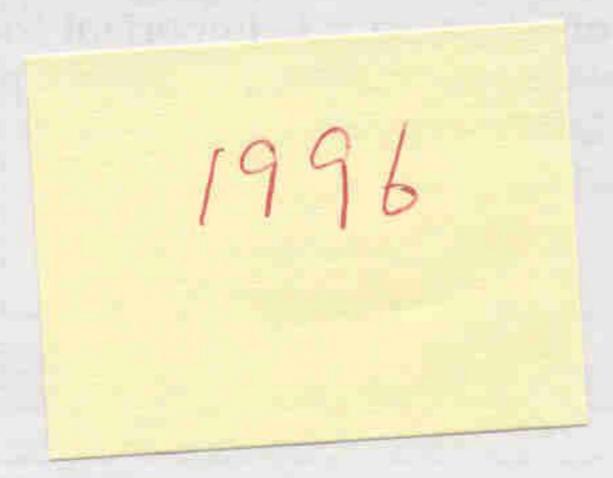
HARVARD MEDICAL SCHOOL

NURSES' HEALTH STUDY



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.

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 regarding our work. This again reflects the outstanding contribution that you have made through your 20 years of participation.

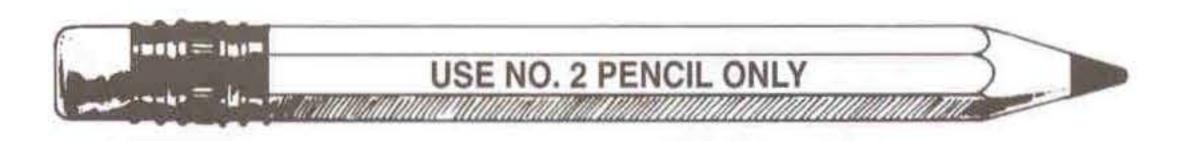
We know that you will give the attached questionnaire the same careful consideration as you have given our forms since the study began, in 1976. As always, all information is kept strictly confidential and is used for medical statistical purposes only. It is with our deepest gratitude that we thank you 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

INSTRUCTIONS

Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely, or write the requested information in the boxes provided. 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, so it is important that you make **NO STRAY MARKS** and keep any write-in responses **within** the spaces provided. 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.



1. Current

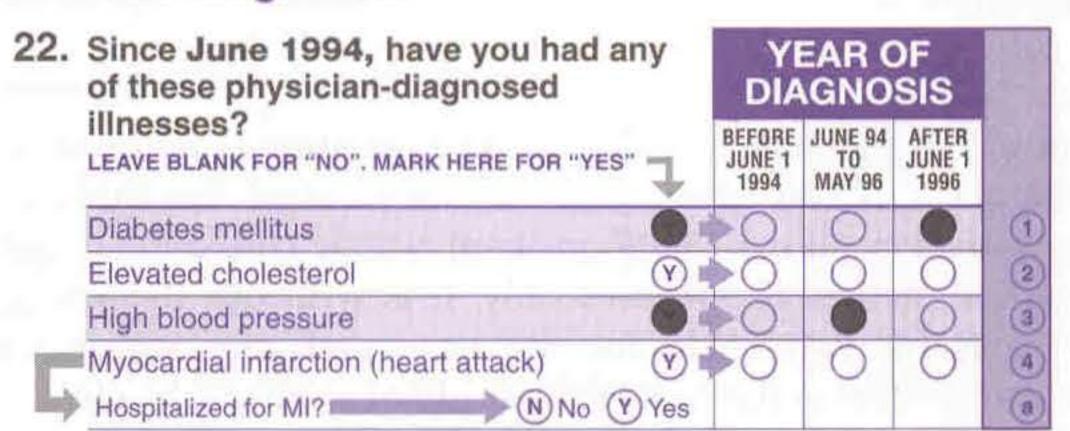
Weight

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

POUNDS 1 (2) (2) (2) (3) (3) (3) 4 4 (5) (5) (5) completely, do not mark 7 this way: (8) (8) (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.



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

Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage paid envelope.

If your name and address as printed on this questionnaire is no longer correct or is incomplete, please make any necessary corrections on the letter and enclose it with your completed form.

