y |
| Colonoscopy or sigmoidoscopy? | N | Y | Y |
| A rectal exam? | N | Y | Y |
| Stool occult blood exam? | N | Y | Y |
| Blood pressure check? | N | Y | Y |
| Blood cholesterol check? | N | Y | Y |
| Mammogram? | N | Y | Y |
| Breast exam by clinician? | N | Y | Y |
| Exam by eye doctor? | N | Y | Y |

**16. a. Your TB skin test since 1985:** a

○ Pos ○ Neg ○ Not done ○ BCG prior to 1985

**b. If *ever* positive, conversion date:** b

○ Before 1985 ○ 1985+ ○ Never positive 17

**17. Have you *ever* had any of these physician-diagnosed illnesses?**

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

| | YEAR OF FIRST DIAGNOSIS | | | | | |
|---|---|---|---|---|---|---|
| | Before 1976 | 1976-1980 | 1981-1984 | 1985-1989 | 1990+ | |
| Multiple sclerosis-1st Dx (Y) → | ○ | ○ | ○ | ○ | ○ | 1 |
| A.L.S. (Y) → | ○ | ○ | ○ | ○ | ○ | 2 |
| Diverticulitis/diverticulosis (Y) → | ○ | ○ | ○ | ○ | ○ | 3 |
| Cataract-1st Dx (Y) → | ○ | ○ | ○ | ○ | ○ | 4 |
| Kidney stones (Y) → | ○ | ○ | ○ | ○ | ○ | 5 |
| Ulcerative colitis/Crohn's (Y) → | ○ | ○ | ○ | ○ | ○ | 6 |
| SLE (systemic lupus) (Y) → | ○ | ○ | ○ | ○ | ○ | 7 |
| Scleroderma (Y) → | ○ | ○ | ○ | ○ | ○ | 8 |
| Polymyositis/ Dermatomyositis (Y) → | ○ | ○ | ○ | ○ | ○ | 9 |
| Sjögren's Syndrome (Y) → | ○ | ○ | ○ | ○ | ○ | 10 |
| Appendectomy for appendicitis (Y) → | ○ | ○ | ○ | ○ | ○ | 11 |
| Appendectomy, incidental (Y) → | ○ | ○ | ○ | ○ | ○ | 12 |
| Alcohol dependence problem (Y) → | ○ | ○ | ○ | ○ | ○ | 13 |
| Herniated disk (Y) → | ○ | ○ | ○ | ○ | ○ | 14 |
| Confirmed by CT or MRI? (N) No (Y) Yes | | | | | | a |

