

Nurses' Health Study II



HARVARD MEDICAL SCHOOL • Channing Laboratory • 181 Longwood Avenue • Boston, Massachusetts 02115-5804 • Telephone (617) 525-2279 • Facsimile (617) 525-2008

February 23, 2001

Dear Colleague:

We would like to take this opportunity to thank you once again for your continued and dedicated participation in the Nurses' Health Study II. The accuracy and completeness of the information you and your fellow participants provide are truly impressive. This information will enable the study to continue to answer many critical questions about lifestyle factors and women's health. We would like to expand our information on social relationships and social supports which we believe are important to women's health.

The attached supplemental questionnaire asks about your social supports, intimate relationships, life stresses, and pregnancy outcomes. As always, your responses are confidential and will only be used for statistical purposes. We welcome any comments you may have and encourage you to write them on a separate sheet and return it to us in the enclosed postage-paid envelope along with the completed questionnaire. You may also contact us directly at (617) 525 2279, if you have any specific questions, comments, or requests for referrals. If you choose not to participate in this questionnaire, it will not jeopardize your continued participation in the Nurses' Health Study II.

Once again, we thank you in advance for your timely contribution to this important and ongoing research study.

Yours sincerely,

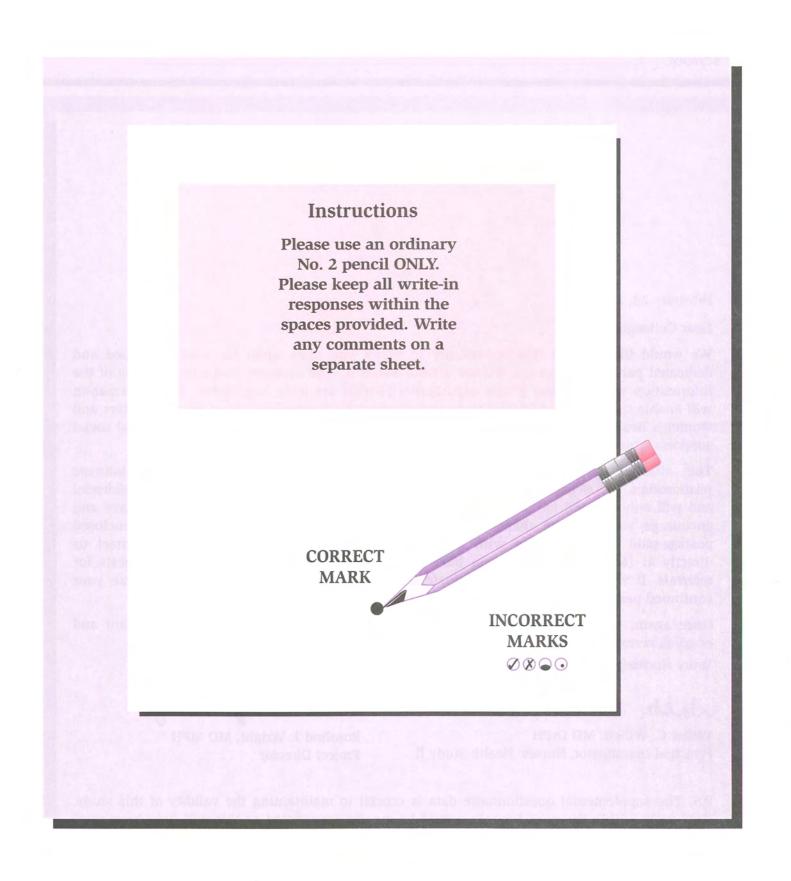
Walter Willett

Walter C. Willett, MD DrPH Principal Investigator, Nurses' Health Study II

Rosalind Q. Wright

Rosalind J. Wright, MD MPH Project Director

P.S. The supplemental questionnaire data is crucial to maintaining the validity of this study. Your reply within the next 2 weeks would be greatly appreciated as this will help keep costs down.