	1 1 2			2 2 2 97 2 2 2 2 97 2 2 2 2 2 3 97 2 2 2 2 3 97 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3						YEAR O		SIS	
	4) (4) (4 8) (8)			4) 8)	(8)	(3) (8) (98) (4) (9) (11) (A	Illnesses? LEAVE BLANK FOR "NO". MARK HERE FOR "Y	ES" J	JUNE 1 1994	JUNE 94 TO MAY 96	JUNE 1996	
	P) (P) (P		_ []	P)	(P)	(5) (10) (12) (Diabetes mellitus	(Y) a	> 0	0	0	
							2	Elevated cholesterol	(Y) 8	ŏ	0	Ŏ	
		← THI	SIS	YOU	JR II	D#	1	High blood pressure	(Y) II	-	Ŏ	O	
12 Wha	at is your current	work state	102 /1/	lark all	thata	nnly)	19	Myocardial infarction (heart attack)	(Y)		Ö	ŏ	
	Retired	WOIK Stati	is: (IVI	-		2.0 00 100 100	15	The second secon	(Y) Yes		0	0	
~	AND THE PARTY OF T	nanlaum ant			nemake			Angina pectoris	(Y) II	0	0	0	
	Full-time non-nursing e			-	sing full				(Y) Yes			0	
	Part-time non-nursing				sing par		10	Coronary bypass or angioplasty	(Y) II		0	0	
	ing the last six mo		The second secon				10	Stroke (CVA)	(Y)	0	Ŏ.	0	
	nt shifts (at least 3 evenings in that me		onun II	addi	tion to	uays		TIA (Transient ischemic attack)	(Y)	X	Ö	0	
_		oritin).						Carotid surgery (Endarterectomy)	(Y)		ŏ	0	
	Vo Yes	A = = 6 = 1 = 4	2 -						0	-0	0	0	
200	nis your correct da	ite of birtr	? 🤝					Peripheral artery disease or	1 0		0	0	
	Yes							claudication of legs (not varicose veins	-	-0	0	0	
ON	No If no, plea write corr		1	-	,	S. College		Confirmed by angiogram/surgery? N No		-0		0	
	date.	MONTH	/ p	AY /	YEAR			Pulmonary embolus	(Y)	0	0	0	
*				AL .	T SOL								
-	at is your marital s	ATTENDED TO					15)	Fibrocystic/other benign breast diseas		0	0	0	
	Married) Divorced		0 8	Separat	ed		Confirmed by breast biopsy? No No	-				
	Widowed C) Never ma	ried					Breast cancer	(Y)	0	0	0	
16. You	r living arrangeme	ent:				(18	Cancer of the cervix (include in-situ)	(Y) II	0	0	0	
	Alone) With spou	Service March	artner	00	Other		Cancer of the uterus (endometrium)	(Y) II		0	0	
Valley of the same) Nursing he						Cancer of the ovary	(Y) ii	> ()	0	0	
17. In th	he past two years	have you	had:	1 1	les, for	Yes, for	17)	Colon or rectal polyp (benign)	(Y) =	-0	0	0	
Total Control	es, mark all that ap	ply)		10 80	reening	symptoms		Cancer of the colon or rectum	(Y)	-0	0	0	
	nysical exam?	lagal da	(N)	Y	Y		Cancer of the lung	Y	0	0	0	
_	m by eye doctor?			N)	Y	Y		Melanoma	(Y) 8	0	0	0	
	anual pelvic exam?			N)	Y	Y	9	Basal cell skin cancer	(Y) 11	0	0	0	
	ast exam by clinician?			N)	(Y)	Y	<u> </u>	Squamous cell skin cancer	(Y) 8	0	Ó	0	
Man	nmogram?			N)	(Y)	(Y)		Other cancer	(Y) #	20	0	0	
	re you ever had ar	y of these	phys	ician-	diagno	osed	18)	Specify site of other cancer					
5,500,000	esses?		YEAR	OF FI	RST D	IAGNOSIS		Ontononolo	(W) a	10		0	
	E BLANK FOR "NO", K HERE FOR "YES"		Before			1994-		Osteoporosis	(Y) 11	0	0	0	
		-	1980	1991	1993	1995 1996+	~	Vertebral fracture, X-ray confirmed	(Y)	0	0	0	
-	(systemic lupus)	(Y)	TO	0	0	0 0	X	Hip replacement	(Y) II		0	0	
To a second	eoarthritis	(Y)	TO	0	0	0 0	2	Fractures: Wrist or Colles' Fracture	(Y)	20	0	0	
ANN .	eumatoid arthritis, Dr. D		20	0	0	0.10	2	Hip fracture	(Y) #	20	0	0	
-	Rheumatoid factor		ve/unkn	lown	OF	Positive	a)	Please specify fracture date circumstances on a separate				21	
	eased intraocular pre	ssure	10				~		s sileet.	- 0			
	ver 25 mm/Hg)	(Y)	70	10	10	010		Cholecystectomy	(Y)			0	
	ing the last month				ave pa	ain or	19	Gastric or duodenal ulcer	()	0		0	
	comfort in or arou						3	Glaucoma	(Y) =		0	0	
	Never	Less than		-	S 20			Macular degeneration of retina	(V)		0	0	
	One day/week () 2–6 days/			Daily			Cataract—1st Diagnosis (Dx)	(V)	0	0	0	
	on did this knos n	ain first b	-				b	Cataract extraction	(Y)	0	0	0	
b.Whe	en did this knee p		1 ()			996+		Asthma, Doctor diagnosed	(Y) II	20	0	0	
b.Whe	<1980 () '80-'84			Lunaa	pain	or knee	0	Emphysema or Chronic bronchitis, Dr.	Dx (Y)	PO	0	0	
b.Whe	<1980 (1980-'84)	did you ha	ve any	Knee				Multiple sclerosis	(Y) =	P()	()	0	
b.Whe	<1980 () '80-'84	did you ha	ve any	activit	1	I Comb		A.L.S. (Amyotrophic Lateral Sclerosis)	0	10	~		
b.Whe	ing the last year, comfort when doir	did you ha	ve any	activit	1	vays Can't do at all				0	O	0	