**18. Since June 1990, have you had any of these physician-diagnosed illnesses?**

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

| | YEAR OF DIAGNOSIS | | | |
|---|---|---|---|---|
| | Before June 1 1990 | June 90 to May 92 | After June 1 1992 | |
| Diabetes mellitus (Y) → | ○ | ○ | ○ | 1 |
| Elevated cholesterol (Y) → | ○ | ○ | ○ | 2 |
| High blood pressure (Y) → | ○ | ○ | ○ | 3 |
| Fibrocystic/other benign breast disease (Y) → | ○ | ○ | ○ | 4 |
| Confirmed by breast biopsy? (N) No (Y) Yes | | | | a |
| Breast cancer (Y) → | ○ | ○ | ○ | 5 |
| Cancer of the cervix (include in-situ) (Y) → | ○ | ○ | ○ | 6 |
| Cancer of the uterus (endometrium) (Y) → | ○ | ○ | ○ | 7 |
| Cancer of the ovary (Y) → | ○ | ○ | ○ | 8 |
| Colon or rectal polyp (benign) (Y) → | ○ | ○ | ○ | 9 |
| Cancer of the colon or rectum (Y) → | ○ | ○ | ○ | 10 |
| Cancer of the lung (Y) → | ○ | ○ | ○ | 11 |
| Melanoma (Y) → | ○ | ○ | ○ | 12 |
| Basal cell skin cancer (Y) → | ○ | ○ | ○ | 13 |
| Squamous cell skin cancer (Y) → | ○ | ○ | ○ | 14 |
| Other cancer (Y) → | ○ | ○ | ○ | 15 |
| SPECIFY SITE OF OTHER CANCER: | | | | |
| Myocardial infarction (heart attack) (Y) → | ○ | ○ | ○ | 16 |
| Hospitalized for MI? → (N) No (Y) Yes | | | | a |
| Angina pectoris (Y) → | ○ | ○ | ○ | 17 |
| Confirmed by angiogram? → (N) No (Y) Yes | | | | a |
| Coronary bypass or angioplasty (Y) → | ○ | ○ | ○ | 18 |
| Stroke (CVA) (Y) → | ○ | ○ | ○ | 19 |
| TIA (Transient ischemic attack) (Y) → | ○ | ○ | ○ | 20 |
| Carotid Endarterectomy (Y) → | ○ | ○ | ○ | 21 |
| Surgery for varicose veins (Y) → | ○ | ○ | ○ | 22 |
| Peripheral artery disease or claudication of legs (not varicose veins) (Y) → | ○ | ○ | ○ | 23 |
| Was this confirmed by angiogram or surgery? → (N) No (Y) Yes | | | | a |
| Pulmonary embolus (Y) → | ○ | ○ | ○ | 24 |
| Fractures: Wrist fracture (Y) → | ○ | ○ | ○ | 25 |
| 00 — Hip fracture (Y) → | ○ | ○ | ○ | 26 |
| 30 — Please specify date and circumstances on a separate sheet. | | | | |
| Vertebral fracture, X-ray confirmed (Y) → | ○ | ○ | ○ | 27 |
| Rheumatoid arthritis, Dr. Dx (Y) → | ○ | ○ | ○ | 28 |
| Rheumatoid factor ○ Negative/unknown ○ Positive | | | | a |
| Other arthritis (Y) → | ○ | ○ | ○ | 29 |
| Osteoporosis (Y) → | ○ | ○ | ○ | 30 |
| Cholecystectomy (Y) → | ○ | ○ | ○ | 31 |
| Gastric or duodenal ulcer (Y) → | ○ | ○ | ○ | 32 |
| Glaucoma (Y) → | ○ | ○ | ○ | 33 |
| Macular degeneration of retina (Y) → | ○ | ○ | ○ | 34 |
| Cataract extraction (Y) → | ○ | ○ | ○ | 35 |
| Asthma, doctor diagnosed (Y) → | ○ | ○ | ○ | 36 |
| Emphysema/chronic bronchitis, Dr. Dx (Y) → | ○ | ○ | ○ | 37 |
| Hip replacement (Y) → | ○ | ○ | ○ | 38 |
| Knee replacement (Y) → | ○ | ○ | ○ | 39 |
| Other major illness since June 1990 (Y) → | ○ | ○ | ○ | 40 |
| SPECIFY ILLNESS | | | | Z |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |

**19.** Between the ages of 18-30, how many times did you ***purposely*** lose 10 or more pounds (excluding illness or pregnancy)?
19
○ 0 times ○ 1-2 times ○ 3-4 times ○ 5-6 times ○ 7+ times

**20.** Within the ***last 20 years*** (exclude illness or pregnancy-related changes):
20
a) What was your: **Minimum weight** _____ lbs. → At what age? _____ age MN a
**Maximum weight** _____ lbs. → At what age? _____ age MX a

b) Within the ***last 20 years,*** how many times did you lose each of the following amounts of weight <u>on purpose</u> (excluding illness or pregnancy): b

| | | | | | |
|---|---|---|---|---|---|
| 5-9 pounds: | ○ 0 times | ○ 1-2 times | ○ 3-4 times | ○ 5-6 times | ○ 7+ times |
| 10-19 pounds: | ○ 0 times | ○ 1-2 times | ○ 3-4 times | ○ 5-6 times | ○ 7+ times |
| 20-49 pounds: | ○ 0 times | ○ 1-2 times | ○ 3-4 times | ○ 5-6 times | ○ 7+ times |
| 50+ pounds: | ○ 0 times | ○ 1-2 times | ○ 3-4 times | ○ 5-6 times | ○ 7+ times |