1. How often do you go to religious meetings or servic	ces?					
○ More than once a week ○ Once a week ○ 1 to 3 times	per month	O Less that	once per	month (O Never	or almost
 How many hours <u>each week</u> do you participate in a church-connected group, self-help group, charity, p 				0	oup,	
○ None ○ 1 to 2 hours ○ 3 to 5 hours ○ 6 to 10 h	ours C) 11 to 15 hou	rs C) 16 or more	hours	
3. How many living children do you have?	Daughters Sons	O None O None	$ \begin{array}{c} 01 \\ 01 \\ 01 \end{array} $	-		5 or more 5 or more
4. How many of your children do you see at least once	e a month?	() None	OI C	2 () 3 (O4 O	5 or more
5. Apart from your children, how many relatives do y	ou have w	ith whom y	ou feel	close?		
○ None ○ 1 to 2 ○ 3 to 5 ○ 6 to 9 ○ 10 or mo						
6. Apart from your children, how many close relatives	s do you se	e at least o	nce a m	onth?		
○ None ○ 1 to 2 ○ 3 to 5 ○ 6 to 9 ○ 10 or mo		number of pe				
7. How many close friends do you have?	num	ber of <u>times</u> y	ou see the	m)		
○ None ○ 1 to 2 ○ 3 to 5 ○ 6 to 9 ○ 10 or mo	re					
8. How many of these friends do you see at least once	a month?					
None O 1 to 2 O 3 to 5 O 6 to 9 O 10 or mo		number of pe	nle NOT	the		
9. Is there any one special person you know that you confidences and feelings with?	num	ber of <u>times</u> y	ou see the	m)	u can s	hare
O Yes () How often do you see or talk with this No () Daily () Weekly () Monthly		al times/year	00	nce/year or l	less	
10. Can you count on anyone to provide you with emot make a difficult decision)?	ional supp	ort (talkin	g over p	roblems o	or helpi	ng you
\bigcirc None of the time \bigcirc A little of the time \bigcirc Some of the	time O M	lost of the time	O A	l of the time	2	
11. How many people can you count on to provide you	with emot	ional supp	ort?			
O None O One O Two O Three or more						
2. Please indicate by filling in the appropriate response	how often	you felt or t	hought	a certain	way dur	ring
the <u>last month</u> .		Never	Almost Never	Sometimes	Fairly Often	Very Often
In the <i>last month</i> , how often have you felt that you	were	V	V	V	V	V
unable to control the important things in your life?	h t	0	0	0	0	0
In the <i>last month</i> , how often have you felt confident your ability to handle your personal problems?	t about	0	0	0	0	0
In the <i>last month</i> , how often have you felt that thing	gs were	0	~	0	0	0
going your way? In the <i>last month</i> , how often have you felt difficultie	os moro	0	0	0	0	0
piling up so high that you could not overcome them		0	0	0	0	0
		ease co				

13. Is this your correct date of birth? ► ○ Yes ○ No ▶ If no, please write correct date. Month Day Year	0480	124 124 124	80 80 80 90 90 90	2 4 8 2 4 8 2 4 8	000
14. There are many ways to try to deal with problems. These items ask what you do, <u>in general</u> , to cope with the stress in your life.	Not At All	A Little Bit	A Medium Amount	A Lot	Ð
I concentrate my efforts on doing something about the situation I'm in. I say to myself "this isn't real". I get emotional support from others.	000	000	000	000	000
I give up trying to deal with things. I take action to try to make the situation better.	000	000	0000	000	000
I refuse to believe that things have happened. I say things to let my unpleasant feelings escape. I criticize myself.	000	000	000	000	000
I get comfort and understanding from someone. I give up the attempt to cope.	00	00	00	00	00

-

Case of Lot

I accept the reality of the fact that things have happened.	0	0	0	0
I express my negative feelings.	0	0	0	0
I try to find comfort in my religion or spiritual beliefs.	0	Q	Q	Q
I learn to live with things.	0	Q	Ó	0
I blame myself for things that happened.	Q	Ó	Õ	Õ
I pray or meditate.	0	0	0	0
These mustices relate to this so that many have have				

These questions relate to things that may have happened in your family and relationships during childhood and adolescence.