b.Whe	ving the last year, of comfort when doing the last year, of comfort when doing 2 to 3 blocks (1/4	did you hang the following the	ve any	activit	1	vays Can't do at all	0	Parkinson's Disease	(Y)	0	0	0	
b.Whe	ing the last year, comfort when doir	did you hang the following the	ve any	activit	1	vays Can't do at all	00	Parkinson's Disease Diverticulitis/diverticulosis		000	000	000	
b.Whe	ving the last year, of comfort when doing the last year, of comfort when doing 2 to 3 blocks (1/4	did you hang the following the following in the following	ve any	activit	1	vays Can't do at all	00	Parkinson's Disease		0000	0000	0000	
b.Whe C.Duri disc Wall Ben	ing the last year, comfort when doir	did you hang the following the following in the following	ve any	activit	1	Can't do at all	000	Parkinson's Disease Diverticulitis/diverticulosis	Y I	00000	00000	0000	
b.Whe O < C.Duri disc Wall Ben Gett your 20. Have	ing the last year, comfort when doir king 2 to 3 blocks (1/4 ading your knee or squaring up from chair with r arms	did you hang the following the following mile) atting mout using the injury du	ve any	activit	ally Alw	ent which		Parkinson's Disease Diverticulitis/diverticulosis Ulcerative colitis/Crohn's	Y I	000000	000000	00000	
b.Whe C.Duri disc Wall Ben Gett your 20. Have	ving the last year, of comfort when doing king 2 to 3 blocks (1/4 ading your knee or squaring up from chair with r arms	did you hang the following the following mile) atting mout using the injury du	ve any	activit	ally Alw	ent which		Parkinson's Disease Diverticulitis/diverticulosis Ulcerative colitis/Crohn's Kidney stones	Y	0000000	000000	000000	
b.Whe C.Duri disc Wall Ben Gett your 20. Have was	ing the last year, comfort when doir king 2 to 3 blocks (1/4 ading your knee or squaring up from chair with r arms	did you hang the following the following mile) atting mout using the injury du	ve any	activit	ally Alw	ent which	() () (20)	Parkinson's Disease Diverticulitis/diverticulosis Ulcerative colitis/Crohn's Kidney stones Interstitial Cystitis (Dx by cystoscopy) Active TB (X-ray or culture Dx) Other major illness or surgery since	Y	0000000	0000000	0000000	
b.Whe C.Duri disc Wall Ben Gett your 20. Have was	comfort when doing the last year, of comfort when doing king 2 to 3 blocks (1/4 adding your knee or squaring up from chair with r arms e you ever had knee treated with a brack	did you hang the following the following mile) atting nout using the e, cane, cr	ve any	rauma, or su	tic ever	ent which	20	Parkinson's Disease Diverticulitis/diverticulosis Ulcerative colitis/Crohn's Kidney stones Interstitial Cystitis (Dx by cystoscopy) Active TB (X-ray or culture Dx) Other major illness or surgery since June 1994	Y				
b.Whe O < C.Duri disc Wall Ben Gett your 20. Have was	ring the last year, of comfort when doing king 2 to 3 blocks (1/4 ading your knee or squaring up from chair with rarms The you ever had kneed treated with a brack of the components of the com	did you hang the following the following mile) atting the injury during the cane, crud pain, still atting th	ve any owing lever So til	rauma , or su	tic ever	ent which	20	Parkinson's Disease Diverticulitis/diverticulosis Ulcerative colitis/Crohn's Kidney stones Interstitial Cystitis (Dx by cystoscopy) Active TB (X-ray or culture Dx) Other major illness or surgery since	Y				
b.Whe O < C.Duri disc Wall Ben Gett your 20. Have was O < 10. Have swe 11. Have swe 12. Have swe 13. Have swe 14. Have swe 15. Have swe 16. Have swe 16. Have swe 17. Have swe 18. Have swe	ring the last year, comfort when doing king 2 to 3 blocks (1/4 ading your knee or squaring up from chair with rarms re you ever had knee treated with a brack yes ve you ever notice	did you hang the following the following mile) atting the injury during the cane, crud pain, still the	ve any owing lever So til	rauma , or su	tic ever	ent which		Parkinson's Disease Diverticulitis/diverticulosis Ulcerative colitis/Crohn's Kidney stones Interstitial Cystitis (Dx by cystoscopy) Active TB (X-ray or culture Dx) Other major illness or surgery since June 1994		2)(3)(3)(3)(4)			