**21.** Within the ***last 4 years*** (exclude illness or pregnancy-related changes):
21
a) What was your: **Minimum weight** _____ lbs. **Maximum weight** _____ lbs. MN

b) Within the ***last 4 years,*** how many times did you lose each of the following amounts of weight on purpose (excluding illness or pregnancy): MX b

| | | | | | |
|---|---|---|---|---|---|
| 5-9 pounds: | ○ 0 times | ○ 1-2 times | ○ 3-4 times | ○ 5-6 times | ○ 7+ times |
| 10-19 pounds: | ○ 0 times | ○ 1-2 times | ○ 3-4 times | ○ 5-6 times | ○ 7+ times |
| 20-49 pounds: | ○ 0 times | ○ 1-2 times | ○ 3-4 times | ○ 5-6 times | ○ 7+ times |
| 50+ pounds: | ○ 0 times | ○ 1-2 times | ○ 3-4 times | ○ 5-6 times | ○ 7+ times |

c) What primary method(s) did you use for your most recent weight loss of 10 or more pounds? *(Mark all that apply)* c
○ Did not lose 10 or more pounds ○ Weight loss was unintentional (e.g., illness, unusual stress, depression)
○ Low calorie diet ○ Skipped meals/fasted ○ Increased exercise ○ Diet pills
○ Commercial weight loss program ○ Gastric surgery/intestinal bypass ○ Other

**22.** Did any of your parents or siblings have...*(Mark if yes.)* 22

| | Breast Cancer | Ovarian Cancer | Colon or Rectal Cancer | Melanoma | Diabetes | Hypertension | Dementia Before Age 70 | Alcohol Problem |
|---|---|---|---|---|---|---|---|---|
| Mother | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| Father | ○ | | ○ | ○ | ○ | ○ | ○ | ○ |
| Sibling | ○ | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

**23.** Have you ***ever*** taken Clomid (clomiphene) to induce ovulation? 23
○ No ○ Yes → a) **Total months used:** ○ 3 or less ○ 4-6 months ○ 7-11 months ○ 12+ months a
b) At what age did you ***first*** use Clomid (clomiphene)? → AGE b

**24.** Which of the following degrees have you received? *(Mark all that apply)* 24
○ RN ○ Bachelors ○ Masters ○ Doctorate

**25.** What is your marital status? 25
○ Married ○ Divorced ○ Separated ○ Widowed ○ Never married
a) If currently married or widowed, what is the highest level of education your husband completed? a
○ Less than high school ○ Some H.S. ○ H.S. graduate ○ College graduate ○ Graduate school

**26.** Have you <u>ever</u> regularly used an electric blanket or a heated waterbed? 26
○ Yes → a) During the following time intervals, in how many years did you regularly sleep on a waterbed, or under an electric blanket **KEPT RUNNING OVERNIGHT** for at least part of the year? a
○ No

| Time Periods | No. of Yrs. of Waterbed Use | | | | Time Periods | No. of Yrs. of Electric Blanket Use | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1989-91 → | ○ 0 yrs | ○ 1 | ○ 2 | ○ 3 yrs | 1989-91 → | ○ 0 yrs | ○ 1 | ○ 2 | ○ 3 yrs |
| 1976-88 → | ○ 0 yrs | ○ 1-3 | ○ 4-7 | ○ 8-13 yrs | 1976-88 → | ○ 0 yrs | ○ 1-3 | ○ 4-7 | ○ 8-13 yrs |
| Before 1976 → | ○ 0 yrs | ○ 1-6 | ○ 7-14 | ○ 15+ yrs | Before 1976 → | ○ 0 yrs | ○ 1-6 | ○ 7-14 | ○ 15+ yrs |

b) At about what age did you first regularly use: b
...a heated waterbed? ○ Never ○ Age 0-9 ○ 10-19 ○ 20-44 ○ Age 45+
...an electric blanket? ○ Never ○ Age 0-9 ○ 10-19 ○ 20-44 ○ Age 45+

