HARVARD MEDICAL SCHOOL



NURSES' HEALTH STUDY

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

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Dear Colleague:

It is now ten years since you completed the first Nurses' Health Study Questionnaire in 1976. Your participation and that of over 120,000 other R.N.'s has made this study the largest prospective investigation specifically directed to the health of women. I am most grateful for the detailed information you have provided over these years. Whether or not you are still active in nursing, your continued participation is extremely valuable.

Several important findings have already emerged from the study. In 1976, there was concern that oral contraceptives and post-menopausal estrogens might increase the risk of breast cancer. Reassuringly, neither of these hormonal preparations affect the risk of breast cancer (1,2). Continued monitoring is necessary to determine whether this remains true over longer periods. The use of postmenopausal estrogens was associated with a reduced risk of myocardial infarction (MI) (3). Current use of oral contraceptives increased the risk of MI (4) but past use carried no extra risk (5). As expected, cigarette smoking was clearly a major risk factor for MI (6).

We are examining the effects of hair-dye use and diet on breast cancer; details will be sent to you on our 1987 newsletter. Other analyses in progress include the relationships of diet with risk of other cancers and heart disease, and the health effects of exercise, to name a few. We particularly appreciate the special efforts of those who provided additional detailed information on dietary intake, or who gave permission to review their medical records for further diagnostic details. This added information has documented the accuracy of reported dietary intake (7) and medical events (8).

Please complete and return the enclosed questionnaire at your earliest convenience. As always, information will be kept strictly confidential and used for medical statistical purposes only. Again, I would like to express my deepest gratitude for the contribution you have made to this study. Already this has yielded useful information, and we are confident that findings during the next several years will provide important guidance for maintaining optimal health.

Sincerely,

E. perga, M.D.

Frank E. Speizer, M.D. Principal Investigator

Research Group:

Graham Colditz, M.D. Karen Corsano, M.A. Meryl Dannenberg, B.S. David Dysert Gertrude Geller, R.N. Barbara Egan Charles Hennekens, M.D. Maureen Ireland Susan Newman Bernard Rosner, Ph.D. Laura Sampson, R.D. Frank E. Speizer, M.D. Meir Stampfer, M.D. Harry Taplin, M.A. Walter Willett, M.D.

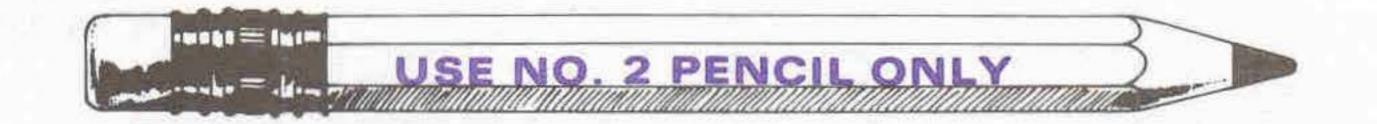
*References:

Advisory Board:

Thelma M. Schorr, R.N. President, American Journal of Nursing. Susan S. Hartley, Ph.D. Director of Statistics and Data Analysis American Nurses' Association 1. Oral contraceptives and breast cancer: a prospective cohort study. JAMA 1986; 255:58-61.

- A prospective cohort study of postmenopausal female hormone use and risk of breast cancer. Am. J. Epidemiol 1983; 118:416.
- A prospective study of postmenopausal estrogen therapy and coronary heart disease. N. Engl. J. Med. 1985; 313:1044-9.
- Oral contraceptive use in relation to nonfatal myocardial infarction. Am. J. Epidemiol 1980; 111:59-66.
 Past use of oral contraceptives and risk of coronary heart disease. Am. J. Epidemiol 1985; 122:547.
 Cigarette smoking and non-fatal myocardial infarction in women. Am. J. Epidemiol 1981; 113:575-82.
 Reproducibility and validity of a semiguantitative food frequency questionnaire. Am. J. Epidemiol 1985; 122:51-65.
 Validation of questionnaire information on risk factors and disease outcomes in a prospective cohort study of women. Am. J. Epidemiol 1986; 123:894-900.

INSTRUCTIONS



Please use an <u>ordinary pencil</u> 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 <u>since June 1984</u>, some ask for <u>current status</u>, and some ask about events over <u>longer periods</u>. Because this form is meant to be read by optical-scanning equipment, it is important for you to make <u>no</u> stray marks and to keep any write-in responses <u>within</u> the provided spaces. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.

