

Nurses' Health Study II



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This is your ID →

Dear Colleague:

In 1989, you and over 116,000 other RNs joined the Nurses' Health Study II. As we celebrate our 20-year anniversary, we want to thank you for your continued enthusiastic participation. The fruits of your efforts are bountiful, as dozens of scientific papers continue to be published on important topics in women's health.

In 2007, over 40,000 NHSII participants completed our biennial questionnaire on the web at www.NHS2.org. We would like to encourage you to use this convenient and secure website to answer this year's survey. Responding this way makes the best use of precious research dollars and is the most environmentally friendly. Of course if you prefer a #2 pencil to a mouse and keyboard, completing the attached questionnaire is equally appreciated.

We are very pleased to tell you that the National Institutes of Health recently renewed the funding that supports this research for an additional five years. Our grant was given one of the highest possible ratings. This strong endorsement is a testament to the accomplishments of the NHS II and its potential to add further unique information about the cause and prevention of cancer and other chronic diseases. We humbly thank you for making this possible through your dedication and loyal participation.

To update your health status we ask that you complete the attached traditional form OR use your ID number (printed above) to log-in to our online questionnaire at www.NHS2.org. We hope that giving you options will make your continued involvement in the study more convenient. This questionnaire 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.

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.

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!

Please print neatly and differentiate numbers and letters (e.g., 1 vs I or i, \emptyset vs O, 5 vs S)

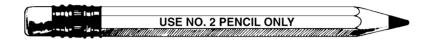
INSTRUCTIONS

INTERNET:

Go to our website at www.NHS2.org and use your ID number (see front of this page) and your birth date to log in. Follow the instructions on the screen to complete the survey on-line.

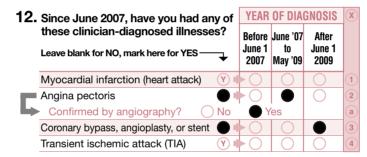
PAPER FORM:

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 A

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



EXAMPLE B

AGE natural periods ceased:



Print numbers <u>neatly</u> within boxes. Your writing will be read by our scanner.

- 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 2009 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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9. Are you replacer No Since Ju Yes No No No No No No No	a) How mar Evista Nolvadex b) Are you g currently usin ment or to trea Yes Wha Une 2007, have Are you g Une 2007, have Are you g Une 2007, have Are you g Une Combined Estrogen: Progestero Other horn If you used ora	e you used Evista ny months have you Not Used Currently using Evi ag any over-the-cot t menopausal syr at type(s)? E you used presc ny months did you nonths 5-9 Currently using the Type(s) of hormone Premphase Oral Premarin of Estrogen gels, Other Estrogen one/Progestin: Premones CURRENTLY usil I conjugated estrogen	a (raloxifene) or No u used each drug do 1-4 months 5-1-4 months 5-1-4 months 5-1-4 months 5-1-4 months 7-1-4	ning? None lolvadex (tam uring the 24-mo -9 10-14 -9 10-14 -9 10-14 No, not cur val", "natural" include food sex) Blac rmones? (Not e June 2007? 9 20-25 nonth)? Y VTLY using: old) Prer old Prer old Skin Estra v) Vaginal ecify type) since June 200	onth period betwoeld in the period betwoeld in the period betwoeld in the period betwoeld in the period in the per	20–24 months 20–24 months Evista Yee preparations for ofu, soy milk, et cream or wild yam emifemin) I contraceptives 31–35 36- No, skip to Part d. Prempro (lightaginal Estrogen n (e.g., Prometrium)	Used only after (Used only af