**27.** Have your menstrual periods ceased permanently? 27
○ Yes: No menstrual periods → a) **Age natural periods ceased?** AGE a
○ Yes: Had menopause but now have periods induced by hormones →
○ No: Premenopausal
○ Not sure

b) For what reason did your periods cease? b
○ SURGERY: If due to surgery, were your ovaries removed? S
○ Yes, both
○ One only
○ Only uterus removed
○ RADIATION or CHEMOTHERAPY
○ NATURAL: If natural (non-surgical) menopause, have you had subsequent surgery to remove ovaries or uterus? N
○ No
○ Uterus removed
○ One ovary removed
○ Both ovaries removed

***PLEASE CONTINUE ON PAGE 4***

**28.** **In which state were you born?**
**In which state did you live at age 15?**
**In which state did you live at age 30?**

**29.** **How many natural teeth do you currently have (with or without crowns)?**
○ None ○ 1-10 ○ 11-16 ○ 17-24 ○ 25-32

**30.** **How many teeth have you lost in the last *two years*?**
○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5-9 ○ 10 or more

**31.** **In the last *two years*, have you had periodontal surgery (not including root canals)?**
○ Yes ○ No ○ Not sure

**32.** **In the past two years did you forgo any of the following for *financial reasons*?** *(Mark all that apply)*
○ Medical care ○ Medical screening ○ Dental care ○ Eye care ○ Mental health care

**33.** **Which of the following describes you** *(Mark all that apply)*:
○ Naturally right-handed ○ Naturally left-handed ○ Forced to change ○ Ambidextrous

**34.** **The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Mark one response for each line.)**

| | Yes, Limited A Lot | Yes, Limited A Little | No, Not Limited At All |
|---|---|---|---|
| *Vigorous activities*, such as running , lifting heavy objects, participating in strenuous sports | ○ | ○ | ○ |
| *Moderate activities*, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | ○ | ○ | ○ |
| Lifting or carrying groceries | ○ | ○ | ○ |
| Climbing *several* flights of stairs | ○ | ○ | ○ |
| Climbing *one* flight of stairs | ○ | ○ | ○ |
| Bending, kneeling, or stooping | ○ | ○ | ○ |
| Walking *more than a mile* | ○ | ○ | ○ |
| Walking *several blocks* | ○ | ○ | ○ |
| Walking *one block* | ○ | ○ | ○ |
| Bathing or dressing yourself | ○ | ○ | ○ |

**35.** **Regarding *YOUR* infancy:**

a) **Were you breast fed?** ○ Yes ○ No ○ Not sure
→ **If YES, number of months:** ○ Not sure ○ 3 or less ○ 4-8 ○ 9+ months

b) **Your birthweight in pounds:** ○ Not sure ○ < 5 lbs. ○ 5 to 5 1/2 lbs. ○ 5 1/2+ to 7 lbs. ○ 7+ to 8 1/2 lbs. ○ 8 1/2+ to 10 lbs. ○ 10+ lbs.

c) **Were you:** ○ Full-term ○ 2+ weeks premature ○ Twin, triplet

**36.** **On average, how many *days* each month do you take any of the following medications?**

| | None | 1-4 Days | 5-14 Days | 15-21 Days | 22 or More Days |
|---|---|---|---|---|---|
| Acetaminophen (e.g., Tylenol) | ○ | ○ | ○ | ○ | ○ |
| Aspirin (e.g., Anacin, Bufferin, Midol, Alka-Seltzer, etc.) | ○ | ○ | ○ | ○ | ○ |
| Other anti-inflammatory (e.g., Ibuprofen, Naprosyn, Advil) | ○ | ○ | ○ | ○ | ○ |

