Please reply to:
Channing Laboratory
181 Longwood Avenue
Boston, MA 02115
(617) 432-2279
Fax (617) 432-0335

Dear Colleague:

The Nurses' Health Study is celebrating its 20th anniversary this year! We have all grown a little older, but thanks to your continuing collaboration, we are much wiser about the factors that influence women's health. Whether or not you are still active in nursing, your on-going participation is as important as ever in the quest for greater understanding of the choices that lead to a healthy life.

As you can see, this year we have completely redesigned our questionnaire to make it easier to both read and complete. Many study members have requested that we increase the size of the print and make the questionnaire less "crowded." We listened and we hope you like the change! We have NOT used this as an opportunity to increase the number of questions. Please be assured that this booklet contains the same questions as our usual six page questionnaire.

Over the past year we have published numerous research articles reporting major findings from the Nurses' Health Study. A synopsis of several of these is included in the latest newsletter. Reflecting the growing national awareness of the study, several popular magazines have printed feature stories on the study. This again reflects the outstanding contribution that you have made through your 20 years of participation.

We know that you will give the attached questionnaire the same careful consideration as you have given our forms since the study began, in 1976. As always, all information is kept strictly confidential and is used for medical statistical purposes only. It is with our deepest gratitude that we thank you again for the time and care which you have continued to offer in furthering the study of women's health.

Sincerely,

Frank E. Speizer, M.D.
Principal Investigator

P.S. We hope you like this improved version of our questionnaire and we look forward to your reply!

Do we have your correct address and name?

Make any necessary changes and return this page with your completed booklet.

INSTRUCTIONS

Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely. Note that some questions ask for information **since June 1994**, some ask for **current status**, and some ask about events over **longer periods**. The form is designed to be read by optical-scanning equipment. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on the last page of the booklet.

EXAMPLE 1: **Write in your weight in the boxes...**

...and fill in the circle corresponding to the figure at the head of each column.

Please fill in the circle completely, do not mark this way:

✓ ✗ ◒

Current Weight

POUNDS		
1	4	0
0	0	●
●	1	1
2	2	2
3	3	3
4	●	4
5	5	5
6	6	6
	7	7
	8	8
	9	9

NOTE: It is important that you write in your weight in addition to completing the corresponding circles. This allows us to confirm that the correct circles have been filled in.

EXAMPLE 2: **Mark "Yes" bubble and Year of Diagnosis bubble for each illness you have had diagnosed.**

21. Since June 1994, have you had any of these physician-diagnosed illnesses?

	LEAVE BLANK FOR "NO", MARK HERE FOR "YES"	YEAR OF DIAGNOSIS: Before June 1 1994	June 94 to May 96	After June 1 1996	
Diabetes mellitus	●	○	●	○	1
Elevated cholesterol	Y	○	○	○	2
High blood pressure	●	●	○	○	3

Thank you for completing the 1996 Nurses' Health Study Questionnaire.

Unless you are making a name or address change, remove this cover page (to preserve confidentiality) and return the booklet in the enclosed postage paid envelope.

PLEASE USE PENCIL!

1. Is this your correct Date of Birth?

○ Yes

○ No ➡ **If No, Please write correct date.**

MONTH / DAY / YEAR

2. What is your 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

3. What is the difference between your highest and lowest weight during the last two years?

○ No change ○ 2–4 lbs. ○ 5–9 lbs. ○ 10–14 lbs.
○ 15–29 lbs. ○ 30–49 lbs. ○ 50 or more lbs.

4. Have you had your uterus removed?

○ No
○ Yes ➡ **Date of surgery:** ○ Before June 1, 1994
○ After June 1, 1994

5. Have you ever had either of your ovaries surgically removed?

○ No
○ Yes ➡ **a) How many ovaries do you have remaining?**
○ None ○ One

PLEASE DO NOT WRITE IN THIS AREA

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6. *Since June 1994,* have you used female hormones?

- ○ No
- ○ Yes

a) How many months have you used them during the 24-month period between June 1994 and June 1996?