ţ	When you were a <u>child</u> (up to age 11 years), did following things happen to you?	any of the		Never True	Rarely True	Some- times True	Often True	Very Often True
	People in my family hit me so hard that it left	me with br	uises	V		V	V	
	and marks.			õ	0	õ	0	õ
	The punishments I received seemed cruel.			0	0	0	8	0
	I was punished with a belt, a board, a cord, or some other hard object.					0	0	0
	Someone in my family yelled and screamed at me. People in my family said hurtful or insulting things to me.					ŏ	ŏ	õ
	There was someone in my family who helped			-	-	-	-	0
	important or special.			0	0	0	0	0
	Push, grab, or shove you Kick, bite or punch you Hit you with something that hurt your body Choke or burn you Physically attack you in some other way	 Never Never Never Never Never Never 	 Once Once Once Once Once Once 	O A O A O A	few times few times few times few times few times	O M O M O M	ore than ore than ore than	a few times a few times a few times a few times a few times
17.	When you were a <u>teenager</u> (ages 11–17 years), d	id your pare	ent, step-pa	arent or	adult gu	ardian	ever:	
	Push, grab, or shove you	O Never	O Once		few times			a few time:
	Kick, bite or punch you	O Never	O Once	O A	few times	OM	ore than	a few times
	Hit you with something that hurt your body	O Never	O Once	O A	few times	OM	ore than	a few times
	Choke or burn you	O Never	O Once	O A	few times	OM	ore than	a few times
	Physically attack you in some other way	O Never	O Once	O A	few times	OM	ore than	a few times

	When you were a <u>child</u> (up to age 11 years), were you <u>ever</u> touched in a sexual way by an adult or an ol child or were you forced to touch an adult or an older child in a sexual way when you did not want to?	
	○ No, this never happened ○ Yes, this happened once ○ Yes, this happened more than once	
19.	When you were a <u>teenager</u> (ages 11–17 years), were you <u>ever</u> touched in a sexual way by an adult or an ol child or were you forced to touch an adult or an older child in a sexual way when you did not want to?	der
6	○ No, this never happened ○ Yes, this happened once ○ Yes, this happened more than once	
20.	When you were a <u>child</u> (up to age 11 years), did an adult or an older child <u>ever</u> force you or attempt to fore you into any sexual activity by threatening you, holding you down or hurting you in some way when you not want to?	
	○ No, this never happened ○ Yes, this happened once ○ Yes, this happened more than once	
21.	When you were a <u>teenager</u> (ages 11–17 years), did an adult or an older child <u>ever</u> force you or attempt to force you into any sexual activity by threatening you, holding you down or hurting you in some way why you did not want to?	
t.	○ No, this never happened ○ Yes, this happened once ○ Yes, this happened more than once	
	ow consider experiences with all intimate relationships (not only a current lationship) you have had as an adult (age ≥ 18 years).	
22.	Have you <u>ever</u> been involved in an intimate relationship lasting <u>at least 3 months</u> since you were \geq 18 years of	ld?
	O No (If NO, skip to question 29) O Yes	
23.	Have you ever been made to feel afraid of your spouse/significant other?	
	O No O Yes	
24.	Have you ever been emotionally abused by your spouse/significant other?	
	○ No, this never happened ○ Yes, this happened once ○ Yes, this happened more than once	
25.	Have you ever been hit, slapped, kicked, or otherwise physically hurt by your spouse/significant other?	
6	○ No, this never happened ○ Yes, this happened once ○ Yes, this happened more than once	
26.	Has your spouse/significant other ever forced you to have sexual activities?	
i -	○ No, this never happened ○ Yes, this happened once ○ Yes, this happened more than once	
If y	you answered YES to question 24 OR 25 OR 26, please go to 27. If not, you may skip to 28.	
27.	In approximately what <u>year(s)</u> of your adulthood did you experience the emotional, physical, or sexual	
L.	abuse reported above?	
i.	Note that you may mark more than one.	
	<u>O 1962</u> <u>O 1963</u> <u>O 1964</u> <u>O 1965</u> <u>O 1966</u> <u>O 1967</u> <u>O 1968</u> <u>O 1969</u> <u>O 1970</u> <u>O 1971</u>	0
	O 1972 O 1973 O 1974 O 1975 O 1976 O 1977 O 1978 O 1979 O 1980 O 1981 O 1982 O 1983 O 1984 O 1985 O 1986 O 1987 O 1988 O 1989 O 1990 O 1991	2
c i	○ 1992 ○ 1993 ○ 1995 ○ 1996 ○ 1997 ○ 1999 ○ 2000 ○ 2001	(4)
		6
		(a) (a) (b) (a)
	Please continue on page 4	(8)
	Please continue on page 4	