**37.** **Do you currently take a multi-vitamin?**
○ No ○ Yes →
a) **How many do you take per week?** ○ 2 or fewer ○ 3–5 ○ 6–9 ○ 10 or more
b) **What specific brand do you usually use? (Please specify exact Brand and Type.)** _____

**38.** **Not counting multi-vitamins, do you regularly take any of the following preparations:**

| | | AMOUNT PER DAY |
|---|---|---|
| a) **Vitamin A?** (inc. carotene) | ○ No ○ Yes ○ Yes, beta-carotene | ○ Less than 8,000 IU per day ○ 8,000 to 12,000 IU ○ 13,000 to 22,000 IU ○ 23,000 IU or more ○ Amount unknown |
| b) **Vitamin C?** | ○ No ○ Yes, seasonal only ○ Yes, most months | ○ Less than 400 mg. ○ 400 to 700 mg. ○ 750 to 1,250 mg. ○ 1300 mg. or more ○ Amount unknown |
| c) **Vitamin E?** | ○ No ○ Yes → | ○ Less than 100 IU ○ 100 to 250 IU ○ 300 to 500 IU ○ 600 IU or more ○ Amount unknown |
| d) **Calcium?** | ○ No ○ Yes → | ○ Less than 400 mg per day ○ 400 to 800 mg. ○ 900-1,200 mg. ○ 1,300 mg. or more ○ Amount unknown |

**39.** **Please indicate the name of someone at a *DIFFERENT PERMANENT ADDRESS* to whom we might write in the event we are unable to contact you:**

Name: _____

Address: _____

_____

**PLEASE GO TO PAGE 5 AND BEGIN BY WRITING YOUR ID NUMBER FROM PAGE 2**



AGE: 30 15 0
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ID: ☐☐☐☐☐☐–☐

Many participants have pointed out that stress, personal and family relationships, and other aspects of quality of life are important factors relating to health. We have added the following questions to learn more about these areas. (As always, all of your responses will remain strictly confidential.)

**40. These questions are about how you feel and how things have been with you *during the past 4 weeks*.**
**For each question, please give the one answer that comes closest to the way you have been feeling.**

| **How much of the time during the *past 4 weeks* ...** *(Mark one response on each line.)* | All of the time | Most of the time | A Good Bit of the time | Some of the time | A Little of the time | None of the time |
|---|---|---|---|---|---|---|
| Did you feel full of pep? | ○ | ○ | ○ | ○ | ○ | ○ |
| Have you been a very nervous person? | ○ | ○ | ○ | ○ | ○ | ○ |
| Have you felt so down in the dumps nothing could cheer you up? | ○ | ○ | ○ | ○ | ○ | ○ |
| Have you felt calm and peaceful? | ○ | ○ | ○ | ○ | ○ | ○ |
| Did you have a lot of energy? | ○ | ○ | ○ | ○ | ○ | ○ |
| Have you felt downhearted and blue? | ○ | ○ | ○ | ○ | ○ | ○ |
| Did you feel worn out? | ○ | ○ | ○ | ○ | ○ | ○ |
| Have you been a happy person? | ○ | ○ | ○ | ○ | ○ | ○ |
| Did you feel tired? | ○ | ○ | ○ | ○ | ○ | ○ |

**41. During the *past 4 weeks*, how much of the time have your *physical health or emotional problems* interfered with your social activities (like visiting with friends, relatives, etc.)?**
○ All of the time ○ Most of the time ○ Some of the time ○ A little of the time ○ None of the time

