HARVARD MEDICAL SCHOOL

NURSES' HEALTH STUDY

PLEASE REPLY TO:
Channing Laboratory
180 Longwood Ave.
Boston, Mass. 02115
617-732-2279

It is now six years since you responded to the first Nurses' Health Study questionnaire and I am very grateful for your cooperation and participation in the research project. This study was initially approved for a period of five years, but recently was favorably reviewed by the National Institutes of Health and received funding to continue for another five years. In this review, it was clear that the most unique and important features of the Nurses' Health Study were the extraordinary participation rate and the highly accurate information being provided by you and your colleagues.

Since I last wrote to you, several additional papers based on this study have been published relating to myocardial infarction, cancer of the breast, and malignant melanoma (see references below). We are continuing to assess the health effects of hair dyes, smoking, hormones and certain medications. In addition, the coming years will begin to provide valuable information which can be related to detailed dietary data obtained on the 1980 questionnaire. Findings from these analyses will be reported to you as they become available.

Although each form will be reviewed by one of us, you will note that this year's questionnaire has been designed so that it can be read by an optical scanning machine. This will enable us to process responses more rapidly and efficiently. It is important to mark the form using an ordinary (e.g. No. 2) pencil and to make no marks on the form other than where indicated. Please use a separate sheet for additional comments. Of course, all information provided will remain confidential and be used for medical statistical purposes only.

Through the biennial Nurses' Health Study questionnaire we.are learning about causes of cancer, heart disease and other important illnesses. The aim, of course, is to discover means of preventing these diseases. Your participation is a critical contribution toward this goal.

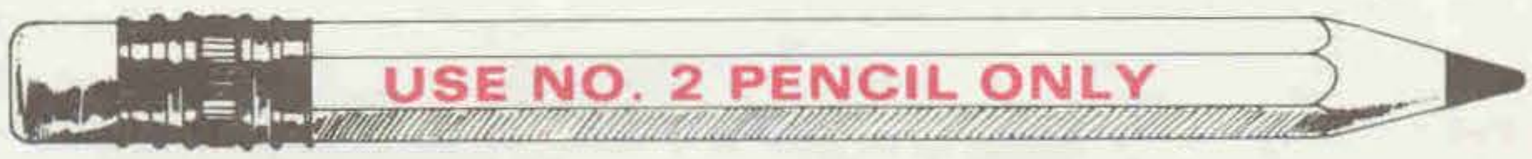
Yours Sincerely,

Frank E. Speizer

Frank E. Speizer, M.D.
Principal Investigator

*References: 1. Am. J. Epidemiol., 1981, Vol. 114, p.705, Early Age at First Birth and Decreased Risk of Breast Cancer. (Women who delivered their first child at younger ages experienced a decreased risk of breast cancer)
2. J. Natl. Cancer Inst., 1982, Vol. 68, Oral Contraceptive Use and Malignant Melanoma (Use of oral contraceptives was not related to risk of melanoma)
3. Am. J. Epidemiol., 1981 Vol. 113, p. 575. Cigarette Smoking and Non-Fatal Myocardial Infarction in Women. (Current smoking substantially increases the risk of non-fatal MI).

INSTRUCTIONS



Please use an ordinary pencil to answer all questions by completely filling in the appropriate response circle, or by writing the requested information if a space is provided. Note that some questions ask for information since June 1980, some ask for current status, and some ask about events over longer periods. Because this form is meant to be read by optical-scanning equipment, it is important for you to make no stray marks and to keep any write-in responses within the provided spaces. Should you need to change a response, erase incorrect mark completely. If you have comments, please write them on a separate paper.