HAR	VARD ME	EDICAL SCHOOL		1				Pag	e 3	NURSES' HEALTH STU	JDY
23.	How many biological brothers and sisters do you have? (Include any deceased siblings. Do not count ½ siblings.)									How many living children do you have? None 1 or 2 3-5 6 or more	(a)
	Brothers: Sisters:	Zero () 1 () 2 () Zero () 1 () 2						(a) (b)	28b.	How many of your children do you see at least once a month?	b
24.		y of the following	Relati	ve's Ac	e at Fi	rst Dia	ignosis	(24)	00-	O None	
		cal relatives had	Before age 50	Age 50 to 59	-	Age 70+	Age Unknown		29a.	Apart from your children, how many relatives do you have with whom you feel close?	(a)
	O No	Brother (V)	0	0	0	0	0		he were	O None	
	Stroke?	Sister (Y)	0	0	0	0	0	(M)	29b.	How many close relatives do you see at least once a month?	b
	O No	Brother (Y)	50	0	0	0	0			O None O 1 or 2 O 3-5 O 6-9 O 10 or more	
	•	Sister (Y)	0	Ŏ	Ŏ	ŏ	Ŏ	(s)	30a.	How many close friends do you have?	a
	Ovarian Cancer?									○ None ○ 1 or 2 ○ 3-5 ○ 6-9 ○ 10 or more	
	O No	Mother (Y)	0	0	0	0	0		30b.	How many of these friends do you see at least once	b
	-	Sister (Y)	O	Õ	Ŏ	Ŏ	Ŏ	0		a month?	
	Breast C									O None O 1 or 2 O 3-5 O 6-9 O 10 or more	
	O No	Mother (Y)	0	0	0	0	0		31.	How often do you go to religious meetings or services?	(31
		One Sister (Y)	0	O	Ŏ	Ŏ	Ŏ			More than once a week Once a week	
	1	Additional Sister (Y)	Ŏ	Ŏ	Ŏ	Õ	Ŏ	(B)		Twice a month to once a year Never or almost never	
	Cancer	of the Uterus? (exclude fib	roids or	Cervica	Cance	r)			32.	How many hours each week do you participate in any	
	O No	Mother (Y)	10	0	0	0	0	1		church, volunteer, or other community group?	(32
	-	Sister (Y)	ŏ	Ŏ	ŏ	Õ	Ŏ	0		O None O 1 to 2 hours O 3 to 5 hours	
	Colon or	r Rectal Cancer?								() 6 to 10 () 11 to 15 () 16 or more	
	O No	Parent (Y)	60	0	0	0	0		33.	Is your biological mother still living?	33
		One Sibling (Y)	ŏ	ŏ	ŏ	ŏ	ŏ			O Yes O No ⇒ At what age did she die?	(B
	1	Additional Sibling (Y)	ŏ	ŏ	Ŏ	Ŏ	Ŏ	(0)			-
	Prostate	Cancer?								70-79 () 80-89 () 90+	
	O No	Father (Y)	10	0	0	0	0			Was this due to:	(F
	110	One Brother (Y)	I o	0	0	0	ŏ.	1000		Heart Disease Stroke Cancer	100
	1	Additional Brother (Y)	18	0	X	0	8	(0)		O Trauma/Accident/Suicide O Other	
	Pancroa	s Cancer?						(P)	34	Is your biological father still living?	(20
	O No	Parent (Y)	10		0	0	0		04.	Yes No At what age did he die?	9
	U NO		EX-	0	0	0	0	(0)			(a)
	Melanoma? O No Parent (Y)							(P)		○ <50 ○ 50-59 ○ 60-69 ○ 70-79 ○ 80-89 ○ 90+	
