HARVARD MEDICAL SCHOOL **NURSES' HEALTH STUDY**

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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.

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!

NURSES' HEALTH STUDY - HARVARD MEDICAL SCHOOL

1. What is your date of birth? MONTH / DAY / YEAR

2. Current Weight: _____ lbs.

3. Have you had your uterus or ovaries removed? ☐ No ☐ Uterus removed ☐ Both ovaries removed ☐ One ovary removed

4. Do you currently smoke cigarettes? ☐ No ☐ Yes

2 3 4 5

5. Since June 2014, have you had any of these clinician-diagnosed illnesses?

Cardiovascular

LEAVE BLANK FOR "NO", MARK HERE FOR "YES".		YEAR OF DIAGNOSIS: BEFORE JUNE 1, 2014	JUNE '14 to MAY '16	After JUNE 1, 2016
Elevated Cholesterol	Y			
High Blood Pressure	Y			
Myocardial Infarction (heart attack) ➡ Were you hospitalized for this MI? ○ Yes ○ No	Y			
Angina ➡ Confirmed by angiogram? ○ Yes ○ No	Y			
Coronary Artery Bypass, Angioplasty, or Stent	Y			
Stroke (CVA)	Y			
Transient Ischemic Attack (TIA)	Y			
Carotid Artery Surgery (Endarterectomy)	Y			
Peripheral Artery Disease (not varicose veins)	Y			
Pulmonary Embolus / DVT	Y			
Congestive Heart Failure	Y			
Atrial Fibrillation, Dr. Dx	Y			
ICD-Implantable Cardiac Defibrillator	Y			

Cancer

		BEFORE JUNE 1, 2014	JUNE '14 to MAY '16	After JUNE 1, 2016
Breast Cancer	Y			
Melanoma	Y			
Squamous Cell Skin Cancer	Y			
Basal Cell Skin Cancer	Y			
Leukemia or Lymphoma	Y			
Colon or Rectal Polyps (benign)	Y			
Colon or Rectal Cancer	Y			
Other Cancer	Y			

Specify other cancer site (e.g., uterus, ovary, lung, etc.):

Eye Diseases

LEAVE BLANK FOR "NO", MARK HERE FOR "YES".		YEAR OF DIAGNOSIS: BEFORE JUNE 1, 2014	JUNE '14 to MAY '16	After JUNE 1, 2016
Glaucoma	Y			
Macular Degeneration of Retina	Y			
Cataract Extraction	Y			

Musculoskeletal

		BEFORE JUNE 1, 2014	JUNE '14 to MAY '16	After JUNE 1, 2016
Hip Fracture Specify Date, Site, and Circumstances on reverse side of this form	Y			
Vertebral Fracture	Y			
Osteoporosis	Y			
Rheumatoid Arthritis / Lupus	Y			

Other Diseases

		BEFORE JUNE 1, 2014	JUNE '14 to MAY '16	After JUNE 1, 2016
Diabetes Mellitus	Y			
Alzheimer's / Dementia	Y			
Parkinson's Disease	Y			
Lou Gehrig's Disease / Amyotrophic Lateral Sclerosis	Y			
Depression, Dr. Dx	Y			
Kidney Stones	Y			
Cholecystectomy	Y			
Fatty Liver Disease and/or Cirrhosis	Y			
Ulcerative Colitis / Crohn's or Microscopic Colitis	Y			
Gout	Y			
Eczema	Y			
Dysplastic nevus	Y			
Barrett's Esophagus	Y			
Sleep apnea	Y			
Other Major Illness or Surgery Since June 2014 Include for example: Gastric/Duodenal Ulcer, GI bleeding, Asthma, COPD, Diverticulitis, Celiac disease, Hyperparathyroidism, Hayfever, etc.	Y			

Specify other major illness or surgery:

Continue on Back

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W

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: _____

_____

Phone/E-mail: _____

Did you need any help from someone else to complete this questionnaire?

- No
- Yes, I received help from someone else but I provided most of the input
- Yes, someone else completed it on my behalf with minimal input from me

If Yes: **I needed help with: (Mark all that apply.)**

- Vision
- Writing
- Memory
- Other

Who helped?

- Spouse/Partner
- Adult child
- Other family
- POA

Please elaborate in the space below and include your name, address, telephone number or e-mail address, and your relationship to the participant. Please explain briefly why your help was needed (e.g., macular degeneration, Parkinson's, dementia, etc.).

If you reported a hip fracture:

Please specify the date and circumstances of your hip fracture (including fractures at the femoral head and neck, greater trochanter, and intertrochanteric).

- **Date of hip fracture:** Month _____ Year _____
- **Circumstances:**

Note: Please be specific regarding circumstances (e.g., "Fell from chair I was standing on")