EXAMPLE 1: Do you live in the United States? ○No ●Yes

Fill circle completely, do not mark this way: ⊘ ⊗ ●

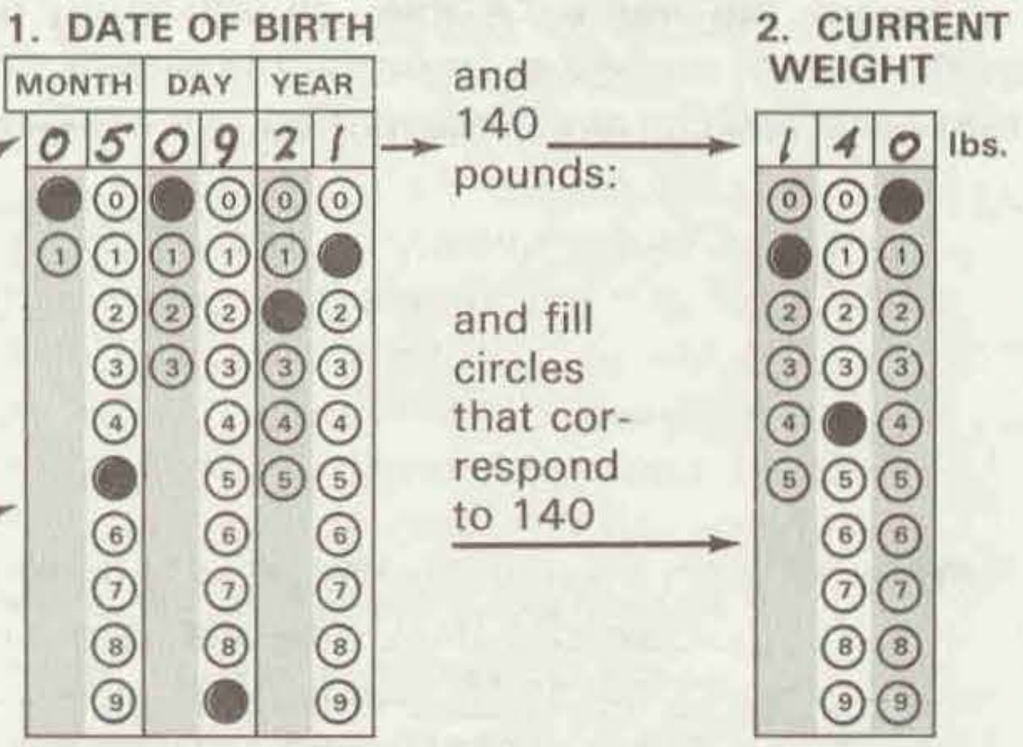
EXAMPLE 2: Where were you born? OREGON

Keep hand-writing within borders of the response box.

EXAMPLE 3: DATE OF BIRTH AND CURRENT WEIGHT:

a) Write in birthdate and weight in the boxes at the top of each grid. For example, May 9, 1921 would be

b) Below each number, fill in the circle that corresponds to that number



Thank you for completing the 1982 NURSES' HEALTH STUDY Questionnaire:

1. **Tear off cover letter (including stub).**
2. **Return questionnaire in enclosed prepaid envelope.**

HARVARD MEDICAL SCHOOL

NURSES' HEALTH STUDY

TM

1. DATE OF BIRTH

MONTH | DAY | YEAR

2. CURRENT WEIGHT

lbs.

3. SINCE JUNE 1980 HAVE YOU HAD A PREGNANCY LASTING SIX MONTHS OR MORE?

○ NO ○ YES → **IF YES, THE DELIVERY DATE WAS:**

- ○ 1980
- ○ 1981
- ○ 1982
- ○ 1983

4. WHICH BEST DESCRIBES THE REGULARITY OF YOUR NATURAL MENSTRUAL PERIODS BETWEEN THE AGES 20 TO 35 WHEN YOU WERE NEITHER PREGNANT NOR TAKING ORAL CONTRACEPTIVES?

- ○ VERY REGULAR (WITHIN EIGHT DAYS)
- ○ USUALLY REGULAR
- ○ USUALLY IRREGULAR
- ○ VERY IRREGULAR

FOLD

5. HAVE YOUR MENSTRUAL PERIODS CEASED PERMANENTLY?

○ NO ○ YES → **IF YES,**

a) AT WHAT AGE? (age)

b) FOR WHAT REASON?

- ○ NATURALLY
- ○ RADIATION
- ○ SURGERY

c) IF DUE TO SURGERY, WERE YOUR OVARIES REMOVED?

- ○ YES, BOTH
- ○ ONE ONLY
- ○ NOT REMOVED
- ○ NOT APPLICABLE

d) IF YOU HAD A NATURAL (NON-SURGICAL) MENOPAUSE, HAVE YOU SUBSEQUENTLY HAD SURGERY TO REMOVE OVARIES OR UTERUS?