 EXAMPLE 1: Do you live in the United States?
 ONO
 YES

 Fill circle completely, do not mark this way:
 Image: Completely of the completely o

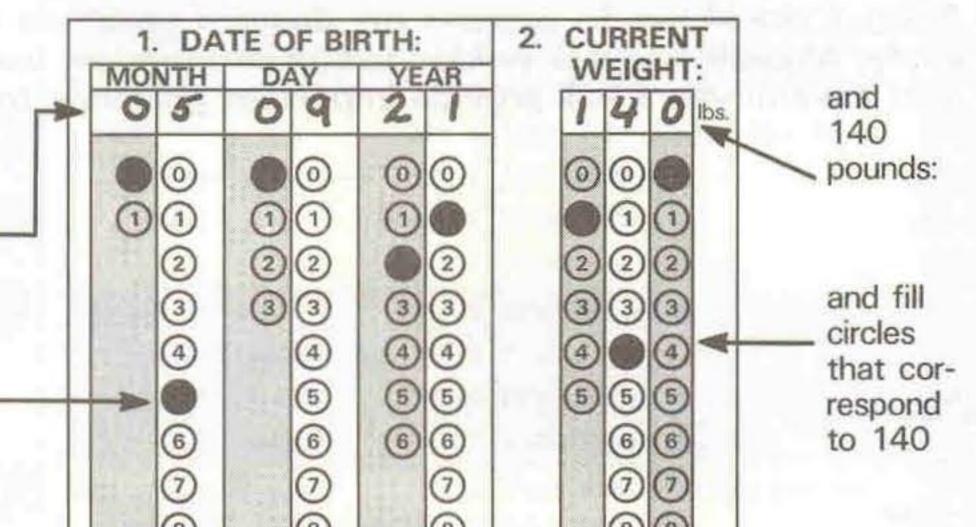
EXAMPLE 2: Where were you born?



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 1986 NURSES' HEALTH STUDY Questionnaire. Please tear off the cover letter and return

questionnaire in the enclosed pre-paid envelope.

NURSES' HEALTH STUDY QUESTIONNAIRE HARVARD MEDICAL SCHOOL Page 1 1. DATE OF BIRTH 3. Have your menstrual periods ceased permanently? 2. CURRENT WEIGHT (lbs.) O Yes → a) For what reason? MONTH DAY YEAR b) At what age? \bigcirc SURGERY \rightarrow If due to surgery, () No age \rightarrow were your ovaries removed? \odot 00 00 0 00 0 \odot 11 11 11 To #4 () Not O Yes, both removed 2 2 22 22 2 22 O One only 3 33 3 33 3 33 4 44 44 4 4 **ORADIATION OR CHEMOTHERAPY** 5 5 6 (5) 55 55 6 6 6 6 66 66 O menopause, have you had subsequent 0 surgery to remove ovaries or uterus? 0 0 0 0 302 (7)8 8 8 88 8 ONO O One ovary removed 9 9 Uterus 9 99 9 O Both ovaries removed removed Since June 1984, have you used female hormones (other than oral contraceptives)? 4. O Yes → a) Are you currently using them? O Yes, currently O No, not currently ONO b) How many months have you used them during the 24-month period between June 1984 and June 1986? O 1−4 mo. O 5−9 mo. O 10−14 mo. O 15−19 mo. () 20-24 mo. c) What type of hormone have you used the longest during this period? O Premarin or other conjugated estrogen alone. O Estrogen & progesterone (in one pill) O Progesterone (e.g. Provera) alone O Estrogen & Testosterone O Sequential Estrogen & Progesterone O Other, Please specify ○ Vaginal d) Was this an oral or vaginal preparation? OOral 40

at 15 all the second se

	e) if this was conjugated estrogen (e.g. Premarin), v	what dose	e dia y	ou usu	ally tal	(6)							
	O.30 mg./day or less (Green) O.9 mg./day	(White)	White) O More than 1.25 mg./day										
	O.625 mg./day (Brown) O 1.25 mg./d	day (Yellov	V)	OD	ose un	known	(O Used vaginal cream					
	f) If this was conjugated estrogen (e.g. Premarin), of (cyclically omits some days each month)	lid you ta	ke it d		cyclica aily) Cycli	cally	(Unkr	nown		
5.	How many months in total (all births combined) did you breast O Did not breast feed O 18-23 mo. O 24-35 mo.	o. 04	4–6 mo 36–47)7-11 n)48 or n			2–17 annot	mo. remem	nber		
6.	a) What was birth weight of your heaviest child? O No children	O	ess than	81/2 lbs	() 81/2-91/2		O9	1/2-101	6 () 101/		
	b) What was your age at delivery of first child over 91/2 lbs? O None over 91/2 lbs. O Age 24 or less O 25-29 O 30-34 O Age												
	c) What was your age at delivery of your heaviest child?	O No childr	ren	OA	ge 24 o	r less (25-2	9 (30-3	34 (Age		
8.	On average each day, how often do you apply lipstick?	specify exactoriand and type	ess th	an	01	more -3	04	-5	0.	5 6 or	D (B) (
	(not gloss or lip balm) use	n c	once a	day	tii	mes/day	ti	mes/da	ay	time	s/day		
9.	During the past year, what was your average time per week		AVERAGE TOTAL TIME PER WEEK										
	spent at each of the following activities:	ZERO	1-4 Min.	5–19 Min.	20–59 Min.	ONE HOUR	1-1½ Hrs.	2-3 Hrs.	4–6 Hrs.	7-10 Hrs.	11+ Hrs. (
	Walking or hiking outdoors (include walking at golf)	0	0	0	0	0	0	0	0	0	0		
	Jogging (slower than 10 minutes/mile)	0	0	0	0	0	0	0	0	0	0		
	Running (10 minutes/mile or faster)	0	0	0	0	0	0	0	0	0	0		
-	Bicycling (include stationary machine)	0	0	0	0	0	0	0	0	0	0		
	Lap Swimming	0	0	0	0	0	0	0	0	0	0		
	Tennis	0	0	0	0	0	0	0	0	0	0		
	Colinthanian / Acarbian / Acarbia Dense / Densing Mashin	- 0	0	0	0	0	0	0	0	0	0		