**42. Please choose the answer that best describes how true or false each of the following statements is for you.** *(Mark one response on each line.)*

| | Definitely True | Mostly True | Not Sure | Mostly False | Definitely False |
|---|---|---|---|---|---|
| Over the past 4 weeks, I have felt about the same as I have felt during the past year | ○ | ○ | ○ | ○ | ○ |
| I seem to get sick a little easier than other people | ○ | ○ | ○ | ○ | ○ |
| I am as healthy as anybody I know | ○ | ○ | ○ | ○ | ○ |
| I expect my health to get worse | ○ | ○ | ○ | ○ | ○ |
| My health is excellent | ○ | ○ | ○ | ○ | ○ |

**43. Outside of your employment, do you provide regular care to any of the following?** *(Mark one response on each line. For people to whom you do not provide regular care, mark "Zero Hours".)*

| | HOURS PER WEEK | | | | | |
|---|---|---|---|---|---|---|
| | Zero Hrs. | 1-8 Hrs. | 9-20 Hrs. | 21-35 Hrs. | 36-72 Hrs. | 73+ Hrs. |
| Your children | ○ | ○ | ○ | ○ | ○ | ○ |
| Grandchildren | ○ | ○ | ○ | ○ | ○ | ○ |
| Disabled or ill spouse | ○ | ○ | ○ | ○ | ○ | ○ |
| Disabled or ill parent | ○ | ○ | ○ | ○ | ○ | ○ |
| Disabled or ill other person | ○ | ○ | ○ | ○ | ○ | ○ |

**44. How *stressful* would you say it is to provide care to the individuals mentioned above?**
○ Not applicable ○ Not at all ○ Just a little bit ○ Moderately ○ Extremely ○ Don't know

**45. How *rewarding* would you say it is to provide care to the individuals mentioned above?**
○ Not applicable ○ Not at all ○ Just a little bit ○ Moderately ○ Extremely ○ Don't know

**46. During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities as a result of any *emotional problems* (such as feeling depressed or anxious)?** *(Mark one response on each line.)*

a) Cut down the amount of time you spent on work or other activities ○ Yes ○ No
b) Accomplished less than you would like ○ Yes ○ No
c) Didn't do work or other activities as carefully as usual ○ Yes ○ No

**47. During the *past 4 weeks*, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?**
○ Not at all ○ Slightly ○ Moderately ○ Quite a bit ○ Extremely

**48. How much *bodily* pain have you had during the *past 4 weeks*?**
○ None ○ Very mild ○ Mild ○ Moderate ○ Severe ○ Very severe

**49. During the *past 4 weeks*, how much did *bodily pain* interfere with your normal work (including both work outside the home and housework)?**
○ Not at all ○ A little bit ○ Moderately ○ Quite a bit ○ Extremely

**50. During the *past 4 weeks*, have you had any of the following problems with your work or other regular daily activities as a result of your *physical health*?** *(Mark one response on each line.)*

a) Cut down the amount of time you spent on work or other activities ○ Yes ○ No
b) Accomplished less than you would like ○ Yes ○ No
c) Were limited in the kind of work or other activities ○ Yes ○ No
d) Had difficulty performing the work or other activities (for example, it took extra effort) ○ Yes ○ No

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**51. If you are retired, at what age did you retire?** 51

○ Not retired ○ < Age 50 ○ 50-54 ○ 55-59 ○ 60-64 ○ 65-69 ○ Age 70+

a) **Overall, how would you say the quality of retired life compares with life when you were working?** a