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9. Are you replacer No No No No d)	a) How mar Evista Nolvadex b) Are you g currently usin ment or to trea Yes Wha Une 2007, have a) How mar 1-4 m b) Are you g c) Mark the Combined Estrogen: Progester Other horn If you used ora 30 mg/day 1.25 mg/day	e you used Evista ny months have you Not Used Currently using Evi ag any over-the-cot t menopausal syr at type(s)? E you used presc ny months did you nonths 5-9 Currently using the type(s) of hormone Premphase Oral Premarin of Estrogen gels, Other Estrogen one/Progestin: Promones CURRENTLY usi I conjugated estrogor less or higher	a (raloxifene) or No u used each drug do 1-4 months 5-1-4 months 5-1-4 months 5-1-4 months 5-1-4 months 7-1-4	ning? None lolvadex (tam uring the 24-me -9 10-14 -9 10-14 -9 10-14 -9 No, not cur val", "natural" r include food sex) Blace rmones? (Note e June 2007? 9 20-25 nonth)? Y VTLY using: old) Prer Fem ens Pato a skin Estra w) Vaginal ectify type) since June 200 625 mg Did not	onth period betwoeld in the period betwoeld in the period betwoeld in the period betwoeld in the period in the per	20–24 months 20–24 months 20–24 months Evista Yes preparations for ofu, soy milk, et cream or wild yam emifemin) I contraceptives 31–35 36- No, skip to Part d. Prempro (light daginal Estrogen n (e.g., Prometrium) d you usually take of mg/day	Used only after () Used only after () Used only after () S, Nolvadex () Other () () () () () () () () () (
9. Are you replacer No Since Ju Yes No Are you replacer No O. Since Ju Yes O No d)	a) How mar Evista Nolvadex b) Are you go currently usin ment or to treat Yes Wha Ine 2007, have a) How mar 1-4 m b) Are you go Combined Estrogen: Progestero Other horn If you used ora 30 mg/day go 1.25 mg/day What was your	e you used Evista ny months have you Not Used currently using Evi g any over-the-co t menopausal syr at type(s)? E you used presc ny months did you months 5-9 currently using the type(s) of hormone Estrogen gels, Other Estrogen one/Progestin: I conjugated estrog or less or higher pattern of hormone	a (raloxifene) or No u used each drug do 1-4 months 5-1-4 months 5-1-4 months 5-1-4 months 7-1-4	ning? None lolvadex (tam uring the 24-mo -9 10-14 -9 10-14 -9 10-14 -9 No, not cur val", "natural" include food se June 2007? 9 20-25 nonth)? Y VTLY using: old) Prer one Se Pato a skin Estra w) Vaginal ecify type) since June 200 625 mg Did not nth)?	onth period betwoeld in the period betwoeld in the period betwoeld in the period betwoeld in the period in the period betwoeld in the period i	20–24 months 20–24 months Evista Yes preparations foofu, soy milk, et cream or wild yam emifemin) I contraceptives 31–35 36- No, skip to Part d. Prempro (light daginal Estrogen n (e.g., Prometrium) d you usually take a mg/day ted estrogen	Used only after (Used only after (Used only after (S, Nolvadex (C.) (Cream (
9. Are you replacer No No No d) quad a series of the serie	a) How mar Evista Nolvadex b) Are you go currently usin ment or to treat Yes Wha Ine 2007, have a) How mar 1-4 m b) Are you go Combined Estrogen: Progestero Other horn If you used ora 30 mg/day go 1.25 mg/day What was your	e you used Evista ny months have you Not Used Currently using Evi ag any over-the-cot t menopausal syr at type(s)? E you used presc ny months did you nonths 5-9 Currently using the type(s) of hormone Premphase Oral Premarin of Estrogen gels, Other Estrogen one/Progestin: Promones CURRENTLY usi I conjugated estrogor less or higher	a (raloxifene) or No u used each drug do 1-4 months 5-1-4 months 5-1-4 months 5-1-4 months 5-1-4 months 7-1-4	ning? None lolvadex (tam uring the 24-me -9 10-14 -9 10-14 -9 10-14 -9 No, not cur val", "natural" r include food sex) Blace rmones? (Note e June 2007? 9 20-25 nonth)? Y VTLY using: old) Prer Fem ens Pato a skin Estra w) Vaginal ectify type) since June 200 625 mg Did not	onth period betw 15–19 15–19 15–19 rently Yes, rently Yes, rently Yes, rently Oyes,	20–24 months 20–24 months Evista Yes preparations foofu, soy milk, et cream or wild yam emifemin) I contraceptives 31–35 36- No, skip to Part d. Prempro (light daginal Estrogen n (e.g., Prometrium) d you usually take mg/day ted estrogen	Used only after (Used only after (S, Nolvadex (C.) (Cream

