

# Nurses' Health Study II



• Channing Laboratory • 181 Longwood Avenue • Boston, Massachusetts 02115-5804 • Telephone (617) 525-2279 • Fax (617) 525-2008 • E-Mail NHS2@channing.harvard.edu

This is your ID

## Dear Colleague:

Thank you for your continued participation in the Nurses' Health Study II. It has been 18 years since you and 116,670 other RNs enrolled in this study of women's health. The fruits of our collaboration are bountiful as dozens of scientific papers continue to be published from this extraordinary data set. We humbly thank you for making this possible through your dedication, enthusiasm and loyal participation.

To update your health status we ask that you complete the attached brief questionnaire. This survey is being sent to each member of NHS II and should take about 30 minutes to complete.

As always, all information you provide is kept strictly confidential and is used for medical statistical purposes only. If you have any questions about the study or the questionnaire, you may contact us at the address shown above.

We value **each** member of the Nurses' Health Study II as an irreplaceable colleague in our research, regardless of your health, employment (or retirement) status. In short, **no matter what your circumstances**, we would like to hear from you!

It is with our deepest gratitude that we thank you again for the time and care that you have continued to offer to help us all learn more about women's health.

Sincerely,

Walter Willett

Walter Willett, M.D. Professor of Epidemiology and Nutrition

#### Do you have e-mail?

If you do, please print your e-mail address in the box so that we may send you occasional updates on the progress of the Nurses' Health Study II. Example: **NHS2@channing.harvard.edu** 

We will <u>not</u> release your e-mail address to anyone!

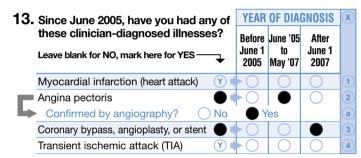
## **INSTRUCTIONS**

Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely. The form is designed to be read by optical-scanning equipment, so it is important that you keep any write-in responses **within** the spaces provided and erase any incorrect marks completely. If you have comments, please write them on a separate piece of paper.



## **EXAMPLE:**

Mark "Yes" bubble <u>and</u> Year of Diagnosis bubble for each illness you have had diagnosed.



- 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 are no longer correct or are incomplete, or if you are providing your e-mail address, please make any necessary changes on the letter and return it to us.
- Thank you for completing the 2007 Nurses' Health Study II Questionnaire.

## Federal research regulations require us to include the following information:

There are no direct benefits to you from participating in this study.

The risk of breach of confidentiality associated with participation in this study is very small.

Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty.

You may skip any question you do not wish to answer.

You will not receive monetary compensation for participating.

If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Human Subjects Committee at the Harvard School of Public Health (617-384-5480).

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Since June 2005,  Yes a) a) How No Evis  Are you currently replacement or to No Yes a) How Since June 2005,  Yes a) How No Yes a)  Since June 2005,  Yes a) How No O  Bince June 2005,  Yes a) How No O  Since June 2005,  Yes a) How No O  Estro  Prog  Othe d) If you used  30 mg 1.25 m e) What was Oral or Patch Es Progesterone: Do you currently	How many ovariable with the post-menopa what type(s)?  The post-menopa what type(s) of hormonic with type(s) of hormonic with the post-menopa what type(s) of hormonic with type(s	es surgically removedies do you have remainsta (raloxifene) or N you used each drug do 1-4 months 5-2 to 1-4 months 6-2 to 1-4 months 7-2 to 1-4 months 1-4 to 1-4	d? ning? None olvadex (tamo uring the 24 mor 9 10–14 9 10–14 No, not curre al," "natural," NOT include to Natural ex) Black rmones? e June 2005? onth)? Ye  (TLY using: Id) Premp Vaginal E Other Est Vaginal ecify type) ify:  since June 2005  1625 mg/c Did not tanth)? day/mo. 1–	One  oxifen)?  nth period between 15–19  15–19  ently Yes, or soy-based) food sources I al progesterone of cohosh (e.g., Reference)  26–30  es No If No pro (peach)  HRT  Estrogen (specify in the modern of the mod	een June 2005 an  20–24 months  20–24 months  Evista Yes  preparations fo  like tofu, soy mi  cream or wild yam  emifemin)  31–35 364  o, skip to Part d.  Prempro (light  Ogen  box below)  (e.g., Prometrium)  I you usually take  mg/day  ed estrogen  -18 19–26	1 2 3 4 3 4 5 6 7  Ind June 2007?  Used only after standard standa