4 4 4 4 4 4 8 8 8 8 8 8 8

PPPPPP

1000

 28. Now think about the last relationship with the spouse/significant other that you were or currently are involved with. Please choose the answer that best describes how much you agree or disagree in general with each item.
 1
 2
 4
 5
 6

	-	<u> </u>	9		0	0
	Agree Strongly	Agree Somewhat	Agree A Little	Disagree A Little	Disagree Somewhat	Disagree Strongly
Henally my partner is consistive to my people	•	0	0	•	~	~
Usually my partner is sensitive to my needs. My partner respects my interests and independence.	õ	0	0	Ő	õ	Ő
My partner makes me feel unsafe even in my own home.	õ	ŏ	õ	õ	õ	õ
I feel ashamed of the things my partner does to me.	ŏ	ŏ	ŏ	õ	õ	õ
I try not to rock the boat because I am afraid of what my	0	0	0	0	\cup	0
partner might do.	0	0	0	0	0	0
I feel like I am programmed to react a certain way to my partner.	0	0	0	0	0	0
I feel like my partner keeps me prisoner. My partner makes me feel like I have no control over my	0	0	0	0	0	0
life, no power, no protection.	0	0	0	0	0	0
I hide the truth from others because I am afraid not to.	ŏ	ŏ	õ	ŏ	õ	ŏ
I feel owned and controlled by my partner.	õ	ŏ	õ	õ	õ	ŏ
My partner can scare me without laying a hand on me.	õ	ŏ	Õ	õ	õ	õ
My partner has a look that goes straight through me and terrifies me.	0	0	0	0	0	0
Please indicate if you are referring to a past or current rela	ationshi	p. () Pa	st 🔿	Current		
29. Have you ever taken out a restraining order?	se/signifi	icant othe	r 🔿 Ye	es, agains	st other p	erson
30. Have you ever been stalked by anyone? O Yes, by one p	erson	O Yes, t	y more t	han one	person	O No
31. Have you <u>ever</u> experienced any of the following harassme spouse/significant other (male or female)? Mark all that a	pply.					
If yes, who did it? (Note:						
 Followed you or spied on you? Sent you unwanted letters/written 	icant oth	er () ex	-spouse/	significar	nt other	() other
correspondence?						O other
 Made unwanted phone calls to you? Stood outside your home, school or 	icant oth	er () ex	-spouse/	significar	nt other	() other
workplace?	icant oth	er () ex	-spouse/	significar	nt other	() other
 Left unwanted items for you to find? Tried to communicate with you in other 						O other
ways against your will?	icant oth	er () ex	-spouse/	significat	nt other	() other
 Vandalized your property or destroyed something you loved? O spouse/signif 	icant oth	er O ex	-spouse/	significar	nt other	() other
ONone If NONE AND you answered no to question 29 then skip						
32. How frightened were you by these things that this person	/these]	persons d	lid to yo	ou?		
○ Very frightened ○ Somewhat frightened ○ Just a little fr					d O D	on't know
33. Did you ever believe you or someone close to you would person/these persons was following or harassing (stalkin		usly har	med or l	killed w	hen thi	S
○ Yes ○ No ○ Don't know						
34. Has any one person ever done any of these things to you	on <u>more</u>	e than on	e occas	ion?		
O Yes O No O Don't know						
	C					