										Was this due to:	100
	O NO		18	8	8	O	0	(M)			100
05	On over	Sibling (Y)	la way	taka	Comini	-2	U	(81)		Heart Disease O Stroke O Cancer	
٠٠.		rage, how frequently o					and a la	(20)	25	Trauma/Accident/Suicide Other	35
	-	/s/month 0 1–3 day				days/v	veek		55.	In a typical week during the past year, on how many days did you consume an alcoholic beverage of any type?	0.0
00		days/week 0 5-6 day) Daily		TOTAL N	(20)			
20.	week? (rage, how many aspiri 4 baby aspirin = 1 tab	let) In	clude	regul	ar An	acin,	(80)		O No days O 1 day O 2 days O 3 days O 4 days 5 days O 6 days O 7 days	
	0.000	n, etc., but not aspirin-	17			Tylen	ol.		36.	In a typical month during the past year, what was the	
27.		Medication (mark if u				- Marie	years)	-		largest number of drinks of beer, wine and/or liquor you may have had in one day?	(38
		egular medications		-	200					O None O 1-2 O 3-5 O 6-9 O 10-14 O 15 or more	
	Acetaminophen, 2+ times/week (e.g., Tylenol)									What is your blood type?	(37
	Other anti-inflammatory (e.g., Advil, Motrin, Indocin)									OA OB OAB OO OUnknown	a
	O C	oumadin 0	Tamoxif	en					b.	What is your RH factor? O Pos O Neg O Unknown	(b
	O TI	hiazide diuretic 0	asix						38.	Your TB skin test since 1992:	(38
	Oc	alcium blocker (e.g., Calar	n. Proce	ardia, (Cardize	m)			reservence	O Pos O Neg O Not done O BCG prior to 1992	1
							ard)		39.	How many teeth have you lost in the last two years?	39
	Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard) ACE Inhibitors (e.g., Capoten, Vasotec, Zestril)									O None O 1 O 2 O 3 O 4 O 5-9 O 10+	
	Other antihypertensive (e.g., Aldomet, Apresoline)									Do you currently smoke cigarettes?	(40
		teroids taken orally (e.g., F					irol)	2		O Yes → How many/day? O 1–4 O 5–14 O 15–24	a
		haled Steroids (onchod		,			O No O 25-34 O 35-44 O 45+	
		igoxin Antiarrhyth	Control (Co.						41	Please indicate the name of someone at a DIFFERENT	4
		holesterol-lowering drug (e		Jestran	Meye	cor Lo	pid)			PERMANENT ADDRESS to whom we might write in	1
	-	ntidepressant (e.g., Elavil,			THOVE		[F.G)			the event we are unable to contact you:	
		imetidine (Tagamet)	10200	1				5		Name	
	-	ther H2 blocker (e.g., Zan	ac Po	ncid A	xid)					Name:	
		sulin Oral Hypog						-		Address:	
		ther regular medications (W. C. W. C.	Contractor Contractor	1000000						
		mor regular medications (1100	a wah	July)						