HARVARD MEDICAL SCHOOL					Page 2		NHS2 - 1-2 - 2	2007
13.	Since June 2005, have you had any of these clinician-diagnosed illnesses?		June '05		13	14.	In the past two years have you had: (If yes, mark all that apply)  Yes, for screening symptoms	
	Leave blank for NO, mark here for YES	June 1	to	June 1			A physical exam?	
	<b>—</b>	2005	May '07	2007			Mammogram (or other breast imaging)? N	
	Myocardial infarction (heart attack)		0	0	1		Fasting blood sugar?	
	Angina pectoris Y				2		Upper endoscopy? No YYes	
	Confirmed by angiography? No	0,	Yes		а		(Virtual) CT Colonoscopy? No Y Yes	
	Coronary bypass, angioplasty, or stent (Y)	<b>-</b> O		0	3		Colonoscopy? No YYes	
	Transient ischemic attack (TIA)	<u> </u>	0	0	4		Sigmoidoscopy? No YYes	
	Stroke (CVA)	<u> </u>		0	5		Initial reason(s) you had Colonoscopy/Sigmoidoscopy?	? (a)
	Deep vein thrombosis/Pul. embolism	<u> </u>		0	6		Visible blood Occult fecal blood Abdominal pain	
	Melanoma (Y)	<u> </u>		0	7		Diarrhea/constipation Family history of colon cancer	
	Basal cell skin cancer	<u> </u>			8		Barium enema Follow-up of (virtual) CT colonoscopy	
	Squamous cell skin cancer	<u> </u>		0	9	4 =	Prior polyps Asymptomatic or routine screening	
Ι,	Fibrocystic/other benign breast disease Y					15.	Regular Medication (mark if used regularly in past 2 years)	(15)
	Confirmed by breast biopsy? No	$\sim$	Yes ,		a		Acetaminophen (e.g., Tylenol)	
	Confirmed by aspiration?	0,	Yes		(b)		<b>Days/week:</b> 1 2-3 4-5 6+ days	
	Breast cancer Y				(11)		Total tabs/wk: 1–2 3–5 6–14 15+ tab	
	Other cancer (Y)				12		"Baby" or low dose aspirin (100 mg/tablet or less)	
	Specify site of						<b>Days/week:</b> 1 2-3 4-5 6+ days	
	other cancer:				42		Total tabs/wk: 0 1–2 0 3–5 0 6–14 0 15+ tab	-0
	Colon or rectal polyp (benign)  Ulcerative colitis/Crohn's				13		Aspirin or aspirin-containing products (325 mg/tablet or more)  Days/week: 1 2–3 4–5 6+ days	
	Gastric or duodenal ulcer				15)		<b>Days/week:</b> 1 2–3 4–5 6+ days <b>Total tabs/wk:</b> 1–2 3–5 6–14 15+ tab	
	Barrett's Esophagus				16		Ibuprofen (e.g., Advil, Motrin, Nuprin)	
_	Gallstones (Y)				17)		<b>Days/week:</b> 1 2–3 4–5 6+ days	
	Did you have symptoms? No	) Yes			(a)		Total tabs/wk: 1-2 3-5 6-14 15+ tab	
	How diagnosed? X-ray or ultraso		$\bigcirc$ 0	ther	(b)		Celebrex, Vioxx or Bextra (COX-2 inhibitors)	
	Cholecystectomy (Y)	• ()			(18)		<b>Days/week:</b> 1 2–3 4–5 6+ days	
	Diabetes mellitus	• ()		Ŏ	19		Other anti-inflammatory analgesics, 2+ times/week	-
	Elevated cholesterol (Y)	<b>&gt;</b> ()	Ŏ	Ŏ	20		(e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)	