We would also like to know more about your pregnancies.

35. Please answer each section below for each pregnancy you have had that <u>lasted 12 weeks or more</u>. Please do not include current pregnancies. Start with your most recent pregnancy and continue back to your first one. If you had twins or triplets, please count them as one pregnancy, and mark more than one circle for birth weight and infant gender in the same pregnancy column, where appropriate.

O Please mark here if you have **never** been pregnant for <u>at least 12 weeks</u>.

Calendar year in which the pregnancy ended? How long did the pregnancy last? Outcome of the pregnancy?					
which the pregnancy ended? How long did the pregnancy last? Outcome of the					1 11
ended? How long did the pregnancy last? Outcome of the	2 2 2 3 3 4 4 5 5	2 2 2 3 3 4 4	223	2 22	2 2 2
pregnancy last? Outcome of the	33 44 55	33 (4) (4)	33	33	
pregnancy last? Outcome of the	4 4 5 5	(4) (4)			(3)(3)
pregnancy last? Outcome of the	5 5		(4)(4)	00	
pregnancy last? Outcome of the		La La L	65	(4) (4) (5) (5)	(4) (4) (5) (5)
pregnancy last? Outcome of the	00	66	66	66	66
pregnancy last? Outcome of the	\overline{O}	00	00	00	00
pregnancy last? Outcome of the	88	88	88	88	88
pregnancy last? Outcome of the	000	999	000	999	999
pregnancy last? Outcome of the	○ 12-<20 weeks	○ 12-<20 weeks	○ 12-<20 weeks	○ 12-<20 weeks	○ 12-<20 weeks
pregnancy last? Outcome of the	O 20- < 24 weeks	O 20- < 24 weeks	○ 12-< 20 weeks	○ 12-< 20 weeks	O 20-<24 weeks
Outcome of the	O 24-<28 weeks	O 24-<28 weeks	O 24-<28 weeks	O 24-<28 weeks	O 24-<28 weeks
	O 28-<32 weeks	O 28-<32 weeks	O 28-<32 weeks	O 28-<32 weeks	O 28-<32 weeks
	O 32-< 37 weeks	O 32-<37 weeks	O 32-<37 weeks	O 32-<37 weeks	O 32-< 37 weeks
	O 37-42 weeks (term)		-	O 37-42 weeks (term)	-
	\bigcirc 43 + weeks	\bigcirc 43 + weeks	\bigcirc 43 + weeks	\bigcirc 43 + weeks	\bigcirc 43 + weeks
	O Single live birth	O Single live birth	O Single live birth	O Single live birth	O Single live birth
	O Twins/triplets	O Twins/triplets	O Twins/triplets	O Twins/triplets	O Twins/triplets
pregnancy.	O Miscarriage/stillbirth			2	
	O Induced abortion	O Induced abortion	O Induced abortion	O Induced abortion	O Induced abortion
	O Tubal or ectopic	O Tubal or ectopic	O Tubal or ectopic	O Tubal or ectopic	O Tubal or ectopic
	O None	O None	O None	O None	O None
On average, how	○ <1 cig/day	○ <1 cig/day	○ <1 cig/day	O <1 cig/day	O <1 cig/day