	-	Calisthenics/ Aero	bics/ Aerob	ic Dance/ Rov	ving Machin		0	0 0	00		
1	1	Squash or Racquet	Ball	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and Les	00	0	0 0	00) 0 (00 0
10.	Wh	at is your usual walk	ing pace?	O Easy, casua (less than 2		Normal, avera (2-2.9 mph)	ge	O Brisk pa (3-3.9			sk/striding or faster)
11.	-	v many flights of star 2 flights or less		vidual steps) do		daily? 15 or more flight	ts				
12.	Plea	ase count the number	O 1-2 mole			-	-	-	or larger:		ameter)
13.	a) b)	Indicate total hours What is your usual	sleeping po	sition?	On back	O On side		on front) 8 hrs. () 9 hrs. () 10	0 hrs. () 11+
	C)	Do you snore?	Regularly	() Occa	isionally	() Never				A STATE OF A STATE	

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000000000		and the second se	õ		2	3	(4)	(5)	6	Ø	(8)	6
14. Since June 1984 have you had any the following physician-diagnosed illnes Mark here for yes DIABETES MELLITUS	Ses? BEFORE	JUNE 84 TO MAY 85	TO JI	AFTER UNE 1 1986	0		How mar	ny do you			01	10 or
	~ ~	0	8	8	19	INO	less	\sim	3-5	00-9		nore
	$\mathbb{Y} \rightarrow \mathbb{O}$	0	0	8		1.1	VAII	Little Lines	al al a sures			0
		0	0		-		What spe	ecitic brai	ia ao you	r usually t	iser	0
attack)	Ø→I O	101	01	0		*						0
→ Were you hospitalized?		Yes	O No	0		SPEC	IFY EXACT B	RAND AND	TYPE			0
	y)→ ()	101	01	0	18.	Not coun	ting multi	nle vitami	ne do vo	u take ar	W	BIC
Ly Did you have an angiogram or stress	test?→ O1	Yes	ONO	1		The second s	llowing pr	A REAL PROPERTY OF A REAL PROPER		ru take ai	'Y	E
CORONARY ARTERY BYPASS			-		_	-9499		1.15				
	$y \rightarrow 0$	0	0	0	₽ PR	EPARATIO	ON		OUNT PE	NAME OF TAXABLE AND	1111	000
STROKE (CVA) ($\mathbb{D} \rightarrow \mathbb{O}$	0	0	0	Vita	min A?		Oless	than 8,0	00 IU per	day (
PULMONARY EMBOLUS	$\mathfrak{D} \rightarrow O$	0	0	0	0	Yes, seas	onal only	0.80	00-12,00	UIO	0	000
FIBROCYSTIC BREAST DISEASE (D→ O	0	0	0	C	Yes, mos	t months J	O 13.	000-22,0			220
Was this confirmed by a breast biops	V? - OI	Yes	ONO		0	Non		023	000 or m	ore	don't	33

						1.00			101.02.0.9		-
	OTHER BENIGN BREAST DISEASE	$\bigcirc \rightarrow$	0	0	0	0	Vitamin C?	Oless than 400 mg. p	er day	(4)	
	Was this confirmed by a breast biop	psy? —	+ OY	es	ON	0	O Yes, seasonal only	○ 400-700 mg.		(5)	66
	BREAST CANCER	$\bigcirc \rightarrow$	0	0	0	0	O Yes, most months ∫	○ 750-1250 mg.	0	6	66
	CANCER OF THE CERVIX (include in-situ)	$\bigcirc \rightarrow$	0	0	0	0	O No-	O 1300 mg. or more	don't know	0	00
	CANCER OF THE UTERUS (endometrium)	$\bigcirc \rightarrow$	0	0	0	0	Vitamin B-6?	O less than 10 mg. per	day	3	88
	CANCER OF THE OVARY	$\bigcirc \rightarrow$	0	0	0	0	O Yes	O 10-39 mg.		9	99
	COLON POLYPS (benign)	$\odot \rightarrow$	0	0	0	0	ONo	O 40−79 mg.	0	0	00
	CANCER OF THE COLON OR RECTUN	$1 \odot \rightarrow$	0	0	0	0	1 Enloyer	O 80 mg. or more	don't know	0	00
- 3	CANCER OF THE LUNG	$\odot \rightarrow$	0	0	0	0	Vitamin E?	Oless than 100 IU per	day	20	22
	MELANOMA	$\bigcirc \rightarrow$	0	0	0	0	O Yes	O 100-250 IU		1	33
	BASAL CELL SKIN CANCER	$\bigcirc \rightarrow$	0	0	0	0	ONO	O 300-500 IU	0	4	44
-	SQUAMOUS CELL SKIN CANCER	$\heartsuit \rightarrow$	0	0	0	0		O 600 IU or more	don't know	(5)	5 5
	OTHER CANCER	$\heartsuit \rightarrow$	0	0	0	0	Selenium?	O less than 80 mcg. pe			66
	Specify site of						O Yes	O 80-130 mcg.		0	00
-	other cancer						ONo	O 140-250 mcg.	0	3	88
	FRACTURE OF HIP OR FOREARM	$\bigcirc \rightarrow$	0	0	0	0		O 260 mcg. or more	don't know	9	99
	Please specify site and circumstance	es on a s	separate	e sheet							
	OSTEOPOROSIS	$\bigcirc \rightarrow$	0	0	0	0	Iron?	Oless than 51 mg. per	day	0	00
	RHEUMATOID ARTHRITIS (Physician diagnosed)	$\bigcirc \rightarrow$	0	0	0	0	O Yes	○51-200 mg.		0	00
-	GOUT	$\odot \rightarrow$	0	0	0	0	ONO	O 201-400 mg.	.0	20	22
	SYSTEMIC LUPUS ERYTHEMATOSUS (SLE)	$\bigcirc \rightarrow$	0	0	0	0	1	O 401 mg. or more	don't know	3	33
	OTHER ARTHRITIS	$\odot \rightarrow$	0	0	0	0	Zinc?	O less than 25 mg. per	The second se	-	4 4
	GALL STONES	$\bigcirc \rightarrow$	0	0	0	0	O Yes	O 25-74 mg.			5 6
	4 a) Did you have symptoms?		OY	es	ON	0	ONO	O 75-100 mg.	.0	1000	66
	b) How diagnosed? → OX-	Ray/ultra	a-sound	00	ther		1	O 101 mg. or more	don't know		00
	CHOLECYSTECTOMY	$\bigcirc \rightarrow$	0	0	0	0	Calcium (include	Oless than 400 mg. pe			33
	GASTRIC or DUODENIAL LILCER	()-	0	0	0	0	dolomite, Tums, etc.)?	Q100-000 mg		01	00