yright	e 1550 bright	an and women	's Hospital. All	riigina rieser	vou mondimide.	Page 4					-	NHS
W	hich you	our record gave birth	include	both live	ifetime pregna births and sti	ancy history, illbirths for p	please mar regnancies	k a bubble co	orrespon st 6 mon	ding to EA	CH year in ot report	n
		E			months or mo	re mark her						
0					100		10	0 1007	0 1000	0 100		7
-	1930	1931	1932		33 () 1934		1936	O 1937	1938	1939		
0) 1940	O 1941	O 1942		43 () 1944	- A	1946	O 1947	1948	O 1949		18
C) 1950	O 1951	1952	O 19	53 () 1954	O 1955	O 1956	1957	O 1958	O 1959	9.	5
C	1960	1961	0 1962	O 19	63 0 1964	0 1965	1966	1967	1968	0 1969	9	(
C	1970	0 1971	0 1972	O 19	73 0 1974	O 1975	0 1976	O 1977	0 1978	0 1979	9	(
C	1980	() 1981	O 1982	O 19	83 0 1984	1985	1986	1987	1988	() 1989	9	ĺ
0	1990	() 1991	() 1992		93 0 1994		1996					E
If		_			nt twins as O			here				1
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			, now one						and the same of th		and the second	
	an-fried c	THE RESERVE OF THE PARTY OF THE		O Never			() 2–3/mc		~	2-3/wk.	○ 4+/wk.	
	usual out	side appea	rance	U Lightly	browned	Medium bi	rowned (Well browne	d O	Blackened		
В	roiled chi	cken		O Never	○ <1/m	o. 0 1/mo.	2-3/mc	o. 0 1/wk.	0	2-3/wk.		ė
	usual out	side appea	rance	O Lightly	/ browned	Medium bi	rowned (Well browne 	d O	Blackened	charred	
G	irilled/BB0	chicken		O Never	O <1/m	o. 0 1/mo.	2-3/mc	o. 0 1/wk.	0	2-3/wk.	O 4+/wk.	
	usual out	side appear	rance	(Lightly	browned	Medium br	rowned (○ Well browne	d O	Blackened	charred	
					oked with the s	The Control of the Co					5-10-581 (70-75- <u> </u>	
	minen y	ou cut offici	ton, now or				O Compti	imac C	Novor			
	Marrie 6		A Alexander	O Alway		of the time	Someti) Never			
		en do you ea	it the skin?			of the time	O Someti		Never		0	
В	Broiled fish	1		O Never	○ <1/m	o. 0 1/mo.	2-3/mc			2-3/wk.	○ 4+/wk.	
- 21	usual out	side appear	rance	Lightly	browned	Medium b	rowned (Blackened/c	harred			
R	Roast beef			O Never	O <1/m	o. 0 1/mo.	2-3/mc	o. 0 1/wk.	0	2-3/wk.	O 4+/wk.	
	usual out	side appea	rance	(Lightly	browned	O Medium bi	rowned (Well browne	d			
-	an-fried s			O Never	O <1/m	o. () 1/mo.	2-3/mc	o. 0 1/wk.	0	2-3/wk.	O 4+/wk.	
		side appea	rance		browned	O Medium bi		Well browne		Blackened		
-	Grilled/BB0		ance				2-3/mc		~	2-3/wk.	0 4+/wk.	
		a steak		O Never	() <1/m	(3) () () () ()	2-3/1110). () 1/WK.		2-3/WK	1 4+/WK.	
	United the second secon	AND DESCRIPTION OF THE PARTY OF		The second					. 0			
-		side appea		0	browned	O Medium bi	rowned (Well browne		Blackened	The state of the s	
-		side appea beef gravy		O Lightly O Never	browned	O Medium bi		Well browne			charred 4+/wk.	
Н	lomemade			O Never	browned	O Medium bi	rowned (Well browne	O	Blackened	The state of the s	
Н	lomemade usual app	beef gravy bearance of	drippings	O Never	browned <1/m browned	O. Medium bi O. 1/mo. Medium bi	rowned (2–3/morowned (O Well browns o. O 1/wk. O Well browns	d	Blackened	The state of the s	
Н	lomemade usual app o you cu	beef gravy bearance of rrently tak	drippings e a multi-	O Never O Lightly	browned 1/m browned Please report a	Medium bi 1/mo. Medium bi Medium bi additional individual	rowned (2–3/mc rowned (2–3/mc	Well browns 1/wk. Well browns ns in question	d 45.)	Blackened/ 2-3/wk.	The state of the s	