many cigarettes did you smoke per day	O 1-4 cigs/day	O 1-4 cigs/day	O 1-4 cigs/day	O 1-4 cigs/day	O 1-4 cigs/day
during this	O 5-14 cigs/day	O 5-14 cigs/day	O 5-14 cigs/day	O 5-14 cigs/day	O 5-14 cigs/day
pregnancy?	O 15-24 cigs/day	O 15-24 cigs/day	O 15-24 cigs/day	O 15-24 cigs/day	O 15-24 cigs/day
	\bigcirc 25 + cigs/day	O 25 + cigs/day	\bigcirc 25 + cigs/day	O 25 + cigs/day	\bigcirc 25 + cigs/day
	O 0 drinks/week	O 0 drinks/week	O 0 drinks/week	O 0 drinks/week	O 0 drinks/week
On average, how much	O 1 drink/week	O 1 drink/week	O 1 drink/week	O 1 drink/week	O 1 drink/week
alcohol did you drink	O 2-4 drinks/week	O 2-4 drinks/week	O 2-4 drinks/week	O 2-4 drinks/week	O 2-4 drinks/week
per week during this pregnancy? One drink	O 5-6 drinks/week	O 5-6 drinks/week	O 5-6 drinks/week	O 5-6 drinks/week	O 5-6 drinks/week
is 12 oz beer, 6 oz	O 7-13 drinks/week	O 7-13 drinks/week	O 7-13 drinks/week	O 7-13 drinks/week	O 7-13 drinks/weel
wine, or 1 oz liquor	O 14 + drinks/week	O 14 + drinks/week	O 14 + drinks/week	O 14 + drinks/week	O 14 + drinks/week
Were you physically	O Never	O Never	O Never	O Never	O Never
hurt by your	O Once	O Once	O Once	O Once	O Once
spouse/significant	O A few times	O A few times	O A few times	O A few times	O A few times
other during this	O More than a few	O More than a few	O More than a few	O More than a few	O More than a few
pregnancy?	times	times	times	times	times
For live births only:	○ Girl ○ Boy	O Girl O Boy	O Girl O Boy	O Girl O Boy	O Girl O Boy
a. Did you have a	○ <5 lbs	○ < 5 lbs	○ < 5 lbs	🔾 < 5 lbs	○ <5 lbs
girl or a boy?	○ 5-5.4 lbs	○ 5-5.4 lbs	○ 5-5.4 lbs	○ 5-5.4 lbs	○ 5-5.4 lbs
b. What was his or	○ 5.5-6.9 lbs	○ 5.5-6.9 lbs	○ 5.5-6.9 lbs	○ 5.5-6.9 lbs	○ 5.5-6.9 lbs
her birth weight?	O 7-8.4 lbs	○ 7-8.4 lbs	○ 7-8.4 lbs	○ 7-8.4 lbs	○ 7-8.4 lbs
	-				0
	0 8.5-9.9 lbs	○ 8.5-9.9 lbs	○ 8.5-9.9 lbs	○ 8.5-9.9 lbs	○ 8.5-9.9 lbs
If you had more th	0 8.5-9.9 lbs	○ 8.5-9.9 lbs ○ 10 + lbs	○ 8.5-9.9 lbs ○ 10 + lbs	○ 8.5-9.9 lbs ○ 10+lbs	$\bigcirc 8.5-9.9$ lbs $\bigcirc 10 + lbs$
b. How many of	 ○ 8.5–9.9 lbs ○ 10 + lbs 	0 10 + lbs lasting <u>12 weeks o</u>	O 10 + lbs	○ 10+lbs	-

c. How many of these births weighed less than 5.5 pounds? $\bigcirc 1 \bigcirc 2 \bigcirc 3 \bigcirc 4+$

Thank you for completing this Questionnaire

1000

	1 6 01 A
222222	2 7 02 B
	3 8 03 C
8888888	4911
PPPPPP	5 10 12 E