GASTRIC OF DUUDENAL ULCER	U uoioinite	, 101113, 010.11	0400-900 m	g.	000
ULCERATIVE COLITIS $\bigcirc \rightarrow \bigcirc \bigcirc \bigcirc$	O Ves		O 901-1300 r		06 0
$\blacksquare CATARACT EXTRACTION \bigcirc \rightarrow \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc $	O ONO-		O 1301 mg. or	more	know 16 6
OTHER MAJOR ILLNESS Ø→ O O O	O Mark if	O Potassium	O Chromium) lodine (Beta-Carotene
Specify illness	you take any of	O Vitamin D	O Copper) Lecithin (Folic Acid
		B-Complex	O Magnesium O) Rutin (Brewers yeast
15. Glaucoma? If yes, mark year of diagnosis.	19.	a) SYSTOLIC	<120 mmHg. €)140-149	O160-169
ONO OYes → Obefore '80 O'80-'81 O'82-'83 O'84-'85 O'86 or	after Current usual	Ounknown	O 120-139 C) 160-169	O170 +
	blood	b) DIASTOLIC	O<75 mmHg. C)85-89	O95-104
16. Macular degeneration? If yes, mark year of diagnosis.	pressure:	Ounknown	O75-84	90-94	O105 +
No OYes → Obefore '80 O'80-'81 O'82-'83 O'84-'85 O'86 or	or after				