12. Since June 2007, have you had any of these clinician-diagnosed illnesses? Leave blank for NO, mark here for YES Myocardial infarction (heart attack) Angina pectoris Confirmed by angiography? No Coronary bypass, angioplasty, or stent Transient ischemic attack (TIA) YEAR OF DIAGNOSIS 12 13. Have you ever had any of these illnesses? Leave blank for NO, mark here for YES Meningioma Seizure (1 or more)/epilepsy Osteoporosis Y Osteoporosis Y Psoriasis	YEAR OF		hoood	DY I
Leave blank for NO, mark here for YES June 1 June 1 to 2007 May '09 2009 Myocardial infarction (heart attack)	YEAR OF			
Myocardial infarction (heart attack) Myocardial infarction (heart attack) Angina pectoris Confirmed by angiography? No Yes Coronary bypass, angioplasty, or stent Y				
Angina pectoris Confirmed by angiography? No Yes Coronary bypass, angioplasty, or stent Y Osteoporosis Seizure (1 or more)/epilepsy Y Low bone density Osteoporosis	Before 1995- 1995 1999	2000- 2004)07 +
Confirmed by angiography? No Yes Coronary bypass, angioplasty, or stent (Y) (3) Osteoporosis Osteoporosis	0 0	0		
Coronary bypass, angioplasty, or stent Osteoporosis Osteoporosis	0 0			
	-0 0			
Transient ischemic attack (TIA) (Y) (A) (A) Psoriasis (Y)	• O O			
	0 0			
Stroke (CVA) Y Fractures: Wrist or Colles' Fracture Y	0 0	Ô		ÖÖ
Deep vein thrombosis/Pul. embolism	0 0			
Melanoma	ı had:	V 4	V t-	14
Basal cell skin cancer (If yes, mark all that apply)	No	Yes, for screening	Yes, fo symptor	
Squamous cell skin cancer	(N)	(Y)	(Y)	
Fibrocystic/other benign breast disease	ng)? (N	(Y)	Y	Č
Confirmed by breast biopsy? No Yes Fasting blood sugar?	(N)	(Y)	(Y)	
Confirmed by aspiration? No Yes (Virtual) CT Colonoscopy? N No	(Y) Yes			$\overline{}$
Breast cancer (V) No (N) No	(Y) Yes	ы.		
Other cancer (N) No Sigmoidoscopy? (N) No	(Y) Yes	1 T		
Specify site of Initial reason(s) you had Colo		Sigmoir	doscon	/? a
other cancer:		_	minal pain	
Colon or rectal polyp (benign) Y Diarrhea/constipation Family his			minai pain	
	of (virtual) C		oony.	
	natic or routin			(JE
To in the past two years, have ye	u had two	weeks	or	(15)
مراكب المراكب		au, biu	e oi	
	•			
How diagnosed? X-ray or ultrasound Other No Yes			· · ·	
Cholecystectomy Y O B 16. Resting pulse rate: (take after state)) Unsure	16
Diabetes mellitus (Y) (1) (2) (55/min) (55-59) (60-64)	~ ~		70–74	
Elevated cholesterol) 100 or m	
High blood pressure			•	17
Endometriosis—1st diagnosis) <140 mg/dl	\sim	40–159	
Confirmed by laparoscopy? No Yes a 160–179 180–199	200–219	\sim	20–239	
Uterine fibroids—1st diagnosis (Y) (1) (23) (240–269) (270-299)	300–329		30+ mg/dl	
Confirmed by ultrasound/ No Yes a 18. Current usual blood pressure	(if checke	d within	2 years): 18
Premenstrual syndrome (PMS)	d within 2 yea	ars		a
Kidney stones Y → ○ ○ ○ 25 <105 mmHg ○ 105-114	24 125	-134		
Multiple Sclerosis (Y) (135–144 (145–154 (155–154)	164 🔵 165	<u>–174</u>	175+	
Asthma, doctor diagnosed Y Diastolic: Unknown/Not checke	d within 2 yea	rs		b
Emphysema/Chronic Bronchitis DrDx (Y) () (28) <65 mmHg (65–74) 75–84	85-	-89		
Pneumonia, x-ray confirmed	th?			
Pneumonia, x-ray confirmed Y O O O O O O O O O O O O				7
Graves' Disease/Hyperthyroidism (V) 19. Is this your correct date of bir	/	/	/	
Graves' Disease/Hyperthyroidism (Y) - 0 0 19. Is this your correct date of bir		DAY /	YEAR	J
Graves' Disease/Hyperthyroidism (V) (30) 19. Is this your correct date of bir Hypothyroidism (V) (10) (31) Yes If no, please	MONTH /			20
Graves' Disease/Hyperthyroidism Hypothyroidism Hyperparathyroidism Thyroid nodule (benign) Graves' Disease/Hyperthyroidism O		how ma	าทง ตลง	
Graves' Disease/Hyperthyroidism Hypothyroidism Hyperparathyroidism Thyroid nodule (benign) Gout Yes If no, please write correct date. No O 30 A 20. In a typical week during the pas	st <u>year,</u> on	how ma	any day: /pe?	
Graves' Disease/Hyperthyroidism Hypothyroidism Hyperparathyroidism Thyroid nodule (benign) Gout SLE (systemic lupus) 19. Is this your correct date of bir Yes No No If no, please write correct date. 20. In a typical week during the pas did you consume an alcoholic is	st <u>year,</u> on beverage o	of any ty	pe?	
Graves' Disease/Hyperthyroidism Hypothyroidism Hyperparathyroidism Thyroid nodule (benign) Gout SLE (systemic lupus) Rheumatoid arthritis, clinician Dx Y O O O O O O O O O O O O	st year, on beverage o	of any ty	any days pe? 4 days	
Graves' Disease/Hyperthyroidism Hypothyroidism Hyperparathyroidism Thyroid nodule (benign) Gout SLE (systemic lupus) Rheumatoid arthritis, clinician Dx Other arthritis	st year, on beverage of s 3 d	of any ty ays	rpe? 4 days	