	High blood pressure	• ()	Ŏ	Ŏ	21		Thiazide diuretic Lasix	
	Endometriosis—1st diagnosis	- ()	Ō		22		Calcium blocker (e.g., Calan, Procardia, Cardizem)	
<b>L</b>	Confirmed by laparoscopy? O No	) Yes	'		a		Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)	
	Uterine fibroids—1st diagnosis	- ()	0	0	23		ACE Inhibitors (e.g., Capoten, Vasotec, Zestril)	
₽	Confirmed by pelvic exam?	) Yes			a		Angiotensin receptor blocker [e.g., valsartan (Diovan),	
<b>L</b>	Confirmed by ultrasound/ No No	) Yes			b		losartan (Cozaar), irbesartan (Avapro)]	
	Kidney stones	<u> </u>	0	O	24		Other antihypertensive (e.g., clonidine, doxazosin)	
	Multiple Sclerosis	<b>O</b>	0	0	25		"Statin" cholesterol-lowering drug:	
	Asthma, doctor diagnosed	<u> </u>		0	26		Mevacor (Iovastatin) Zocor (simvastatin) Crestor	
	Emphysema/Chronic Bronchitis DrDx	<b>O</b>	$\bigcirc$	0	27		Pravachol (pravastatin) Lipitor (atorvastatin) Lescol	
	Pneumonia, x-ray confirmed				28		Other cholesterol-lowering drug [e.g., niacin, Lopid (gemfibrozil),	
	Graves' Disease/Hyperthyroidism				29		Tricor (fenofibrate), Questran (cholestyramine), Colestin, Zetia]	_
	Hypothyroidism (Y)				30		Steroids taken orally (e.g., Prednisone, Decadron, Medrol)	
	Hyperparathyroidism (Y)				31		Insulin Oral hypoglycemic medication	-
	Thyroid nodule (benign)				33		Thyroid hormone (e.g., Sythroid, Levothroid, extract)	4
	Gout  SLE (systemic lupus)  Y				34		SSRI's (e.g., Prozac, Zoloft, Paxil, Celexa)	
	Rheumatoid arthritis, Doctor Dx				35)		Other antidepressants (e.g., Elavil, Tofranil, Pamelor)  Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium)	-
	Other arthritis (Y)			$\sim$	36		Prilosec, Nexium, Prevacid (Iansoprazole), Protonix, Aciphex	
	Depression, clinician Dx				37)		H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)	-
	Other major illness or surgery since (Y)	<b>&gt;</b> ()	Ŏ	$\tilde{}$	38		Fosamax, Actonel, or other bisphosphonate	
l ,	June 2005						No regular medication	-
Ple	ease specify: Date:	2)(3)(	4 (5) (6	7 8	9		Other regular medications (no need to specify)	
				7 8		16.	Is this your correct date of birth?	16
	0 1 2	2 3 (	4 5 6	7 8	9		Yes If no, please	
1 1	for office USE ON	II V	1 (	6) 07 A			○ No write correct /	
2 2	(2) (2) (2) (2) (CA)	-1	2 (7	7 08 B			date. MONTH / DAY / YEAR	
4 4	0 1 2 3 4 5 6 7			3 09 C		17.	In the past two years, have you had two weeks or	17
8 8	8 8 8 8 8 0 1 2 3 4 5 6 7			9 (1)			longer when nearly every day you felt sad, blue or	
(P) (P	P P P P D 1 2 3 4 5 6 7	8)(8)	9 5 1	0 (12) (E)			depressed for most of the day? No Yes	