○ 1–4 months ○ 5–9 ○ 10–14
○ 15–19 ○ 20–24 months ○ Used only after June 1996

b) Are you currently using them (within the last month)?

○ Yes, currently ○ No, not currently

c) Mark the types of hormones you have used the longest during this period.

Estrogen:

○ Oral Premarin ○ Estrace ○ Ogen
○ Patch Estrogen ○ Vaginal Estrogen
○ Other Estrogen (specify type in box below)

Progesterone/Progestin (e.g., Provera):

○ Oral ○ Vaginal
○ Other (specify below)

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

Other type of hormones used, please specify:

d) If you used oral conjugated estrogen (e.g., Premarin) what dose did you usually take?

○ .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 Medroxy Progesterone (e.g., Provera, Cycrin), what dose did you usually take?

○ <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)?

Oral or Patch Estrogen:

Days per Month ○ Not used ○ <1 day/mo ○ 1–8 days ○ 9–18 ○ 19–26 ○ 27+ days/month

Progesterone:

Days per Month ○ Not used ○ <1 day/mo ○ 1–8 days ○ 9–18 ○ 19–26 ○ 27+ days/month

7. What is your normal walking pace outdoors?

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

8. Do you have difficulty with your balance?

- ○ No
- ○ Yes

9. How many flights of stairs (not steps) do you climb daily?

○ No flights ○ 1–2 flights ○ 3–4 flights ○ 5–9 flights ○ 10–14 flights ○ 15 or more flights

10. 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 for exercise or 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, ski or stair machine, etc.)	○	○	○	○	○	○	○	○	○	○
Lower intensity exercise (yoga, stretching, toning)	○	○	○	○	○	○	○	○	○	○
Other vigorous activities (e.g., lawn mowing)	○	○	○	○	○	○	○	○	○	○

11. Did you have a colonoscopy or sigmoidoscopy since *June 1, 1994?*

○ No ○ Yes → **Why did you have the colonoscopy or sigmoidoscopy?** *(Mark all that apply.)*

- ○ Bleeding in stool
- ○ Abdominal pain
- ○ Family history of colon cancer
- ○ Diarrhea or constipation
- ○ Positive test for occult fecal blood
- ○ Routine or follow-up screening (no symptoms)

12. What is your *current* work status? *(Mark all that apply.)*

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

13. During the last six months, have you worked rotating night shifts (at least 3 nights/month in addition to days or evenings in that month)?

○ No ○ Yes

14. What is your marital status?

○ Married ○ Divorced ○ Separated ○ Widowed ○ Never married

15. Your living arrangement:

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

16. In the past two years have you had . . .
(If yes, mark all that apply.)

	No	Yes, for Screening	Yes, for Symptoms
A physical exam?	N	Y	Y
Exam by eye doctor?	N	Y	Y
Bimanual pelvic exam?	N	Y	Y
Breast exam by clinician?	N	Y	Y
Mammogram?	N	Y	Y

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

MARK "YES" BUBBLE AND YEAR OF DIAGNOSIS BUBBLE FOR EACH ILLNESS YOU HAVE HAD DIAGNOSED.

LEAVE BLANK FOR "NO", MARK HERE FOR "YES"		YEAR OF FIRST DIAGNOSIS				
		Before 1980	1980–1991	1992–1993	1994–1995	1996+
Increased intraocular pressure (over 25 mm/Hg)	Y	○	○	○	○	○
SLE (systemic lupus)	Y	○	○	○	○	○
Osteoarthritis	Y	○	○	○	○	○
Rheumatoid arthritis, Dr. Dx	Y	○	○	○	○	○

Rheumatoid factor ○ Negative/unknown ○ Positive

18. a. During the last month, how often did you have pain or discomfort in or around the knee(s)?

○ Never ○ Less than once/week ○ One day/week ○ 2–6 days/week ○ Daily

b. When did this knee pain first begin?