Graves' Disease/Hyperthyroidism Hypothyroidism Hyperparathyroidism Thyroid nodule (benign) Gout SLE (systemic lupus) Rheumatoid arthritis, clinician Dx Other arthritis Depression, clinician Dx Yes If no, please write correct date of bir Yes If no, please write correct date. In a typical week during the pas did you consume an alcoholic leading you c	st year, on beverage of s 3 d s	of any ty ays hat was	ype? 4 days the	21
Graves' Disease/Hyperthyroidism Hypothyroidism Hyperparathyroidism Thyroid nodule (benign) Gout SLE (systemic lupus) Rheumatoid arthritis, clinician Dx Other arthritis Other arthritis Other ardior illness or surgery since Thyroid nodule (benign) Thyroid nodule (benign) 33 34 35 36 37 38 39 19. Is this your correct date of bir Yes Write correct date. 19. Is this your correct date of bir Yes Write correct date. 19. Is this your correct date of bir Yes Write correct date. 10. In a typical week during the passed did you consume an alcoholic to the passed did you consume an alcoholic to the passed did you consume and alcoholic to the passed did you	st year, on beverage of s 3 d s	of any ty ays hat was	ype? 4 days the	21
Graves' Disease/Hyperthyroidism Hypothyroidism Hyperparathyroidism Hyperparathyroidism Yes If no, please write correct date of bir Yes No If no, please write correct date. In a typical week during the past did you consume an alcoholic least of the pas	st year, on beverage c s 3 d s ast year, w r, wine and	of any ty ays hat was d/or liqu	4 days the	21
Graves' Disease/Hyperthyroidism Hypothyroidism Hyperparathyroidism Thyroid nodule (benign) Gout SLE (systemic lupus) Rheumatoid arthritis, clinician Dx Other arthritis Depression, clinician Dx Other major illness or surgery since June 2007 Please specify: Date: 19. Is this your correct date of bir Yes No If no, please write correct date. 19. Is this your correct date of bir Yes No No No No No No No No No N	st year, on beverage c s 3 d s ast year, w r, wine and	of any ty ays hat was d/or liqu	ype? 4 days the	
Graves' Disease/Hyperthyroidism Hypothyroidism Hyperparathyroidism Hyperparathyroidism Thyroid nodule (benign) Gout SLE (systemic lupus) Rheumatoid arthritis, clinician Dx Other arthritis Depression, clinician Dx Other major illness or surgery since June 2007 Please specify: Date: 19. Is this your correct date of bir Yes No If no, please write correct date. 20. In a typical week during the pas did you consume an alcoholic I No days 5 days 6 days 7 day 11. In a typical month during the pas largest number of drinks of bee you may have had in one day? None None 1-2 3-5 6 What is your blood type?	st year, on overage of s 3 d s s year, wine and	hat was	4 days the	21
Graves' Disease/Hyperthyroidism Hypothyroidism Hyperparathyroidism Thyroid nodule (benign) Gout SLE (systemic lupus) Rheumatoid arthritis, clinician Dx Other arthritis Depression, clinician Dx Other major illness or surgery since June 2007 Please specify: Date: 19. Is this your correct date of bir Yes No If no, please write correct date. 20. In a typical week during the pas did you consume an alcoholic I No days 5 days 6 days 7 day 21. In a typical month during the pas largest number of drinks of bee you may have had in one day? None 1-2 3-5 6 What is your blood type? A B A B AB AB AB AB AB AB A	st year, on peverage cos 3 d s s st year, wine and 9 10-	hat was d/or liqu	4 days the aor	(22 (a)
Graves' Disease/Hyperthyroidism Hypothyroidism Hyperparathyroidism Hyperparathyroidism Thyroid nodule (benign) Gout SLE (systemic lupus) Rheumatoid arthritis, clinician Dx Other arthritis Depression, clinician Dx Other major illness or surgery since June 2007 Please specify: Date: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	st year, on peverage of s 3 d s s s st year, wine and 9 10-	hat was do long to the control of th	4 days the aor or more	22
Graves' Disease/Hyperthyroidism Hypothyroidism Hyperparathyroidism Thyroid nodule (benign) Gout SLE (systemic lupus) Rheumatoid arthritis, clinician Dx Other arthritis Depression, clinician Dx Other major illness or surgery since June 2007 Please specify: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date: Date	st year, on peverage of s 3 d s s st year, wine and 9 10-	hat was do long to the control of th	4 days the aor or more	(22) (a) (b)
Graves' Disease/Hyperthyroidism Hypothyroidism Hyperparathyroidism Hyperparathyroidism Thyroid nodule (benign) Gout SLE (systemic lupus) Rheumatoid arthritis, clinician Dx Other arthritis Depression, clinician Dx Other major illness or surgery since June 2007 Please specify: Date: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	st year, on peverage of s 3 d s s st year, wine and year of the second o	hat was d/or liqu	4 days the aor or more	(22) (a) (b)