NURSE'S HE	ALTH STUDY	age 3			HARVARD MEDICAL SCHOOL							OL	
. Please enter v	our ID number (found at the top of page 2)-									June	T.P.	5ah	a a p
		-									<u>80 P.</u>		
	listed, fill in the circle indicating average you have used the amount		- 1	VER	AGE I	JSE D	URIN	G PA	ST YE	AR			10000
specified durin	ng the past year.		ver, less	1-3	1	2-4	5-6	1	2-3	4-5	6+		
	DAIRY FOODS	than	once	per mo	per week	per week	per week	per day	day	per day	day	0	000
	Skim or low-fat milk (8 oz glass)	Ibei II	0	0	W	0	0	0	0	Ó	.0	TŎ	000
	Whole milk (8 oz glass)		õ	õ	(1)	ŏ	ŏ	0	Õ	ŏ	ŏ	Õ	000
	Cream, e.g. in coffee, or whipped cream (1 Tbs)		õ	õ	(1)	õ	Õ	0	Õ	Õ	Õ	Õ	222
	Sour cream (1 Tbs)		ŏ	õ	W	ŏ	ŏ	0	Õ	Õ	õ	ĬŎ	333
	Non-dairy coffee whitener (1 tsp)		õ	õ	8	õ	õ	0	õ	Õ	õ	Tõ	(1)(1)(1)
	Sherbet or ice milk (1/2 cup)		ŏ	ŏ	())	õ	Õ	0	Õ	Õ	Õ	ŏ	66
	Ice cream (1/2 cup)		õ	õ	W	Õ	Õ	0	Õ	Õ	Õ	Ŏ	666
	Cottage or ricotta cheese (1/2 cup)		ŏ	ŏ	0	ŏ	ŏ	0	Õ	Õ	Õ	Õ	000
	Cream cheese (1 oz)		õ	õ	W	õ	Õ	0	Õ	Õ	Õ	Õ	800
	Other cheese, e.g. American, cheddar, etc.		ŏ	ŏ	0	ŏ	ŏ	0	Õ	Õ	ŏ	Tõ	000
	plain or as part of a dish (1 slice or 1 oz servi	ng)	~	~		Ŭ	~	-		Ĭ			
	Margarine, added to food or bread (1 pat); exclude use in cooking		0	0	0	0	0	0	0	0	0	0	000
	Butter, added to food or bread (1 pat); exclude use in cooking		0	0	W	0	0	0	0	0	0	0	000
	Yogurt (1 cup)		õ	õ	(1)	õ	õ	0	0	0	õ	0	000
				0									000
			ver, less	1-3	1	2-4	5-6	1	2-3	4-5	6+		333
	FRUITS	than	once	per mo	per week	per week	per week	per day	day	per day	per day	0	(4)(4)(4)
	Raisins (1 oz or small pack) or grapes	- Post II	0	0	0	0	0	0	0	0	0	Õ	GGG
	Avocado (1/2 fruit)		Õ	õ	0	Õ	Õ	0	Õ	O	0	Ō	666
and the to	Bananas (1)		Õ	Õ	0	Õ	Õ	0	Õ	0	Õ	Õ	000
lease try to	Cantaloupe (1/4 melon)	1	Õ	Õ	0	Ó	0	0	0	0	0	0	888
easonal use	Watermelon (1 slice)		Õ	Õ	0	O	Õ	0	Õ	O	0	0	999
f foods over	Fresh apples (1)		0	Õ	8	0	0	0	Ó	0	0	0	
he entire year. or example, if	Applesauce (1/2 cup)		Õ	Õ	0	Õ	Õ	0	Õ	O	0	0	000
food such as	Apple juice or cider (small glass)		0	Ó	0	0	0	0	0	0	0	0	000
antaloupe is aten 4 times a	Fresh pears (1)		0	0	0	0	0	0	0	0	0	0	220
veek during the	Canned pears (1/2 cup)		0	0	0	0	0	D	0	0	0	0	333
pproximate 3	Fresh peaches, apricots or plums (1)		0	0	0	0	0	0	0	0	0	0	000
nonths that it is a season, then	Canned peaches, apricots (1/2 cup)		0	0	0	0	0	0	0	0	0	0	550
he average use	Other canned fruit, fruit cocktail (1/2 cup)		0	0	\odot	0	0	0	0	0	0	0	66
vould be once er week.	Strawberries, fresh or frozen (1/2 cup)		0	0	()	0	0	0	0	0	0	0	000
or troom.	Blueberries, fresh or frozen (1/2 cup)		0	0	0	0	0	0	0	0	0	0	888
	Prunes, dried (5) or canned (1/2 cup)		0	0	1	0	0	0	0	0	0	0	000
	Oranges (1)		0	0	0	0	0	0	0	0	0	0	00
	Orange juice (small glass)		0	0	\bigotimes	0	0	0	0	Ő	Ő	0	00
	Grapefruit (1/2)		0	0	0	Ő	Ő	0	0	Ő	0	0	22
	Grapefruit juice (small glass)	-	0	Ő	0	Ő	Ő	0	0	Ő	0	Ő	33
	Other fruit juices (small glass)	12-14	0	0	w	0	0	0	0	0	0	0	A (4)
			ver,	1-3	1	2-4	5-6	1	2-3	4-5	6+		66
Consider the	DEVEDACES	than	once	per	per	per	per	per	per	per	per	0	00
erving size s 1 glass,	BEVERAGES		nonth	mo	week	week	week	day	day	day	day	0	80
ottle or can -	Low calorie soda, e.g. Pepsi Free, Diet 7-up, etc. Soda with sugar, e.g. Coke, Pepsi, 7-up, etc.		0	0	(W)	0	ö	0	0	0	00	K	00
or these arbonated everages.	Hawaiian Punch, lemonade, or other non- carbonated fruit drinks (1 glass, bottle, can)		0	0		0	0	-	0	0	0	00	
			0	00	0	00	0	0	0	0	00	20	
	Decaffeinated coffee or non-caffeine tea (1 cup)		0	00	8	0	0	0	0	0	0	10	
	Coffee (1 cup)		0	00	0	00	00	0	0	0	0	2	
	Tea with caffeine (1 cup)		0	0	0	0	0	0	0	0	0	2	
	Beer (1 glass, bottle, can)		0	00		0	0	0	0	0	0	20	
	Red wine (4 oz glass)	-	0	00	0	0	0	0	0	0	0	2	Name:
	Marita mina 11 par alarah												
Please turn	White wine (4 oz glass) Liquor, e.g. whiskey, gin, etc. (1 drink or shot)		0	0	8	0	0	0	No 1	0	õ	-0	

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No. of Lot, No.