○ <1980 ○ '80–'84 ○ '85–'90 ○ '91–'95 ○ 1996+

c. During the last year, did you have any knee pain or knee discomfort when doing the following activities?

	Never	Some-times	Usually	Always	Can't Do At All
Walking 2 to 3 blocks (1/4 mile)	○	○	○	○	○
Bending your knee or squatting	○	○	○	○	○
Getting up from chair without using your arms	○	○	○	○	○

19. Have you ever had knee injury due to a traumatic event which was treated with a brace, cane, crutches, or surgery?

○ Yes ○ No

20. Have you ever noticed pain, stiffness, enlargement or swelling of the joints nearest to your fingernails?

○ Yes ○ No

21. Since June 1994, have you had any of these physician-diagnosed illnesses?

MARK "YES" BUBBLE AND YEAR OF DIAGNOSIS BUBBLE FOR EACH ILLNESS YOU HAVE HAD DIAGNOSED.

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

		YEAR OF DIAGNOSIS: Before June 1 1994	June 94 to May 96	After June 1 1996	
Diabetes mellitus	(Y)	○	○	○	1
Elevated cholesterol	(Y)	○	○	○	2
High blood pressure	(Y)	○	○	○	3
Myocardial infarction (heart attack)	(Y)	○	○	○	4
Hospitalized for MI?	(N) No (Y) Yes				a
Angina pectoris	(Y)	○	○	○	5
Confirmed by angiogram?	(N) No (Y) Yes				a
Coronary bypass or angioplasty	(Y)	○	○	○	6
Stroke (CVA)	(Y)	○	○	○	7
TIA (Transient ischemic attack)	(Y)	○	○	○	8
Carotid surgery (Endarterectomy)	(Y)	○	○	○	9
Peripheral artery disease or claudication of legs (not varicose veins)	(Y)	○	○	○	10
Confirmed by angiogram/surgery?	(N) No (Y) Yes				a
Pulmonary embolus	(Y)	○	○	○	11
Fibrocystic/other benign breast disease	(Y)	○	○	○	12
Confirmed by breast biopsy?	(N) No (Y) Yes				a
Breast cancer	(Y)	○	○	○	13
Cancer of the cervix (include in-situ)	(Y)	○	○	○	14
Cancer of the uterus (endometrium)	(Y)	○	○	○	15
Cancer of the ovary	(Y)	○	○	○	16
Colon or rectal polyp (benign)	(Y)	○	○	○	17
Cancer of the colon or rectum	(Y)	○	○	○	18
Cancer of the lung	(Y)	○	○	○	19
Melanoma	(Y)	○	○	○	20
Basal cell skin cancer	(Y)	○	○	○	21
Squamous cell skin cancer	(Y)	○	○	○	22
Other cancer	(Y)	○	○	○	23
Specify site of other cancer →					

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

21. (Continued)
Since June 1994, have you had any of these physician-diagnosed illnesses?

MARK "YES" BUBBLE AND YEAR OF DIAGNOSIS BUBBLE FOR EACH ILLNESS YOU HAVE HAD DIAGNOSED.

	LEAVE BLANK FOR "NO", MARK HERE FOR "YES"	YEAR OF DIAGNOSIS: Before June 1 1994	June 94 to May 96	After June 1 1996	
Osteoporosis	Y	○	○	○	24
Vertebral fracture, X-ray confirmed	Y	○	○	○	25
Hip replacement	Y	○	○	○	26
Fractures: **Wrist or Colles' Fracture**	Y	○	○	○	27
Hip fracture	Y	○	○	○	28
Specify fracture date and circumstances in space to the left.					
Cholecystectomy	Y	○	○	○	29
Gastric or duodenal ulcer	Y	○	○	○	30
Glaucoma	Y	○	○	○	31
Macular degeneration of retina	Y	○	○	○	32
Cataract—1st Diagnosis (Dx)	Y	○	○	○	33
Cataract extraction	Y	○	○	○	34
Asthma, Doctor diagnosed	Y	○	○	○	35
Emphysema or Chronic bronchitis, Dr. Dx	Y	○	○	○	36
Multiple sclerosis	Y	○	○	○	37
A.L.S. (Amyotrophic Lateral Sclerosis)	Y	○	○	○	38
Parkinson's Disease	Y	○	○	○	39
Diverticulitis/diverticulosis	Y	○	○	○	40
Ulcerative colitis/Crohn's	Y	○	○	○	41
Kidney stones	Y	○	○	○	42
Interstitial cystitis (Dx by cystoscopy)	Y	○	○	○	43
Active TB (X-ray or culture Dx)	Y	○	○	○	44
Other major illness or surgery since June 1994	Y	○	○	○	45
Please specify:					