	Page					ES' HE		
Regular Medication (Mark if used regularly in past 2 years	.) 21	29.	Have any of the following	Relati	ve's Ag	je at Fii	rst Dia	gnosis
Acetaminophen (e.g., Tylenol)			biological relatives had	Refere	Δαο 50	Age 60	Age	Age
Days/week: 1 2–3 4–5 6+ days			Ovarian Cancer?	Age 50	to 59	to 69	70+	Unknow
Total tabs/wk: 1–2 3–5 6–14 15+ tablets			No Mother Y		0		0	
"Baby" or low dose aspirin (100 mg or less/tablet)			Sister (Y)					
Days/week: 1 2–3 4–5 6+ days			Breast Cancer?					
Total tabs/wk: 1–2 3–5 6–14 15+ tablets			No Mother Y					
Aspirin or aspirin-containing products (325 mg or more/tablet)	\neg		Sister (Y)		$\overline{}$	$\overline{\bigcirc}$	$\overline{\bigcirc}$	$\overline{\bigcirc}$
Days/week: 1 2–3 4–5 6+ days			Colon or Rectal Cancer?					
Total tabs/wk: 1–2 3–5 6–14 15+ tablets			No Parent Y					
Ibuprofen (e.g., Advil, Motrin, Nuprin)	-		One Sibling Y		$\overline{}$		$\overline{}$	
					$\overline{}$		$\frac{\circ}{\circ}$	$\overline{}$
			Traditional Claiming					
	-		Melanoma?					
COX-2 inhibitors (Celebrex)			No Parent Y		$\frac{\circ}{\circ}$		$\frac{\circ}{\circ}$	
Days/week: 1 2–3 4–5 6+ days	_0		Sibling (Y)		0		<u> </u>	
Other anti-inflammatory analgesics, 2+ times/week			Diabetes?	1				
(e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)	_		No Parent Y		<u> </u>	\bigcirc	\bigcirc	\bigcirc
Thiazide diuretic Lasix Potassium			Sibling Y		\bigcirc		\bigcirc	\bigcirc
Calcium blocker (e.g., Calan, Procardia, Cardizem, Norvasc)			Parkinson's Disease?					
Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)			No Parent Y					
ACE Inhibitors (e.g., Capoten, Vasotec, Zestril)			Sibling Y		0		0	
Angiotensin receptor blocker [e.g., valsartan (Diovan),			Multiple Sclerosis?					
losartan (Cozaar), irbesartan (Avapro)]			No Sibling (Y)		\bigcirc		\bigcirc	
Other anti-hypertensive (e.g., clonidine, doxazosin)		30.	Have you ever had gast	rointe	stinal	bleed	ing th	nat
Coumadin (Warfarin) Plavix			required hospitalization	or a t	ransf	usion?	?	
"Statin" cholesterol-lowering drug:			Yes a) What was the si	te of the	e bleed	dina?		
Mevacor (lovastatin) Zocor (simvastatin) Crestor			No Esophagus			h () D	uodon	num
Pravachol (pravastatin) Lipitor (atorvastatin) Other			Colon/rectum		ther		ite unl	
	-							
Other cholesterol-lowering drug [e.g., niacin, Lopid (gemfibrozil)	,		b) What year(s) did to					
Tricor (fenofibrate), Questran (cholestyramine), Colestid, Zetia]	-		Before 1991 () '91–'9) '95–'9) '99-
Steroids taken orally (e.g., Prednisone, Decadron, Medrol)	-	04	0 '01-'02	<u>'03–'0</u>) '05–'0	6 (200
Insulin Metformin	4	31.	In the last year, how ofto		•			
Other oral hypoglycemic medication	_		heartburn or acid-reflux			e in the		
Thyroid hormone (e.g., Sythroid, Levothroid, extract)	4		Less than once a month			ut once		
Triptans (e.g., Imitrex, Maxalt, Zomig, Amerge, Replax)	_		<u> </u>	Several		week	<u> </u>	Daily
Bisphosphonates (e.g., Fosamax, Boniva, Actonel)		32.	Do you have a hearing					
SSRIs (e.g., Prozac, Zoloft, Paxil, Celexa)) Mode			evere	
Other antidepressants (e.g., Elavil, Tofranil, Pamelor)			At what age				e a	
Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium)			change in yo	our he	aring	?		
Prilosec, Nexium, Prevacid (Iansoprazole), Protonix, Aciphex			<30 (30–3	9 (<u>)</u> 40–4	4 (<u>)</u> 45-
H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)			50–54	55–5	9 (Age 6	60+	
Other regular medications (no need to specify)		33.	In the past 12 months, h	nave v	ou ha	d ring	ing, r	oarir
During the past 4 years, what is the TOTAL amount of	25)		or buzzing in your ears	? ´		J	J	
time you used antibiotics? (Exclude skin creams,			Never Once/week or	less	A fev	v davs/v	wk () Dai
mouthwash or isoniazid.)			At what age did this					
None Less than 15 days 15 days to 2 months		1		40–4		50-5	9 (60-
2 to 4 months 4 months to 2 years		34.	In the past 2 years, have			raine	-	
2 to 3 years Over 3 years			Yes a) Did you someting	-	_			
a) What was the most common reason that you used an antibiotic	a		7.1.6					
Respiratory infection UTI Acne/Rosacea			b) On average, on you get migrain				monti	7 ao
Chronic bronchitis Dental Other								
. Do you currently smoke cigarettes?	(26)	-	<1 day 0 1-7	days () 8–14	1 () 1	5–29 () Da
No Yes How many cigarettes per day?		35.						
<u>1-4</u> <u>5-14</u> <u>15-24</u> <u>25-34</u> <u>35-44</u> <u>45+</u>			paraesthesia, or pain) ii			combi	ned v	with
What is your <i>current</i> status?	27		urge or need to move ye	our leg	js?			
			No Once/month or les	ss 🔾 2-	–4 time	es/month	า	
O Domestic Partnership O Separated O Never married			5–14/month		–5/wee) 6+ tir	mes/w
Your living arrangement: (Mark all that apply.)	28)		a) Do these symptoms occu	ır onlv a	t rest?	_		Yes
Alone With minor children			b) Does moving improve the	-		\bigcirc N		Yes
			,			0.14		
With spouse or partner Other			c) Are these feelings/symp	toms w	orse i	n the		