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Please go

to page 5

the past year, of	each specified food.	Never, or less than once		per	2-4 per	5-6 per	per	2-3 per	4-5 per	6+ per	
1.87		per month		week	week	week	day	day	day	day	
	String beans (1/2 cup)	0	0	W	0	0	0	0	0	0	
	Broccoli (1/2 cup)	0	0	0	Q	0	0	0	0	0	
	Sauerkraut (1/2 cup)	0	0	0	0	0	0	0	0	0	
	Coleslaw, uncooked cabbage (1/2 cup)	0	O	0	0	0	0	0	0	0	
	Cooked cabbage (1/2 cup)	0	0	0	0	0	0	0	0	0	
	Cauliflower (1/2 cup)	0	0	\odot	0	0	D	0	0	0	
	Brussel sprouts (1/2 cup)	0	0	0	0	0	0	0	0	0	
	Carrots, raw (1/2 carrot)	0	0	\odot	0	0	D	0	0	0	
	Carrots, cooked (1/2 cup)	0	0	0	0	0	0	0	0	0	
	Corn (1 ear or 1/2 cup frozen or canned)	0	0	0	0	0	0	0	0	0	
	Peas, or lima beans (1/2 cup fresh, frozen, canned)	0	0	0	0	0	0	0	0	0	
	Mixed vegetables (1/2 cup)	0	0	0	0	0	0	0	0	0	
	Beans or lentils, baked or dried (1/2 cup)	0	0	0	0	0	0	0	0	0	
	Alfalfa sprouts (1/2 cup)	0	Ō	0	Õ	0	0	0	Õ	Ō	
	Celery (4-inch stick)	Õ	Õ	0	0	Õ	0	Õ	Õ	Õ	
	Mushrooms fresh cooked or capped (ope)	0	0	()	0	0	6	0	0	0	
	Mushrooms, fresh, cooked, or canned (one)	0	0	(W)	0	0	0	0	0	0	
	Dark yellow/orange (winter) squash (1/2 cup)	0	0	0	0	00	0	0	0	0	H
	Eggplant, zucchini, or other summer squash (1/2 cup	10	0	8	0	0	0	0	0	0	
terrate and the second second	Yams or sweet potatoes (1/2 cup)	0	0	8	0	0	0	0	0	0	
	Spinach, cooked (1/2 cup)	0	0	0	0	0	0	0	0	0	
	Spinach, raw as in salad (1 serving)	0	0	8	0	0	0	0	0	0	
	Kale, mustard or chard greens (1/2 cup)	0	O	0	0	0	0	0	0	0	
	Iceberg or head lettuce (serving)	0	0	6	0	0	D	0	0	0	
	Romaine or leaf lettuce (serving)	0	0	0	0	0	D	0	0	0	_
	Green pepper (1/2 pepper)	0	0	6	0	0	D	0	0	0	
	Cucumber (1/4 cucumber)	0	0	0	0	0	D	0	0	0	
	Tomatoes (1)	0	0	1	0	0	0	0	0	0	
	Tomato juice (small glass)	0	0	1	0	0	D	0	0	0	
	Tomato sauce, e.g. in spaghetti sauce (1/2 cup)	0	0	0	0	0	0	0	0	0	
	Red chili sauce (1 Tbs)	0	0	\odot	0	0	D	0	0	0	
	Tofu or soybeans (3-4 oz)	0	0	8	0	0	0	0	0	0	
		Never, or less	1-3	1	2-4	5-6	1	2-3	4-5	6+	
No. 100 PCT		than once per month		per week	per week	per week	per day	per day	per day	per day	
	Eggs (1)	0	0	0	0	0	0	0	0	0	
	Chicken or turkey, with skin (4-6 oz)	Õ	Õ	8	Õ	0	0	Õ	Õ	Õ	
	Chicken or turkey, without skin (4-6 oz)	0	0	(9)	0	0	0	0	0	0	
					~		~			~	
	Processed meats, e.g. sausage, salami, bologna, etc. (piece or slice)	0	0	0	0	0	0	0	0	0	
	Bacon (2 slices)	0	0	0	õ	0	0	0	0	0	
	Hot dogs (1)	0	0	8	0	0	0	0	0	0	
1	Hamburger (1 patty)	0	0	8	0	0	0	0	0	0	
		0	0	U.	0	0	e	0	0	0	
	Beef, pork, or lamb as a sandwich or mixed dish, e.g. stew, casserole, lasagne, etc.	0	0	0	0	0	0	0	0	0	(
	Beef, pork, or lamb as a main dish, e.g. steak,	0	0	0	0	0	0	0	0	0	
	roast, ham, etc. (4–6 oz) Canned tuna fish (3–4 oz)	00	00	8	00	00	0	00	00	00	
		0	0	0	0	0	0	0	0	0	
	Dark meat fish, e.g. mackerel, salmon, sardines, bluefish, swordfish (3-5 oz)	0	0	0	0	0	(1)	0	0	0	
		0	0		00	0	0	0	00	0	-
	Other fish (3–5 oz) Shrimp, lobster, scallops as a main dish	0	0	8	0	0	0	0	0	0	
				(W)	()		(D)		Carl Carl	Contraction of the second	

O Less than 1/month 2-3/mo O 1/week or more Liver: beef, calf or pork (4 oz) ONever 01/mo 2-3/mo O 1/week or more ONever Liver: chicken or turkey (1 oz) O Less than 1/month 01/mo How often do you eat meat that was charred during cooking? (e.g. during barbequing or broiling) O 1/month 02-3/mo O2+/week O Less than 1/month ONever O 1/week