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 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 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 0 1 2 3 4 5 6 7 8 9

X

22. How many biological brothers and sisters do you have? (Include any deceased siblings. Do not count half siblings.) (22)

Brothers:	○ Zero	○ 1	○ 2	○ 3	○ 4	○ 5 or more	(a)
Sisters:	○ Zero	○ 1	○ 2	○ 3	○ 4	○ 5 or more	(b)

23. Have any of the following biological relatives had . . . (23)

			Relative's Age at First Diagnosis					
			Before Age 50	Age 50 to 59	Age 60 to 69	Age 70+	Age Unknown	
• **Myocardial Infarction?** ○ No	Brother	(Y)	○	○	○	○	○	
	Sister	(Y)	○	○	○	○	○	(M)
• **Stroke?** ○ No	Brother	(Y)	○	○	○	○	○	
	Sister	(Y)	○	○	○	○	○	(S)
• **Ovarian Cancer?** ○ No	Mother	(Y)	○	○	○	○	○	
	Sister	(Y)	○	○	○	○	○	(O)
• **Breast Cancer?** ○ No	Mother	(Y)	○	○	○	○	○	
	One Sister	(Y)	○	○	○	○	○	
	Additional Sister	(Y)	○	○	○	○	○	(B)
• **Cancer of the Uterus?** (exclude fibroids or Cervical cancer) ○ No	Mother	(Y)	○	○	○	○	○	
	Sister	(Y)	○	○	○	○	○	(U)
• **Colon or Rectal Cancer?** ○ No	Parent	(Y)	○	○	○	○	○	
	One Sibling	(Y)	○	○	○	○	○	
	Additional Sibling	(Y)	○	○	○	○	○	(C)
• **Prostate Cancer?** ○ No	Father	(Y)	○	○	○	○	○	
	One Brother	(Y)	○	○	○	○	○	
	Additional Brother	(Y)	○	○	○	○	○	(P)
• **Pancreas Cancer?** ○ No	Parent	(Y)	○	○	○	○	○	
	Sibling	(Y)	○	○	○	○	○	(P)
• **Melanoma?** ○ No	Parent	(Y)	○	○	○	○	○	
	Sibling	(Y)	○	○	○	○	○	(M)

24. On average, how frequently do you take aspirin? (24)

- ○ Zero days/month
- ○ 1–3 days/month
- ○ 1–2 days/week
- ○ 3–4 days/week
- ○ 5–6 days/week
- ○ Daily

25. On average, how many aspirin tablets do you take per week? (4 baby aspirin = 1 tablet) Include regular Anacin, Bufferin, etc., but not aspirin-free products or Tylenol. (25)

- ○ Zero tablets per week
- ○ 0.5–2 tablets per week
- ○ 3–5 tablets per week
- ○ 6–14 tablets per week
- ○ 15+ tablets per week