- ○ BOTH OVARIES REMOVED
- ○ ONE OVARY REMOVED
- ○ UTERUS REMOVED
- ○ NO SUCH SURGERY
- ○ NOT APPLICABLE

IF NO ↓

6. SINCE JUNE 1980, HAVE YOU USED FEMALE HORMONES, OTHER THAN ORAL CONTRACEPTIVES?

○ NO ○ YES → **IF YES,**

a) ARE YOU CURRENTLY USING THEM? ○ YES, CURRENTLY ○ NO, NOT CURRENTLY

b) HOW MANY MONTHS HAVE YOU USED THEM DURING THE 24-MONTH PERIOD FROM JUNE 1980 TO JUNE 1982?

○ 1-4 mo. ○ 5-9 mo. ○ 10-14 mo. ○ 15-19 mo. ○ 20-24 mo.

FOLD

c) WHAT TYPE OF HORMONE HAVE YOU USED? (IF MORE THAN ONE TYPE, PLEASE INDICATE THE PREPARATION WHICH YOU HAVE USED THE LONGEST.)

○ PREMARIN ○ COMBINATION ESTROGEN AND PROGESTERONE ○ ESTROGEN AND TESTOSTERONE
○ SEQUENTIAL ESTROGEN AND PROGESTERONE ○ DES ○ OTHER →

d) WERE THESE ORAL OR VAGINAL PREPARATIONS? ○ ORAL ○ VAGINAL

e) IF YOU HAVE MARKED PREMARIN, WHAT DOSE?

○ .30 mg/DAY OR LESS (GREEN) ○ .625 mg/DAY (BROWN)
○ 1.25 mg/DAY (YELLOW) ○ MORE THAN 1.25mg/DAY ○ UNKNOWN OR VAGINAL

f) IF PREMARIN, HAVE YOU TAKEN IT DAILY OR CYCLICALLY? (CYCLICALLY OMITS SOME DAYS EACH MONTH)

○ DAILY ○ CYCLICALLY ○ UNKNOWN

IF NO ↓

7. DO YOU USE ANY METHOD OF CONTRACEPTION CURRENTLY?

○ NO ○ YES → **IF YES, WHICH METHOD?**

- ○ ORAL CONTRACEPTIVES
- ○ TUBAL LIGATION
- ○ I.U.D.
- ○ OTHER
- ○ HUSBAND'S VASECTOMY
- ○ DIAPHRAGM
- ○ CONDOM

IF NO ↓

8. HAVE YOU USED ORAL CONTRACEPTIVES AT ANY TIME SINCE JUNE 1980?

○ NO ○ YES → **IF YES, HOW MANY MONTHS HAVE YOU USED THEM IN THE 24-MONTH PERIOD FROM JUNE 1980 TO JUNE 1982?**

○ 1-4 mo. ○ 5-9 mo. ○ 10-14 mo. ○ 15-19 mo. ○ 20-24 mo.

GO TO PAGE 2 →

9. DO YOU CURRENTLY SMOKE CIGARETTES?

○ NO ○ YES → **IF YES** a) WHAT SPECIFIC BRAND? → (e.g., "MARLBORO LIGHTS 100'S") brand

IF NO ↓

b) HOW MANY CIGARETTES DO YOU SMOKE PER DAY?

○ 1-4 ○ 5-14 ○ 15-24 ○ 25-34 ○ 35-44 ○ 45 OR MORE

10. DID YOUR PARENTS SMOKE WHILE YOU WERE LIVING WITH THEM?

○ NO ○ MOTHER ONLY ○ FATHER ONLY ○ BOTH MOTHER AND FATHER

11. AS AN ADULT, HOW MANY YEARS HAVE YOU LIVED WITH SOMEONE WHO SMOKED REGULARLY?

○ NONE OR LESS THAN 1 ○ 1-4 YRS. ○ 5-9 YRS. ○ 10-19 YRS. ○ 20-29 YRS. ○ 30-39 YRS. ○ 40 OR MORE

12. ARE YOU CURRENTLY EXPOSED TO CIGARETTE SMOKE FROM OTHER PEOPLE:

a) AT HOME? ○ NO ○ OCCASSIONALLY ○ REGULARLY

b) AT WORK? ○ NO ○ OCCASSIONALLY ○ REGULARLY

13. DID ANY OF THESE FAMILY MEMBERS EVER HAVE:

a) COLON OR RECTAL CANCER?	○ MOTHER	○ FATHER	○ SISTER	○ BROTHER	○ NO/UNK
b) BREAST CANCER?	○ MOTHER		○ SISTER		○ NO/UNK
c) MELANOMA?	○ MOTHER	○ FATHER	○ SISTER	○ BROTHER	○ NO/UNK
d) DIABETES?	○ MOTHER	○ FATHER	○ SISTER	○ BROTHER	○ NO/UNK