What is your usual walking pace outdoors?	Page 4	o walk									
Easy, casual (less than 2 mph) Normal, average (2-	0		Rriek nad	na (3_3	.9 mph)		Vany	hriek/ e	tridina (4 mph	or factor
How many flights of stairs (not individual steps) of				JE (U-U	.ə mpm) very	DIION 3	triuling (4 прп	Ji lastel
2 flights or less 3–4 5–9	10–14	o dan		5 or m	ore fligh	nte					
2 liights of less 0 3-4 0 3-5	0 10-14			3 01 111	ore mgi	113					
B. DURING THE PAST YEAR, what was your average	e time PFR				T	IME PE	R WEE	K			
WEEK spent at each of the following recreational		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		Zeiu	IVIII.	WIIII.	IVIIII.	noui	Піъ.	Піз.	піз.	Піз.	Піз.
Jogging (slower than 10 minutes/mile)						$\overline{}$					
Running (10 minutes/mile or faster)											
Bicycling (include stationary machine)						$\overline{}$					
Tennis, squash, racquetball											
Lap swimming						$\overline{}$					
Other aerobic exercise (aerobic, dance, ski or stair machin	an oto \					$\overline{}$					
	ie, eic.)					$\overline{}$					
Lower intensity exercise (yoga, stretching, toning)											
Other vigorous activities (e.g., lawn mowing)	A was succionates					$\overline{}$					
_	Arm weights					$\overline{}$					
(Include free weights or machines such as Nautilus)	Leg weights										
DUDING THE DAGE VEAR	LIQUIDO					TIME	PER V	VEEK			
 DURING THE PAST YEAR, on average, how many PER WEEK did you spend: 	у <u>ноонs</u>		Zero	One	2–5	6–10	11-20		41-60		Over
	Taura Assa a LA		Hrs.	Hour	Hrs.	Hrs.	Hrs.	Hrs.	Hrs.	Hrs.	90 Hrs.
Standing or walking around at work or away from home? (h	rirs./week)					0					
Standing or walking around at home? (hrs./week)	1->					$\frac{\circ}{\circ}$					
Sitting at work or away from home or while driving? (hrs./w						$\frac{\circ}{\circ}$					
Sitting at home while watching TV/VCR/DVD? (hrs./week)					0	$\frac{\circ}{\circ}$	0	0			
Other sitting at home (e.g., reading, meal times, at desk)?						\bigcirc	\cup				
 In an average week, how many days do you usuall None 1 day 2 days 3 days 4 Since JUNE 2005, have you tried to become pregnative of the properties o	4 days 5 nant for more e Ovula	days than atory o	one y	days ear w	ithout Endo	days succe	ess?	Cerv	vical m	rity)? ucous f	actors
None 1 day 2 days 3 days 4 Since JUNE 2005, have you tried to become pregnative of the second p	4 days 5 nant for more e Ovula er Not in	days than atory o	one y lisorder gated	days rear w	ithout Endo	days succe ometric	ess? sis	Cerv	vical mi	ucous f	actors
None 1 day 2 days 3 days 4 Since JUNE 2005, have you tried to become pregnative of the second p	4 days 5 nant for more e Ovula er Not in g., Clomid) of	than atory of nvestigor Gor	one y lisorder gated	ear w opin i	ithout Endo Not f	days succe ometric	ess? sis	Cerv	vical mo	ucous f	actors
None 1 day 2 days 3 days 4 Since JUNE 2005, have you tried to become pregnative of the second p	4 days 5 nant for more e Ovulaer Not in g., Clomid) o	days than atory of nvestig or Gor	one y lisorder gated	ear woopin in	ithout Endo Not f	succe ometric ound ons (e.	ess? sis .g., Go	Cerv Other onal-f,	vical moer Metro	odin,	actors
None 1 day 2 days 3 days 4 Since JUNE 2005, have you tried to become pregnative of the course of th	4 days 5 nant for more e Ovulaer Not in g., Clomid) o Not used Not used	days e than latory convestion or Gor	one y lisorder gated adotro	ear woopin in	ithout Endo Not f	days succe pmetrio ound ons (e.) 4–5) 4–5	ess? sis (.g., Go	Cerv Other	vical moer Metro 12+	odin,	actors
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Since JUNE 2005, have you tried to become pregnative yes	A days 5 nant for more e Ovula er Not in g., Clomid) o Not used to treat inference in injections aked or lost of th 2-3 th ally leaks? Inderwear Use? Invisical activity cumstances Inshes or night Mild Ilashes or ni Moderate Less tha	days e than latory of investiger Gor d (d) ertility to stimes/r control light s an 5 ye 60-	one y lisorder gated adotronal 1 1 1? nullate conclude to of your nonth ugh to weats? Modeweats Severe ars	opin in 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ithout Endo Not finjection 2-3 2-3 2-3 2-3 2-3 2-3 2-3 2-3 2-3 2-	days succe metric cound ons (e.) 4–5 How) 1) 1) 1 clothing ent nee	ess? sis g., Go 6 6 many 2 2 2 ek d to go rogen, starting	Cervo Other	Metro 12+ 12+ 3+ 3+ 3+ ost eve	ry day wet the	floor
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		= 1	Page 5			NURSES	S' HEALT	H STUI
50. Use the codes be	elow to indicate the	occupation you he	Id the longest during es for each age range	g each tim	ne perio	d.		