○ Much worse ○ Somewhat worse ○ About the same ○ Somewhat better ○ Much better

**52. If you have been employed within the past 2 years, the following questions relate to your most recent job:** 52

○ Not employed in last 2 years

| *Please choose the answer which best describes the degree to which you agree or disagree with each of the following statements.* | Strongly Disgree | Disagree | Agree | Strongly Agree |
|---|---|---|---|---|
| My job requires that I learn new things | ○ | ○ | ○ | ○ |
| My job involves a lot of repetitive work | ○ | ○ | ○ | ○ |
| My job requires me to be creative | ○ | ○ | ○ | ○ |
| My job allows me to make a lot of decisions on my own | ○ | ○ | ○ | ○ |
| My job requires a high level of skill | ○ | ○ | ○ | ○ |
| On my job, I have very little freedom to decide how I do my work | ○ | ○ | ○ | ○ |
| I get to do a variety of different things on my job | ○ | ○ | ○ | ○ |
| I have a lot of say about what happens on my job | ○ | ○ | ○ | ○ |
| I have an opportunity to develop my own special abilities | ○ | ○ | ○ | ○ |
| My job requires working very fast | ○ | ○ | ○ | ○ |
| My job requires working very hard | ○ | ○ | ○ | ○ |
| My job requires lots of physical effort | ○ | ○ | ○ | ○ |
| I am not asked to do an excessive amount of work | ○ | ○ | ○ | ○ |
| I have enough time to get the job done | ○ | ○ | ○ | ○ |
| My job security is good | ○ | ○ | ○ | ○ |
| I am free from conflicting demands that others make | ○ | ○ | ○ | ○ |
| People I work with are competent in doing their jobs | ○ | ○ | ○ | ○ |
| People I work with take a personal interest in me | ○ | ○ | ○ | ○ |
| People I work with are friendly | ○ | ○ | ○ | ○ |
| People I work with are helpful in getting the job done | ○ | ○ | ○ | ○ |

| | | Strongly Disgree | Disagree | Agree | Strongly Agree | Not Applicable |
|---|---|---|---|---|---|---|
| a) | My supervisor is concerned about the welfare of those under her | ○ | ○ | ○ | ○ | ○ |
| | My supervisor pays attention to what I am saying | ○ | ○ | ○ | ○ | ○ |
| | My supervisor is helpful in getting the job done | ○ | ○ | ○ | ○ | ○ |
| | My supervisor is successful in getting people to work together | ○ | ○ | ○ | ○ | ○ |

b) **How steady is your work?** b

○ Regular and steady ○ Seasonal ○ Frequent layoffs ○ Both seasonal and frequent layoffs ○ Other

c) **Sometimes people permanently lose jobs they want to keep. How likely is it that during the next couple of years you will lose your present job with your employer?** c

○ Not at all likely ○ Not too likely ○ Somewhat likely ○ Very likely

**53. How often do you go to religious meetings or services?** 53

○ More than once a week ○ Once a week ○ 1 to 3 times per month ○ Less than once per month ○ Never or almost never

**54. How many hours <u>each week</u> do you participate in any groups such as social or work group, church-connected group, self-help group, charity, public service or community group?** 54

○ None ○ 1 to 2 hours ○ 3 to 5 hours ○ 6 to 10 hours ○ 11 to 15 hours ○ 16 or more hours

**55. How many living children do you have?** ○ None ○ 1 to 2 ○ 3 to 5 ○ 6 or more 55

**56. How many of your children do you see at least once a month?** ○ None ○ 1 to 2 ○ 3 to 5 ○ 6 or more 56

**57. Apart from your children, how many relatives do you have with whom you feel close?** 57

○ None ○ 1 to 2 ○ 3 to 5 ○ 6 to 9 ○ 10 or more

**58. How many close relatives do you see at least once a month?** 58

○ None ○ 1 to 2 ○ 3 to 5 ○ 6 to 9 ○ 10 or more

**59. How many close friends do you have?** 59

○ None ○ 1 to 2 ○ 3 to 5 ○ 6 to 9 ○ 10 or more

**60. How many of these friends do you see at least once a month?** 60

○ None ○ 1 to 2 ○ 3 to 5 ○ 6 to 9 ○ 10 or more

**61. Is there any one special person you know that you feel very close to; someone you feel you can share confidences and feelings with?** 61

○ Yes → a) **How often do you see or talk with this person?** a X Y

○ No ○ Daily ○ Weekly ○ Monthly ○ Several times/year ○ Once/year or less L

***Thank you!* Please return forms in prepaid return envelope to:**
**Frank Speizer, MD, Nurses' Health Study, 180 Longwood Ave., Boston, MA 02115**