FOLD —

14. SINCE JUNE 1980, HAVE YOU BEEN DIAGNOSED TO HAVE ANY OF THE FOLLOWING CONDITIONS?

PLEASE MARK IF DIAGNOSED	MONTH OF DIAGNOSIS	YEAR OF DIAGNOSIS
○ HIGH BLOOD PRESSURE (EXCEPT WHILE PREGNANT)	J F M A M J J A S O N D	19 80 81 82 83
○ DIABETES MELLITUS	J F M A M J J A S O N D	19 80 81 82 83
○ ELEVATED CHOLESTEROL	J F M A M J J A S O N D	19 80 81 82 83
○ MYOCARDIAL INFARCTION (HEART ATTACK)	J F M A M J J A S O N D	19 80 81 82 83
WERE YOU HOSPITALIZED FOR THIS HEART ATTACK? → ○ NO ○ YES		
○ ANGINA PECTORIS	J F M A M J J A S O N D	19 80 81 82 83
○ PERIPHERAL VENOUS THROMBOSIS	J F M A M J J A S O N D	19 80 81 82 83
○ FIBROCYSTIC BREAST DISEASE	J F M A M J J A S O N D	19 80 81 82 83
WAS THIS CONFIRMED BY A BREAST BIOPSY? → ○ NO ○ YES		
○ OTHER BENIGN BREAST DISEASE	J F M A M J J A S O N D	19 80 81 82 83
WAS THIS CONFIRMED BY A BREAST BIOPSY? → ○ NO ○ YES		
○ BREAST CANCER	J F M A M J J A S O N D	19 80 81 82 83
○ CANCER OF THE CERVIX – IN SITU ONLY	J F M A M J J A S O N D	19 80 81 82 83
○ CANCER OF THE CERVIX – ALL OTHER	J F M A M J J A S O N D	19 80 81 82 83
○ CANCER OF THE UTERUS (ENDOMETRIUM)	J F M A M J J A S O N D	19 80 81 82 83
○ CANCER OF THE OVARY	J F M A M J J A S O N D	19 80 81 82 83
○ CANCER OF THE COLON OR RECTUM (LARGE BOWEL)	J F M A M J J A S O N D	19 80 81 82 83
○ CANCER OF THE LUNG	J F M A M J J A S O N D	19 80 81 82 83
○ MELANOMA	J F M A M J J A S O N D	19 80 81 82 83
○ OTHER CANCER → PLEASE SPECIFY SITE:	J F M A M J J A S O N D	19 80 81 82 83

FOLD —

15. HAVE YOU EVER HAD ANY OF THE FOLLOWING CONDITIONS? PLEASE MARK IF SO.

	BEFORE 1965	1965 TO 1969	1970 TO 1975	PLEASE MARK YEAR OF FIRST DIAGNOSIS 1976	1977	1978	1979	1980	1981	1982	1983
○ RHEUMATOID ARTHRITIS	○	○	○	○	○	○	○	○	○	○	○
○ GOUT	○	○	○	○	○	○	○	○	○	○	○
○ OTHER ARTHRITIS	○	○	○	○	○	○	○	○	○	○	○
○ SYSTEMIC LUPUS ERYTHEMATOSIS (SLE)	○	○	○	○	○	○	○	○	○	○	○
○ CHOLECYSTECTOMY (GALL BLADDER REMOVAL)	○	○	○	○	○	○	○	○	○	○	○
○ GALL STONES, NOT REMOVED	○	○	○	○	○	○	○	○	○	○	○
○ STROKE (CVA)	○	○	○	○	○	○	○	○	○	○	○
○ PULMONARY EMBOLUS	○	○	○	○	○	○	○	○	○	○	○
○ OSTEOPOROSIS	○	○	○	○	○	○	○	○	○	○	○
○ FRACTURE OF HIP OR FOREARM	○	○	○	○	○	○	○	○	○	○	○
○ GASTRIC OR DUODENAL ULCER	○	○	○	○	○	○	○	○	○	○	○
○ ULCERATIVE COLITIS	○	○	○	○	○	○	○	○	○	○	○
○ OTHER MAJOR ILLNESS (INCLUDE DIAGNOSES SINCE JUNE 1980 ONLY) →								○	○	○	○

→ PLEASE SPECIFY: →

GO TO PAGE 3 →

16. DO YOU CURRENTLY USE A MULTIPLE VITAMIN?

○ NO ○ YES → IF YES, a) WHAT BRAND DO YOU USE: brand

IF NO ↓

b) HOW MANY PILLS OR CAPSULES DO YOU TAKE PER WEEK?