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47.	The following items are about activities you might do during a t	typical day.					
1	Does your health now limit you in these activities? If so, how m	uch?	Van Lim	tend I t	Van Limitar	a l a	a Mat
	(Mark one response on each line.)		Yes, Lim A Lo		Yes, Limiter A Little	Limit	o, Not ted At Al
Ĺ	Vigorous activities, such as running, lifting heavy objects, partici	ipating in					555
i	strenuous sports				0		0
ĺ	Moderate activities, such as moving a table, pushing a vacuum of	cleaner, bowling,					
	or playing golf	31	0		0		0
	Lifting or carrying groceries		0		Ŏ		Ŏ
1	Climbing several flights of stairs		Ŏ		Õ		Õ
	Climbing one flight of stairs		0		0		ŏ
	Bending, kneeling, or stooping		Ö		0		ŏ.
			0		0		0
	Walking more than a mile		0		0		0
	Walking several blocks		0		0		0
ı.	Walking one block		0		0		0
40	Bathing or dressing yourself						0
48.							
	For each question, please give the one answer that comes close					Later	1 80
1	How much of the time during the past 4 weeks	of the	Most of the	A Good Bit of	Some of the	A Little of the	None of the
	(Mark one response on each line.)	time	time	the time	time	time	time
l .	Did you feel full of pep?	0	0	0	0	0	-0
ı	Have you been a very nervous person?	0	0	0	0	0	0
	Have you felt so down in the dumps nothing could cheer you up	?	0	0	0	0	0
1	Have you felt calm and peaceful?		0	0	0	0	0
l .	Did you have a lot of energy?		0	0		0	0
Ĺ	Have you felt downhearted and blue?		0	0	0	0	0
	riave you left downinearted and blue:						
ı		Ŏ	0	0	Ŏ	0	.0
	Did you feel worn out?	Ŏ.	Ŏ.	Ŏ	Ŏ	0	0
49.		ysical health or	emotio	nal prob	olems in	terfered	with
49.	Did you feel worn out? Have you been a happy person? Did you feel tired? During the past 4 weeks, how much of the time have your phyour social activities (like visiting with friends, relatives, etc.)? All of the time Most of the time Some of the time A little	e of the time	emotion None of t		olems in	terfered	with
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	PAGE 6					NHS	96 5&	
56.	How often do you have difficulty holding your urine until you can go							(4)
57	Never Hardly ever Some of the time Most of the time							
J. / .	During the last 12 months, how often have you leaked urine or lost Never Less than once/month Once/month 2-3 times/mo	and the state of t		111111111111111111111111111111111111111	Almost ev	very day		5
	a) When you lose your urine, how much usually leaks?		ABOUT ONCE/W		Allinoscov	Cry day		
V	A few drops Enough to wet your underwear Eno	ugh to w	et your outer	clothing	Enoug	h to wet	the floor	
58.	If you are retired, at what age did you retire?							-
	Not retired	65-69	O Age 70+					
Ţ.	a) Overall, how would you say the quality of retired life com	District Control						
EO.	Much worse Somewhat worse About the							
JJ.	If you have been employed within the past 2 years, the following quality last 2 years	estions	relate to yo	ur most re	cent job:			
	Not employed in last 2 years Please choose the answer which best describes the degree to which			917				