NURSE'S HEALTH STUDY

HARVARD MEDICAL SCHOOL

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ig the past year, o	of each specified food.	vever, or less an once	1-3 per	per	2-4 per	5-6 per	per	2-3 per	4-5 per	6+ per
	BREADS, CEREALS, STARCHES pe	month		week	week	week	day	day	day	day
	Cold breakfast cereal (1 cup)	0	0	0	0	0	0	0	0	0
	Cooked oatmeal (1 cup)	0	0	0	0	0	0	0	0	Q
	Other cooked breakfast cereal (1 cup)	0	0	w	Q	0	0	0	0	0
	White bread (slice), including pita bread	0	Q	0	Q	Q	0	0	0	0
	Dark bread (slice)	0	0	0	0	0	0	0	0	0
	English muffins, bagels, or rolls (1)	0	0	0	0	0	0	0	0	0
	Muffins or biscuits (1)	0	0	8	0	0	0	0	0	0
	Brown rice (1 cup cooked)	0	0	0	0	0	0	0	0	0
	White rice (1 cup cooked)	0	0	8	0	0	0	0	0	0
	Pasta, e.g. spaghetti, noodles, etc. (1 cup cooked)	0	0	0	0	0	0	0	0	0
	Other grains, e.g. bulgur, kasha, etc. (1 cup cooked)	0	0	W	0	0	0	0	0	0
	Pancakes or waffles (serving)	0	0	8	0	0	0	10	0	0
	French fried potatoes (4 oz)	0	0	0	0	0	0	No.	0	0
	Potatoes, baked, boiled (1) or mashed (1 cup)	0	0	0	0	0	0	0	0	0
	Potato chips or corn chips (small bag or 1 oz)	O	0	W	0	0	D	0	0	0
		0	0	0	0	0	0	0	0	0
	Crackers, e.g. Triscuits, Wheat Thins, etc. (4)	0	0	0	0	0	0	0	0	0
	Pizza (2 slices)	0	0	W	0		0	0	10	0
		Vever,	1-3	1	2-4	5-6	1	2-3	4-5	6+
	111	or less an once	per	per	per	per	per	per	per	per
	SWEETS, BAKED GOODS, MISCELLANEOUS pe		mo	week	week	week	day	day	day	day
	Chocolate bars/pieces, e.g. Hershey's M&M's, etc. (1 oz)	0	0	8	0	0	D	0	0	0
	Candy bars, e.g. Snickers, Milky Way, Reeses, etc. (1)	0	0	0	0	0	0	0	0	0
	Candy without chocolate (1 oz)	0	0	0	0	0	0	10	0	0
	Cookies, home-baked (1)	Q	0	0	0	Ő	0	0	0	0
	Cookies, ready-made (1)	0	0	0	0	0	0	0	0	0
	Brownies (1)	0	0	0	Q	0	0	0	10	Q
	Doughnuts (1)	O O	0	0	0	0	0	0	0	0
	Cake, home-baked (1 slice)	0	0	0	0	0	0	0	0	0
	Cake, ready-made (1 slice)	0	0	8	0	0	0	0	0	0
	Pie, home-baked (1 slice)	0	0	0	0	0	0	0	0	0
	Pie, ready-made (1 slice)	0	0	())	O	0	0	0	0	0
	Sweet roll, coffee cake or other pastry (1 serving)	0	0	0	Ó	0	0	0	0	0
	Jams, jellies, preserves, syrup, or honey (1 Tbs)	0	Ó	0	Q	0	0	0	0	0
	Peanut butter (1 Tbs)	0	0	0	0	0	0	0	0	0
	Peanuts (small packet or 1 oz)	0	0	0	0	0	D	0	0	0
	Other nuts (small packet or 1 oz)	0	0	\odot	0	0	0	0	0	0
					-		-			(
	Popcom (1 cup)	0	0	0	0	0	0	0	0	0
	Bran, added to food (1 Tbs)	0	0	0	0	0	0	0	0	0
	Wheat germ (1 Tbs)	0	0	0	0	0	0	0	0	0
	Chowder or cream soup (1 cup)	0	0	\odot	0	0	0	0	0	0
	Oil and vinegar dressing, e.g. Italian, etc. (1 Tbs)	0	0	0	0	0	D	0	0	0
	Mayonnaise or other creamy salad dressing (1 Tbs)	0	0	\odot	0	0	0	0	0	0
	Mustard, dry or prepared (1 tsp)	0	0	8	0	0	0	0	0	0
	Pepper (1 shake)	0	0	8	0	0	D	0	0	0
	Soy or Worcestershire sauce (1 Tbs)	0	0	1	0	0	0	0	0	0
	Home-made soup with bouillon cubes (1 cup)	0	0	8	0	0	0	0	0	0
	Home-made soup without bouillon cubes (1 cup)	0	0	0	0	0	0	0	0	0
	Ready-made soup from can, package or	0	0	8	0	0	0	0	0	0
	restaurant (1 cup)					-				
V OFTEN DO YOU	EAT BEEF, PORK or LAMB cooked these ways	?								
a) Roasted	ONever OLess than 1x/month O1-3x/mon	th C)1W	eekly	()2-4)	<td>k (</td> <td>)5+/v</td> <td>veek</td>	k ()5+/v	veek
b) Panfried	ONever OLess than 1x/month O1-3x/mon	th ()1W	eekly)2-4))5+/v	
c) Broiled	ONever OLess than 1x/month O1-3x/mon		D1W			2-4	11)5+/v	
Barbequed	ONever OLess than 1x/month O1-3x/mon			eekly)2-4;)5+/v	
			1	and the second	-	- 11 - 11 -		-		1100 C 100 C