○ 2 OR LESS ○ 3-5 ○ 6-9 ○ 10 OR MORE

17. DISREGARDING MULTIPLE VITAMINS, DO YOU TAKE ANY OF THE FOLLOWING PREPARATIONS?

VITAMIN A	○ NO	○ YES, SEASONAL ONLY ○ YES, MOST MONTHS	DAILY DOSE?	○ LESS THAN 8,000 IU	○ 8,000 TO 12,000 IU	○ 13,000 TO 22,000 IU	○ 23,000 IU OR MORE	○ DON'T KNOW
VITAMIN C	○ NO	○ YES, SEASONAL ONLY ○ YES, MOST MONTHS	DAILY DOSE?	○ LESS THAN 400 mg.	○ 400 TO 700 mg.	○ 750 TO 1,250 mg.	○ 1,300 mg. OR MORE	○ DON'T KNOW
VITAMIN E	○ NO	○ YES →	DAILY DOSE?	○ LESS THAN 200 IU	○ 200 TO 250 IU.	○ 300 TO 500 IU	○ 600 IU OR MORE	○ DON'T KNOW
SELENIUM	○ NO	○ YES →	DAILY DOSE?	○ LESS THAN 90 mcg.	○ 90 TO 130 mcg.	○ 140 TO 250 mcg.	○ 260 mcg. OR MORE	○ DON'T KNOW
ZINC	○ NO	○ YES →	DAILY DOSE?	○ LESS THAN 25 mg.	○ 25 TO 74 mg	○ 75 TO 100 mg.	○ 101 mg. OR MORE	○ DON'T KNOW
CALCIUM OR DOLOMITE	○ NO	○ YES →	DAILY DOSE?	○ LESS THAN 400 mg.	○ 400 TO 900 mg.	○ 901 TO 1,300 mg.	○ 1,301 mg. OR MORE	○ DON'T KNOW
ANY OTHER VITAMINS OR MINERALS?	○ NO	○ YES ↳ PLEASE SPECIFY:						

FOLD

18. HOW OFTEN HAVE YOU USED EACH FOOD DURING THE PAST YEAR? FOR SEASONAL FOODS, AVERAGE YOUR USE OVER THE FULL YEAR.

FOODS AND AMOUNTS	AVERAGE USE LAST YEAR								
	6+ PER DAY	4-6 PER DAY	2-3 PER DAY	1 PER DAY	5-6 PER WEEK	2-4 PER WEEK	1 PER WEEK	1-3 PER MO.	NEVER OR ALMOST NEVER
BRUSSELS SPROUTS (1/2 c.)	○	○	○	○	○	○	○	○	○
BROCCOLI (1/2 c.)	○	○	○	○	○	○	○	○	○
CABBAGE, COLE SLAW, OR CAULIFLOWER (1/2 c.)	○	○	○	○	○	○	○	○	○
CARROTS (1 RAW OR 1/2 c. COOKED)	○	○	○	○	○	○	○	○	○
SPINACH, COOKED (1/2 c.)	○	○	○	○	○	○	○	○	○
SPINACH, RAW (AS IN SALADS)	○	○	○	○	○	○	○	○	○
SWEET POTATOES, YAMS (1/2 c.)	○	○	○	○	○	○	○	○	○
YELLOW (WINTER) SQUASH (1/2 c.)	○	○	○	○	○	○	○	○	○
TOMATOES (1) OR TOMATO JUICE (4 oz.)	○	○	○	○	○	○	○	○	○
ONIONS, AS A VEGETABLE OR SOUP (NOT AS A GARNISH)	○	○	○	○	○	○	○	○	○
RED CHILI SAUCE (1 TABLESPOON)	○	○	○	○	○	○	○	○	○
CANTALOUPE (1/4 MELON)	○	○	○	○	○	○	○	○	○
PEACHES, APRICOTS, NECTARINES (FRESH, FROZEN, OR CANNED)	○	○	○	○	○	○	○	○	○
ORANGE JUICE (4-6 oz. GLASS)	○	○	○	○	○	○	○	○	○
PROCESSED MEATS (SAUSAGE, SALAMI, BOLOGNA, BACON, HOT DOGS, ETC.) (PIECE OR SLICE)	○	○	○	○	○	○	○	○	○
BEEF, GROUND BEEF, OR LAMB AS A HAMBURGER, MIXED DISH, STEW, CASSEROLE, LASAGNE, ETC.	○	○	○	○	○	○	○	○	○
BEEF OR LAMB AS A MAIN DISH (6-8 oz.) (e.g. STEAK OR ROAST)	○	○	○	○	○	○	○	○	○
PORK OR HAM AS A SANDWICH OR MIXED DISH	○	○	○	○	○	○	○	○	○
PORK OR HAM AS A MAIN DISH (6-8 oz.)	○	○	○	○	○	○	○	○	○
CHICKEN (6-8 oz.)	○	○	○	○	○	○	○	○	○
FISH, INCLUDING CANNED FISH	○	○	○	○	○	○	○	○	○
LIVER (3-4 oz.)	○	○	○	○	○	○	○	○	○
EGGS (1)	○	○	○	○	○	○	○	○	○
WHOLE MILK (8 oz. GLASS)	○	○	○	○	○	○	○	○	○
SKIM OR LOW FAT MILK (8 oz. GLASS)	○	○	○	○	○	○	○	○	○
CREAM (1 TABLESPOON) – EXCLUDE NON-DAIRY	○	○	○	○	○	○	○	○	○
BUTTER (PAT)	○	○	○	○	○	○	○	○	○
MARGARINE (PAT)	○	○	○	○	○	○	○	○	○
COLD BREAKFAST CEREAL (1 c.)	○	○	○	○	○	○	○	○	○