	you agree or disagree with each of the following statements.	Strongly Disagree	Disagree	Agree	Strong Agree	У		
1	My job requires that I learn new things	O	Disagico	Agice	- Agrou			
1	My job involves a lot of repetitive work	Ŏ	O	O	0			Ĭ
1	My job requires me to be creative	0	0	0	0	10147	Myaling	Ī
1	My job allows me to make a lot of decisions on my own	0	0	0	0			
1	My job requires a high level of skill	0	0	0	0			
		_						
	On my job, I have very little freedom to decide how I do my work	0	0	0	0			
	I get to do a variety of different things on my job	0	0	No.	0	1 5		
	I have an opportunity to develop my own special abilities	0			0	IVI V-		
н	I have an opportunity to develop my own special abilities My job requires working very fast	0	0	0	1 0			
т	My job requires working very last My job requires working very hard	0		0	Ŏ	120 100		
1	My job requires lots of physical effort	ŏ	ŏ	ŏ	0			1
	I am not asked to do an excessive amount of work	Ŏ	Ŏ	Ó	Ŏ			
1	I have enough time to get the job done	ŏ	Ŏ	Ŏ	Ŏ			1
1	My job security is good	Ŏ	Ŏ	O	Ŏ	W Say	11/2/11	Ÿ
1	I am free from conflicting demands that others make	0	0	O	O			
1	People I work with are competent in doing their jobs	0	0	0	0	Mr.		
1	People I work with take a personal interest in me	0		0	0			
н	People I work with are friendly	0	0	0	0	yelle		
	People I work with are helpful in getting the job done	0			0			
1		Strongly	Digggrees	Agree	Strongl	у	Not olicable	2
1	a) My supervisor is concerned about the welfare of those under he	Disagree	Disagree	Agree	Agree	Ahh	Псаше	-13
	My supervisor pays attention to what I am saying	Ŏ	O	Ŏ	Ŏ		Ŏ	4
1	My supervisor is helpful in getting the job done	0	Ŏ	Ö	Ŏ	T PAR	Ŏ	
	My supervisor is successful in getting people to work together	O	Õ	O	Ŏ		Õ	
	b) How steady is your work?							
1	Regular and steady Seasonal Frequent layoffs Both	seasona	al and frequer	t layoffs	Other			X
1	c) How likely is it that during the next couple of years you will in		ily lose you	r present j	ob with y	our em	ployer?	K
80	Not at all likely Not too likely Somewhat likely Very							
00	Outside of your employment, do you provide regular care to any of			HOURS P	PER WEEK		W 10	(4
	following? (Mark one response on each line. For people to whom you	_	ero 1–8	9-20	21-35	36-72	73+	1
	not provide regular care, mark "Zero Hours.") Your children	ŀ	Irs. Hrs.	Hrs.	Hrs.	Hrs.	Hrs.	Ą
	Grandchildren				0	0		
	Disabled or ill spouse			0		Ö	0	
	Disabled or ill parent	THE PARTY	ŏ ŏ	1 8	Ŏ	Ŏ	Ö	
	Disabled or ill other person		Ď O	1 ŏ	ŏ	Ŏ	Ŏ	
61.	How stressful would you say it is to provide care to the individuals	mentio	ned above?					
	Not applicable Not at all Just a little bit Moderately	Vallet and the second	remely (Don't kno)W			
62.	How rewarding would you say it is to provide care to the individua	ls menti	oned above	?				
	O Not applicable O Not at all O Just a little bit O Moderately	A STATE OF THE PARTY OF THE PAR	remely (Don't kno)W			
63.	What is your religious heritage?	Oth	er Christian					Carlo.
	O Ashkenazi Jewish O Sephardic Jewish Eastern (e.g., Buddhist,	Hindu)	O Muslim	Ot	ner			
				20				i
	Thank you! Please return forms in pre							Q
	Frank Speizer, MD, Nurses' Health Study, 181 Lo	ngwoo	d Ave., Bo	oston, N	IA 0211!	5		Ü