26. Regular Medication (mark if used regularly in past 2 years) (26)

- ○ No regular medications
- ○ Acetaminophen, 2+ times/week (e.g., Tylenol)
- ○ Other anti-inflammatory (e.g., Advil, Motrin, Indocin)
- ○ Tamoxifen
- ○ Coumadin
- ○ Lasix
- ○ Thiazide diuretic
- ○ Calcium blocker (e.g., Calan, Procardia, Cardizem)
- ○ Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)
- ○ ACE inhibitors (e.g., Capoten, Vasotec, Zestril)
- ○ Other antihypertensive (e.g., Aldomet, Apresoline)
- ○ Antidepressant (e.g., Elavil, Prozac)
- ○ Steroids taken orally (e.g., Prednisone, Decadron, Medrol)
- ○ Inhaled steroids ○ Inhaled Bronchodilator
- ○ Digoxin
- ○ Antiarrhythmic
- ○ Cholesterol-lowering drug (e.g., Questran, Mevacor, Lopid)
- ○ Cimetidine (Tagamet)
- ○ Other H2 blocker (e.g., Zantac, Pepcid, Axid)
- ○ Insulin ○ Oral hypoglycemic medication
- ○ Other regular medications (no need to specify)

27. a. How many living children do you have? (27a)

○ None ○ 1 or 2 ○ 3–5 ○ 6 or more

b. How many of your children do you see at least once a month? (b)

○ None ○ 1 or 2 ○ 3–5 ○ 6 or more

28. a. Apart from your children, how many relatives do you have with whom you feel close? (28a)

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

b. How many close relatives do you see at least once a month? (b)

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

29. a. How many close friends do you have? (29a)

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

b. How many of these friends do you see at least once a month? (29b)

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

30. How often do you go to religious meetings or services? (30)

○ More than once a week ○ Once a week ○ Twice a month to once a year ○ Never or almost never

31. How many hours each week do you participate in any church, volunteer, or other community group? (31)

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

32. Is your biological <u>mother</u> still living? (32)

○ Yes ○ No ➡

At what age did she die? (32a)
○ <50 ○ 50–59 ○ 60–69 ○ 70–79 ○ 80–89 ○ 90+

Was this due to: (32b)
○ Heart Disease ○ Stroke ○ Cancer ○ Trauma/Accident/Suicide ○ Other

33. Is your biological <u>father</u> still living? (33)

○ Yes ○ No ➡

At what age did he die? (33a)
○ <50 ○ 50–59 ○ 60–69 ○ 70–79 ○ 80–89 ○ 90+

Was this due to: (33b)
○ Heart Disease ○ Stroke ○ Cancer ○ Trauma/Accident/Suicide ○ Other

34. In a typical week <u>during the past year</u>, on how many days did you consume an alcoholic beverage of any type? (34)

○ No days ○ 1 day ○ 2 days ○ 3 days ○ 4 days
○ 5 days ○ 6 days ○ 7 days

35. In a typical month <u>during the past year</u>, what was the largest number of drinks of beer, wine and/or liquor you may have had in one day? (35)

○ None ○ 1–2 ○ 3–5 ○ 6–9 ○ 10–14 ○ 15 or more drinks

36. 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: (36)

Name: _____

Address: _____

_____

37. To update our records regarding <u>your</u> lifetime pregnancy history, please mark a bubble corresponding to EACH year in which you gave birth (include both live births and stillbirths for pregnancies lasting at least 6 months). Do not report miscarriages before the 6th month.

If you <u>never</u> had a pregnancy lasting 6 months or more, mark here ⟹ ○

Mark a bubble for each year you gave birth									
○ 1930	○ 1931	○ 1932	○ 1933	○ 1934	○ 1935	○ 1936	○ 1937	○ 1938	○ 1939
○ 1940	○ 1941	○ 1942	○ 1943	○ 1944	○ 1945	○ 1946	○ 1947	○ 1948	○ 1949
○ 1950	○ 1951	○ 1952	○ 1953	○ 1954	○ 1955	○ 1956	○ 1957	○ 1958	○ 1959
○ 1960	○ 1961	○ 1962	○ 1963	○ 1964	○ 1965	○ 1966	○ 1967	○ 1968	○ 1969
○ 1970	○ 1971	○ 1972	○ 1973	○ 1974	○ 1975	○ 1976	○ 1977	○ 1978	○ 1979
○ 1980	○ 1981	○ 1982	○ 1983	○ 1984	○ 1985	○ 1986	○ 1987	○ 1988	○ 1989
○ 1990	○ 1991	○ 1992	○ 1993	○ 1994	○ 1995	○ 1996			

If in any year you gave birth twice (count twins as ONE birth), write that year here ➧ _____

38. a. What is your blood type?