FOLD

19. WHAT IS YOUR CURRENT EMPLOYMENT STATUS? ○ HOMEMAKER ○ NURSING EDUCATION

○ OPERATING ROOM NURSING ○ IN-PATIENT STAFF NURSING ○ OUT-PATIENT OR COMMUNITY NURSING

○ OTHER NURSING → ○ NON-NURSING EMPLOYMENT

GO TO PAGE 4

20. DID YOU EVER TAKE TETRACYCLINE FOR AT LEAST 2 MONTHS AT A TIME? (e.g., FOR ACNE OR OTHER REASON)

○ NO ○ YES → **FOR HOW LONG?** ○ 2-11 MONTHS ○ 1-2 YEARS ○ MORE THAN 2 YEARS

21. DID YOU EVER TAKE GRISEOFULVIN BY MOUTH?

○ NO ○ YES → a) **FOR HOW LONG?** ○ LESS THAN 2 MO. ○ 2-11 MONTHS ○ 1 YEAR OR MORE

b) **WHEN?** ○ BEFORE 1970 ○ AFTER 1970

22. ARE YOU CURRENTLY TAKING ANY OF THE FOLLOWING MEDICATIONS AT LEAST ONCE PER WEEK?

PLEASE MARK IF SO:

○ ASPIRIN (BUFFERIN, ANACIN, ETC. DO NOT INCLUDE TYLENOL)
HOW MANY ASPIRINS PER WEEK? ○ 1-3 ○ 4-6 ○ 7-14 ○ 15 OR MORE

○ THIAZIDE DIURETICS (DIURIL, HYDROCHLOROTHIAZIDE, ETC.)

○ THYROID HORMONE (EXTRACT, SYNTHROID, ETC.)

○ TAGAMET (CIMETIDINE)

○ ALDOMET (METHYLDOPA)