01: ER 02: OR 03: ICU	Age	Age	Age		ge	Your	CURRE	NT Jol
04: Other inpatient nurse 05: Nursing education or admin	20-25	26-35	36-45		5 6+			
06: Outpatient or community 07: Other hospital nursing				_				
08: Nursing outside hospital	-					(If sa	me job as ag	e 46+
09: Non-nursing employment 10: Fulltime homemaker	Neatly print each					MAI	RK HERE 🔵	
11: Retired 12: Other	2-digit code					and	skip this col	umn.)
During each age range, did you work mainly:	Full time P/T	Full time P/T	Full time P/T	Full tim	e		Il time	P/T
Number of years you worked	0 0	1-2 3-5	1-2 3-5	1-2	3-5	1 C Full		
in that occupation?	5-6	6-7 8-10	6-7 8-10	6-7	8-10	6-7		
Average hours of sleep over a	○<5 ○ 5 ○ 6	O<5 O 5 O 6	○<5 ○ 5 ○ 6	O <5 O	5 06	○ <5	0 5 0	6
24-hour period, during each age range?	7 08 09	7 08 09	7 08 09	7 0	8 9	7	8 0	9
	0 10+	0 10+	() 10+	0 10+	0.01	<u> 10-</u>		t
Your primary work schedule during each age range:	Days/Eves Only Nights Only	Days/Eves Only Nights Only	Days/Eves OnlyNights Only	O Days/E	ves Only		ys/Eves On ghts Only	ly
(Consider your schedule	Early morns only	Early morns only	Early morns only		norns only		rly morns o	nlv
" <u>day/evening</u> " if most work hours were between	Rotating w/nights	Rotating w/nights	Rotating w/nights	,	g w/nights		tating w/nig	
7am-3pm, or 3pm-11pm,	Rotating no nights	Rotating no nights	 Rotating no nights 	Rotatin	g no nights	Ro	tating no ni	ghts
"night" if 11pm-7am; and								
"early morning" if 4am-9am)	Other/didn't work	Other/didn't work	Other/didn't work	<u> </u>	lidn't work	~	ner/didn't w	
On average, how many <u>night</u> shifts did you work per	None 1-2 3-4 5-6	None () 1-2 3-4 () 5-6	None 1-2 3-4 5-6	None	① 1-2 ② 5-6	○ No ○ 3-4		
month? (Night shift is most of	7-8 9-10	7-8 9-10	7-8 9-10	7-8	9-10	7-8		
our work hours falling between 11pm and 7am.)	11-15 16-20	11-15 16-20	11-15 16-20	11-15	<u> </u>	<u> </u>	15 0 16-	20
between Tipin and Fam.)	21+	21+	<u>21+</u>	21+		<u>21-</u>	+	
or each time period, what	None	None	None	None		O No		
s the <u>total # of years</u> that your schedule was "rotating	1-2 yrs	1-2 yrs	1-2 yrs	1-2 yrs		O 1-2		
with nights" (do not count	3-4 yrs 5-6 yrs	3-4 yrs 5-6 yrs	3-4 yrs 5-6 yrs	3-4 yrs 5-6 yrs	O 0 1	0 yrs 5-6		9-10 yrs
permanent nights)	3-0 yis	7-8 yrs 9-10 yr				+ yrs 7-8		11+ yrs
51. What year did yo	u bogin vour ourro	nt ioh2 (include "rei	tirad" or "full time be	omomoko	\		Year	
		•	<u>ctants</u> (such as ethyl		-			
		, glutaraldehyde and		ene oxide	, Hydro	gen pero	xiue,	
a) On how many	y days per week, on av	verage, do you clean <u>m</u>	nedical instruments with	h disinfecta	nts?			
Never	<1 day/week	1–3 days/week	4–7 days/week					
b) On how many		verage, do you clean <u>s</u> 1–3 days/week	urfaces (like floors, tabl	les) at work	with dis	infectants	?	
			Which ONE of these	e types de	o vou co	nsider v	ourself to	be?
O Definitely a morr		of a morning than an ev		of an <u>eveni</u>	-	-		
O Definitely an eve	ening type	er						
54. The following qu	estion asks about y	your eating habits in	n the past year. Peo	ple some	times ha	ve diffic	ulty cont	rolling
			salty snacks, fatty fo	ods, sug	ary drin	ks, and o	thers.	
In the past 12 MC	<u>ONTHS,</u> how often v ents true for you?	were each		Never	Once per month	2-4 times per month	2-3 times per week	4+ times
		nough I am no longer hur	ngry.				0	
I worry about cutting	down on certain foods.					0	0	0
	gued from overeating.			0	0	0	0	0
		ngs from overeating certa						
spending time in imp		time with family, friends,		0	0	U	0	0
I have had about a	withdrawal as martana	oh oo ogitation and and	triuchan Laut darrie air					
	withdrawal symptoms su OT include caffeinated di		•					
certain foods. (Do No	OT include caffeinated di	rinks: coffee, tea, cola, e	nergy drinks, etc.)	0	0	0	0	0
certain foods. (Do No My behavior with res	OT include caffeinated despect to food and eating of		nergy drinks, etc.)	0	0	0	0	0
certain foods. (Do No My behavior with res Issues related to foo	OT include caffeinated despect to food and eating of	rinks: coffee, tea, cola, en causes me significant dis ny ability to function effec	nergy drinks, etc.)	0	0	0	0	0
certain foods. (Do No My behavior with res Issues related to foo job/school, social or IN THE PAST 12	OT include caffeinated dispect to food and eating of and eating decrease maily activities, health demonths	rinks: coffee, tea, cola, el causes me significant dis ny ability to function effec difficulties.)	nergy drinks, etc.)	0	0	0		No Yes