○ A ○ B ○ AB ○ O ○ Unknown

b. What is your RH factor?

○ Positive ○ Negative ○ Unknown

39. Your TB skin test since 1992:

○ Positive ○ Negative ○ Not done ○ BCG prior to 1992

40. How many teeth have you lost in the last *two years*?

○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5–9 ○ 10+

41. Do you currently smoke cigarettes?

○ Yes ⟹ How many per day? ○ 1–4 ○ 5–14 ○ 15–24 ○ 25–34 ○ 35–44 ○ 45+

○ No

42. How often do you have difficulty holding your urine until you can get to a toilet?

○ Never ○ Hardly ever ○ Some of the time ○ Most of the time ○ All of the time

43. During the last 12 months, how often have you leaked urine or lost control of your urine?

○ Never ○ Less than once/month ○ Once/month ○ 2–3 times/month ○ About once/week ○ Almost every day

a) When you lose your urine, how much usually leaks?

○ A few drops ○ Enough to wet your underwear ○ Enough to wet your outer clothing ○ Enough to wet the floor

CONTINUE WITH PAGE 11

44. Do you currently take a multi-vitamin? (Please report additional individual vitamins in question 45.) (44)

○ Yes ▶ **a) How many do you take per week?** ○ 2 or fewer ○ 3–5 ○ 6–9 ○ 10 or more (a)

○ No

b) What specific brand do you usually use? (Please specify exact Brand and Type.) (b)

45. Not counting multi-vitamins, do you regularly take any of the following preparations: (45)
(Mark either "Yes" or "No" for each.)

			AMOUNT PER DAY					
a) Beta-carotene?	○ No	○ Yes →	○ 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	(BC)
b) Vitamin A? (excluding carotene)	○ No	○ Yes →	○ 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	(A)
c) Vitamin C?	○ No	○ Yes, seasonal only ○ Yes, most months	○ Less than 400 mg	○ 400 to 700 mg	○ 750 to 1250 mg	○ 1300 mg or more	○ Don't know	(C)
d) Vitamin E?	○ No	○ Yes →	○ Less than 100 IU	○ 100 to 250 IU	○ 300 to 500 IU	○ 600 IU or more	○ Don't know	(E)
e) Folic acid?	○ No	○ Yes →	○ Less than 100 mg	○ 100 to 300 mg	○ 301 to 500 mg	○ 501 mg or more	○ Don't know	(FA)
f) Calcium?	○ No	○ Yes →	○ Less than 400 mg	○ 400 to 900 mg	○ 901 to 1300 mg	○ 1301 mg or more	○ Don't know	(CA)

Report as mg of elemental Ca.
(e.g., 1 regular Tums = 500 mg Ca. Carbonate = 200 mg elemental)

46. If a tape measure is convenient, please record your waist and hip measurements. This information will be more accurate if you follow these suggestions: (46)

- Make measurements while standing
- Avoid measuring over bulky clothing
- Try to record answers to the nearest 1/4 inch (do not estimate)

If a tape measure is not available, please leave blank.

HIP
Inches Fraction
Inches: 0 1 2 3 4 5 6 7 8 9 (0 1 2 3 4 5 6)
Fraction: 0, 1/4, 2/4, 3/4

(W)

WAIST
Inches Fraction
Inches: 0 1 2 3 4 5 6 7 8 9 (0 1 2 3 4 5 6)
Fraction: 0, 1/4, 2/4, 3/4

(H)