○ VALIUM

○ OTHER MEDICATIONS, SPECIFY →

23. HOW MANY FLIGHTS OF STAIRS (NOT STEPS) DO YOU CLIMB DAILY? ○ 2 OR LESS ○ 3-4 FLIGHTS ○ 5-9 ○ 10-14 ○ 15 OR MORE

24. HOW MANY BLOCKS DO YOU WALK DAILY?

○ 1 OR LESS ○ 2-4 ○ 5-9 ○ 10-14 ○ 15-19 ○ 20 OR MORE

FOLD

25. HOW MANY TIMES A WEEK DO YOU ENGAGE IN ANY PHYSICAL ACTIVITY VIGOROUS ENOUGH TO WORK UP A SWEAT?

○ 7 OR MORE TIMES A WEEK ○ 4-6 TIMES A WEEK ○ 2-3 TIMES ○ ONCE A WEEK ○ LESS THAN ONCE A WEEK

26. HOW MANY HOURS PER WEEK DO YOU ENGAGE IN SUCH VIGOROUS ACTIVITY?

○ 7 OR MORE HOURS PER WEEK ○ 4-6 HOURS ○ 2-3 HRS. ○ 1 HR. ○ LESS THAN 1 HR/WK

27. DO YOU CURRENTLY USE PERMANENT HAIR DYES? (DO NOT COUNT DYES THAT RINSE OUT WITH WASHING)

○ NO ○ YES → **IF YES, HOW OFTEN?** ○ EVERY 2-4 WEEKS ○ EVERY 5-7 WKS. ○ EVERY 8-12 WKS. ○ EVERY 13 OR MORE WEEKS

28. WHAT WAS THE NATURAL COLOR OF YOUR HAIR AT AGE 21?

○ RED ○ BLONDE ○ LIGHT BROWN ○ DARK BROWN ○ BLACK

29. HAVE YOU EVER COMMONLY USED TALCUM, BABY POWDER OR DEODORIZING POWDER TO:

a) **APPLY TO PERINEAL (PRIVATE) AREA?** ○ NO ○ DAILY ○ 1-6 TIMES A WEEK ○ LESS THAN ONCE A WEEK

b) **APPLY ON SANITARY NAPKINS?** ○ NO ○ YES

30. HOW FREQUENTLY DO YOU HAVE A BOWEL MOVEMENT?

○ MORE THAN ONCE A DAY ○ DAILY ○ EVERY OTHER DAY ○ EVERY 3-4 DAYS ○ EVERY 5-6 DAYS ○ ONCE A WEEK OR LESS

31. HOW OFTEN DO YOU USE A LAXATIVE? (INCLUDE SOFTENERS, BULK AGENTS, AND SUPPOSITORIES)

○ NEVER ○ DAILY ○ AT LEAST ONCE A WEEK ○ 1-4 TIMES A MONTH ○ LESS THAN ONCE A MONTH

FOLD

32. AS A CHILD OR ADOLESCENT, ONCE YOU HAD BEEN EXPOSED TO THE SUN SEVERAL TIMES, WHAT KIND OF REACTION WOULD YOUR SKIN HAVE AFTER TWO OR MORE HOURS IN THE SUN ON A BRIGHT SUNNY DAY?

○ PRACTICALLY NONE ○ SOME REDNESS ONLY ○ BURN ○ PAINFUL BURN ○ PAINFUL BURN WITH BLISTERS

33. AS A CHILD OR ADOLESCENT, AFTER REPEATED SUN EXPOSURES, e.g., A TWO-WEEK VACATION OUTDOORS, WHAT KIND OF TAN WOULD YOU GET?

○ PRACTICALLY NONE ○ LIGHT TAN ○ AVERAGE TAN ○ DEEP TAN ○ OTHER

34. HOW OFTEN HAVE YOU HAD A SEVERE AND PAINFUL SUNBURN AT EACH OF THESE AREAS ON THE BODY?

a) BACK AND SHOULDER	○ NEVER	○ 1-2 TIMES	○ 3-5 TIMES	○ 6 OR MORE TIMES
b) LOWER LIMBS	○ NEVER	○ 1-2 TIMES	○ 3-5 TIMES	○ 6 OR MORE TIMES
c) FACE OR ARMS	○ NEVER	○ 1-2 TIMES	○ 3-5 TIMES	○ 6 OR MORE TIMES
d) "ALL OVER"	○ NEVER	○ 1-2 TIMES	○ 3-5 TIMES	○ 6 OR MORE TIMES

35. HOW WOULD YOU RATE THE AMOUNT OF STRESS IN YOUR DAILY LIFE?

a) AT HOME:	○ SEVERE	○ MODERATE	○ LIGHT	○ MINIMAL
b) AT WORK:	○ SEVERE	○ MODERATE	○ LIGHT	○ MINIMAL

OPTIONAL: PLEASE NOTE THE NAME AND ADDRESS OF SOMEONE WE CAN CONTACT IN CASE YOU EVER MOVE.

NAME: _____

ADDRESS: _____

_____

(1) (2) (3) (4) (5) (6) (7) (8) (9) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
(1) (2) (3) (4) (5) (6) (7) (8) (9) (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

THANK YOU! PLEASE WRITE ANY ADDITIONAL COMMENTS ON A SEPARATE PAGE.