NURSES' HEALTH STUDY II Page 6

55.	() Mark k	nara if	VOL	hava	NIE//EB	haan	pregnant
JJ.		/ IVIaIN I	ICIC II	you	Have	INLVLII	Deell	pregnant

Please complete one row of the chart for *each* of your pregnancies, including miscarriages and induced abortions. Start with your FIRST and continue to your most recent one. If you had twins or triplets, please count them as <u>one</u> pregnancy and mark more than one circle (if necessary) for birth weight and gender.

				For pregna	ancies lasting 20+ v	veeks
(Calendar year in which pregnancy ended? Dutcome of this pregnancy?	How long did this pregnancy last? (Completed weeks)	Were you given progesterone injections or suppositories during this pregnancy?	Did you have any of these complications related to pregnancy or lactation? (Mark all that apply)	Birth Weight and Gender (Twins or triplets? Mark all that apply)	Type of delivery (Mark all that apply)
	Please print neatly	<8 weeks 8-11 wks	○ No ○ Yes	Gestational diabetes Pregnancy-related	<5 lbs	Spontaneous labor
		12–19 wks	res	high blood pressure	5.5–6.9 lbs	
pregnancy		20–27 wks	Injection(s)	Pre-eclampsia/	7–8.4 lbs	C-section
gu	Single live birth	20–27 wks	Suppositories	Toxemia	8.5–9.9 lbs	Vaginal birth
<u>e</u>	Twins/Triplets+	32–36 wks	Number of months:		0.5=9.9 lbs	Vagiriai birtii
	Miscarriage/Stillbirth	37–39 wks	<1 () 1-3() 4+	infection		
	Induced abortion	0 40–42 wks	Starting in trimester:		○ Girl	
	Tubal or Ectopic	43+ weeks	1 st 2 nd 3 rd		Boy	
\dashv	Please print neatly	<8 weeks	○ No	Gestational diabetes	○ <5 lbs	O Spontaneous labor
	Year	○ 8–11 wks	Yes	Pregnancy-related	5–5.4 lbs	O Induced labor
pregnancy		12–19 wks	•	high blood pressure	5.5–6.9 lbs	
		20–27 wks	Injection(s)	Pre-eclampsia/	7–8.4 lbs	C-section
2 (Single live birth	28–31 wks	Suppositories	Toxemia	○ 8.5–9.9 lbs	Vaginal birth
	Twins/Triplets+	32–36 wks	Number of months:		10+ lbs	0 10
7	Miscarriage/Stillbirth	37–39 wks	O<1 O 1-3 O 4+	infection		
	Induced abortion	0 40–42 wks	Starting in trimester:		◯ Girl	
	Tubal or Ectopic	43+ weeks	1st 2nd 3rd		Boy	
	Please print neatly	<8 weeks	○ No	Gestational diabetes	<5 lbs	O Spontaneous labor
	Ital	○ 8–11 wks	Yes	Pregnancy-related	◯ 5–5.4 lbs	O Induced labor
اج		12–19 wks	•	high blood pressure	◯ 5.5–6.9 lbs	
pregnancy		20–27 wks	Injection(s)	Pre-eclampsia/	7-8.4 lbs	C-section
	Single live birth	28–31 wks	Suppositories	Toxemia	○ 8.5–9.9 lbs	O Vaginal birth
	Twins/Triplets+	32–36 wks	Number of months:	Mastitis/breast	10+ lbs	
م (Miscarriage/Stillbirth	37–39 wks	O<1 O 1-3 O 4+	infection		
	Induced abortion	○ 40–42 wks	Starting in trimester:		Girl	
	Tubal or Ectopic	43+ weeks	1st 2nd 3rd		Boy	
	Please print neatly Year	< 8 weeks	○ No	Gestational diabetes	<5 lbs	O Spontaneous labor
\mathbf{a}	Tour	○ 8–11 wks	Yes	Pregnancy-related	◯ 5–5.4 lbs	O Induced labor
		12–19 wks	•	high blood pressure	◯ 5.5–6.9 lbs	
pregnancy		20–27 wks	Injection(s)	Pre-eclampsia/	7–8.4 lbs	C-section
	Single live birth	28–31 wks	Suppositories	Toxemia	0 8.5–9.9 lbs	Vaginal birth
4	Twins/Triplets+	32–36 wks	Number of months:	Mastitis/breast	10+ lbs	
	Miscarriage/Stillbirth	37–39 wks	O <1 O 1-3 O 4+	infection		
	Induced abortion	0 40-42 wks	Starting in trimester:		Girl	
_(Tubal or Ectopic	0 43+ weeks	1st 2nd 3rd		Boy	0 -
	Please print neatly Year	<8 weeks	○ No	Gestational diabetes	<5 lbs	Spontaneous labor
5		8–11 wks	Yes	Pregnancy-related high blood pressure	5–5.4 lbs	O Induced labor
E		12–19 wks	•		5.5–6.9 lbs	
pregnancy		20–27 wks	Injection(s)	Pre-eclampsia/ Toxemia	7–8.4 lbs	O-section
	Single live birth	28–31 wks	Suppositories Number of months:		8.5–9.9 lbs	Vaginal birth
n (Twins/Triplets+	32–36 wks		Mastitis/breast infection	10+ lbs	
	Miscarriage/Stillbirth	37–39 wks	<1 1-3 4+ Starting in trimester		O Girl	
	Induced abortion	40–42 wks	Starting in trimester:		Girl Boy	
	Tubal or Ectopic	(Need more room?	0 0 0 0	ownload forms from www.nhs	<u> </u>	
, L	lave any of your chil			utism spectrum disorde		
,		the diagnosis/diag	-	Autism Asperger's	PDD-NOS (Other
		se mark the year(s)			991 1992	1993 1994
	•	ected child(ren):			998 1999	2000 or later
		• •		D, 181 Longwood Ave, Bo		2000 of later
C 1	N T D O Nº EULANG THE ENG	,		, : : : : : : : : : : : : : : : : : : :	. ,,	