23. What do you do with the visible fat on your meat? O Eat most of the fat O Eat about half of the fat O (Don't eat meat)	29. Teaspoons of sugar added to your food and beverages each day (e.g. coffee, cereal, etc.)
24. Kind of fat most often used at home for baking: O Real butter O Vegetable Oil O Margarine O Solid vegetable shortening	30. Usual type of cold breakfast cereal: SPECIFY BRAND AND TYPE
25. Kind of fat usually used for frying and sautéing (Exclude "Pam"-type spray)	31. Usual type of cooking oil: SPECIFY BRAND AND TYPE
 O Real butter O Margarine O Margarine O Solid vegetable shortening O None O None 	32. How often are your midday meals prepared at home ONever O1-2/week O3-4 O5-6 O7 days
O None O Stick form O Tub form O Diet form (low calorie or spread)	33. How often are your evening meals prepared at hon
27. How many shakes of salt do you add to your food at the table each day? SHAKES	34. How often do you eat food that is fried at home (exclude "Pam"-type spray):
28. How much salt is added during cooking to these home made foods per serving: None 1/8 tsp 1/4 tsp 1/2+ tsp	O Less than 1/week O 1-3/wk O 4-6 O Daily 35. How often do you eat food that is fried away
a) Meat 0 </td <td>from home (e.g. Fried chicken, fish etc.) O Less than 1/week O 1-3/wk O 4-6 O Daily</td>	from home (e.g. Fried chicken, fish etc.) O Less than 1/week O 1-3/wk O 4-6 O Daily
c) Staple foods (e.g. rice pasta, potatoes, etc.) OOOOO	O 36. In a typical week, on how many days do you have any form of alcoholic beverages?
d) Soup	O None O1-2 days O3-4 O5-6 O7 days/week

please make your best estimate:	Never, or less than once per month	1-3 per mo	1 per week	2–4 per week	5–6 per week	1 per day	2-3 per day	4–5 per day	6+ per day	0		60 100	
Skim or low-fat milk (8 oz glass)	0	0	0	0	0	0	0	0	0	O		0	3 3
Whole milk (8 oz glass)	0	0	0	0	0	0	0	0	0	O			20
Milk shake (1)	0	0	0	0	0	0	0	0	0	O	0000	000	008
Ice cream (1/2 cup)	0	0	0	0	0	D	0	0	0	0	26 0 1 2 3	450	000
Hard cheese (1 slice or 1 serving)	0	0	0	0	0	0	0	0	0	O	0000	46	000
Margarine (1 pat)	0	0	0	0	0	0	0	0	0	O		46	000
Real butter (1 pat)	0	0	0	0	0	D	0	0	0	0	"0003	4 5 6	
Apples (1)	0	0	0	0	0	D	0	0	0	0		060	
Orange juice (small glass)	0	0	0	0	0	0	0	0	0	O	29 00 03	450	0000
Cabbage, including coleslaw (1/2 cup)	0	0	0	0	0	D	0	0	0	O	0000	450	000
Broccoli or cauliflower (1/2 cup)	0	0	0	0	0	0	0	0	0	O	30 0 1 2 3	450	0000
Carrots (1 raw or 1/2 cup cooked)	0	O	0	0	0	0	0	Ó	0	0	0000	460	0000
Spinach (1/2 cup cooked)	0	0	0	0	0	0	0	0	0	0		466	000
Eggs (1)	0	0	0	0	0	0	0	0	0	0	³¹ 0003	000	0000
Hot dogs (1)	0	0	0	0	0	0	0	0	0	0	000	000	
Other beef, pork, lamb (1 serving)	0	0	0	0	0	D	0	0	0	0	000		
Fish, tuna fish (3-5 oz)	0	0	0	0	0	D	0	0	0	O	200	000	000
Bread (slice)	0	Õ	0	0	Õ	0	0	Õ	Õ	0	333	330	000
Rice (1 cup cooked)	0	Ó	0	0	0	0	Õ	Õ	Õ	O			44
Potatoes: baked, boiled, mashed (1 cup)	Ō	0	0	0	0	D	0	0	Ó	O		66	55
French Fried potatoes (4 oz)	Õ	Ó	0	Ó	Õ	0	Õ	Õ	Õ	O	25 5	66	66
Cold cereal (1 cup)	Õ	Õ	0	Õ	Õ	0	Õ	Õ	Õ	Õ		00	00
Cookies (2)	Õ	Õ	0	0	Õ	0	Õ	Õ	Õ	Õ	88	88	88
Vitamin pills or capsule (1)	0	Õ	w	0	0		0	0	Õ	0		00	000