47. During the past year, how often did you eat the following: (Do not include other meats or cooking methods.)

47

Pan-fried Chicken	○ Never ○ Less than 1/month ○ Once/month ○ 2–3 times/month ○ Once/week ○ 2–3 times/week ○ 4 or more times/week	**Usual outside appearance?** ○ Lightly browned ○ Medium browned ○ Well browned ○ Blackened/charred
Broiled Chicken	○ Never ○ Less than 1/month ○ Once/month ○ 2–3 times/month ○ Once/week ○ 2–3 times/week ○ 4 or more times/week	**Usual outside appearance?** ○ Lightly browned ○ Medium browned ○ Well browned ○ Blackened/charred
Grilled/BBQ Chicken	○ Never ○ Less than 1/month ○ Once/month ○ 2–3 times/month ○ Once/week ○ 2–3 times/week ○ 4 or more times/week	**Usual outside appearance?** ○ Lightly browned ○ Medium browned ○ Well browned ○ Blackened/charred
Broiled Fish	○ Never ○ Less than 1/month ○ Once/month ○ 2–3 times/month ○ Once/week ○ 2–3 times/week ○ 4 or more times/week	**Usual outside appearance?** ○ Lightly browned ○ Medium browned ○ Well browned ○ Blackened/charred
Roast Beef	○ Never ○ Less than 1/month ○ Once/month ○ 2–3 times/month ○ Once/week ○ 2–3 times/week ○ 4 or more times/week	**Usual outside appearance?** ○ Lightly browned ○ Medium browned ○ Well browned ○ Blackened/charred
Pan-fried Steak	○ Never ○ Less than 1/month ○ Once/month ○ 2–3 times/month ○ Once/week ○ 2–3 times/week ○ 4 or more times/week	**Usual outside appearance?** ○ Lightly browned ○ Medium browned ○ Well browned ○ Blackened/charred
Grilled/BBQ Steak	○ Never ○ Less than 1/month ○ Once/month ○ 2–3 times/month ○ Once/week ○ 2–3 times/week ○ 4 or more times/week	**Usual outside appearance?** ○ Lightly browned ○ Medium browned ○ Well browned ○ Blackened/charred
Homemade Beef Gravy	○ Never ○ Less than 1/month ○ Once/month ○ 2–3 times/month ○ Once/week ○ 2–3 times/week ○ 4 or more times/week	**Usual appearance of drippings?** ○ Lightly browned ○ Medium browned ○ Well browned

48. a. When you eat chicken, how often is it cooked with the skin on?

○ Always ○ Most of the time ○ Sometimes ○ Never

b. How often do you eat the skin?

○ Always ○ Most of the time ○ Sometimes ○ Never

49. 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 on 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	○	○	○

50. 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?	○	○	○	○	○	○

51. 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

52

52. 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	○	○	○	○	○

53

53. 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

54

54. 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

55

55. How much *bodily pain* have you had during the *past 4 weeks?*

○ None ○ Very mild ○ Mild ○ Moderate ○ Severe ○ Very severe

56

56. 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

57

57. 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

58

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

○ 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?

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

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

59

○ Mark here if not employed in last 2 years and go to Question 60.

Please choose the answer which best describes the degree to which you agree or disagree with each of the following statements.	Strongly Disagree	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	○	○	○	○

a)	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
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	○	○	○	○	○

a

QUESTION 59 CONTINUES ON THE NEXT PAGE

59. (Continued)
If you have been employed within the past 2 years, the following questions relate to your most recent job:

b) How steady is your work?

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

c) How likely is it that during the next couple of years you will involuntarily lose your present job with your employer?

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

60. 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	○	○	○	○	○	○

61. 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

62. 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

63. What is your religious heritage?

○ Catholic ○ Protestant ○ Other Christian
○ Ashkenazi Jewish ○ Sephardic Jewish ○ Eastern (e.g., Buddhist, Hindu)
○ Muslim ○ Other

1 2 4 8 P

1996 6 7 8 9 10 11 12

1997 1 2 3 4 5 6 7 8 9 10 11 12

1998 1 2 3 4 5 6

PLEASE DO NOT WRITE IN THIS AREA

39846

Thank you!

Please check to make sure you have not accidentally skipped any pages.

Please return booklet in postage-paid envelope to:

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