Dear Colleague:

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It is with our deepest gratitude that we thank you for the ongoing commitment and care that you have generously provided as we continue to learn more about women’s health.

Best Regards,

Susan Hankinson, RN, Sc.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.

We will not release your e-mail address to anyone!

Please print neatly and differentiate numbers and letters (e.g., 1 vs I or i, Ø vs O, 5 vs S)
1. What is your date of birth?

2. Current Weight: [ ] lbs.

3. Do you currently smoke cigarettes?
   - [ ] No
   - [ ] Yes
   - [ ] Other

4. Do you currently use female hormones (e.g., Premarin)?
   - [ ] Estrogen & Progesterone
   - [ ] Estrogen only
   - [ ] Other

5. Since June 2004, have you had any of these clinician-diagnosed illnesses?
   - [ ] Coronary Artery Bypass
   - [ ] Angioplasty
   - [ ] Stent
   - [ ] Elevated Cholesterol
   - [ ] High Blood Pressure
   - [ ] Myocardial Infarction
   - [ ] Angina
   - [ ] Stroke (CVA)
   - [ ] Transient Ischemic Attack (TIA)
   - [ ] Carotid Artery Surgery (Endarterectomy)

6. Since June 2004, have you had any of these cancer diagnoses?
   - [ ] Basal Cell Skin Cancer
   - [ ] Colon or Rectal Cancer
   - [ ] Squamous Cell Skin Cancer
   - [ ] Breast Cancer
   - [ ] Other Cancer (e.g., Lung, Ovary, etc.)

7. Since June 2004, have you had any of these major illnesses or surgeries?
   - [ ] Diabetes Mellitus
   - [ ] Alzheimer’s Disease
   - [ ] Parkinson’s Disease
   - [ ] Amyotrophic Lateral Sclerosis (A.L.S.)
   - [ ] SLE (systemic lupus)
   - [ ] Kidney Stones
   - [ ] Other Major Illness or Surgery Since June 2004

8. Have you had any of these additional conditions?
   - [ ] Depression, Dr. Dx
   - [ ] Osteoporosis
   - [ ] Hip Fracture
   - [ ] Hip Replacement
   - [ ] Glaucoma
   - [ ] Macular Degeneration
   - [ ] Cataract
   - [ ] Cataract Extraction
   - [ ] Pulmonary Embolus
   - [ ] Congestive Heart Failure
   - [ ] Atrial Fibrillation, Dr. Dx
   - [ ] Rheumatoid Arthritis, Dr. Dx

9. Other Major Illness or Surgery Since June 2004

10. Were you hospitalized for this MI?
    - [ ] Yes
    - [ ] No

11. Was the MI confirmed by angiogram?
    - [ ] Yes
    - [ ] No

12. Cancer/Other Diseases
    - [ ] Basal Cell Skin Cancer
    - [ ] Colon or Rectal Polyps (benign)
    - [ ] SLE (systemic lupus)
    - [ ] Other Cancer (e.g., Lung, Ovary, etc.)

13. Breast Cancer

14. Specify other cancer site:
    - [ ] Melanoma
    - [ ] Cancer of the Uterus (endometrium)
    - [ ] Fibrocystic or other Benign Breast Disease

15. Other Cancer
    - [ ] Colon or Rectal Cancer

16. Specify other major illness or surgery:
    - [ ] Barrett’s Esophagus
    - [ ] Chronic Lymphocytic Leukemia
    - [ ] Congestive Heart Failure
    - [ ] Hip Fracture, X-ray confirmed
1. What is your date of birth? ______________/______/______
2. Current Weight: ______ lbs.
3. Have you had your uterus or ovaries removed? □ Yes □ No
   □ Both ovaries removed □ One ovary removed
4. Do you currently use female hormones (e.g., Premarin)? □ Yes □ No
   □ Estrogen only □ Estrogen & Progesterone □ Other
5. Do you currently smoke cigarettes? □ Yes □ No
6. Since June 2004, have you had any of these clinician-diagnosed illnesses?

### Cardiovascular

<table>
<thead>
<tr>
<th>Illness</th>
<th>YEAR OF DIAGNOSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated Cholesterol</td>
<td>Before June 1, 2004</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>Myocardial Infarction</td>
<td></td>
</tr>
<tr>
<td>Angina</td>
<td></td>
</tr>
<tr>
<td>Coronary Artery Bypass, Angioplasty, or Sart</td>
<td></td>
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<tr>
<td>Stroke (CVA)</td>
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<tr>
<td>Transient Ischemic Attack (TIA)</td>
<td></td>
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<tr>
<td>Carotid Artery Surgery (Endarterectomy)</td>
<td></td>
</tr>
<tr>
<td>Peripheral Artery Disease (not various veins)</td>
<td></td>
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<tr>
<td>Pulmonary Embolus</td>
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<tr>
<td>Congestive Heart Failure</td>
<td></td>
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<tr>
<td>Atrial Fibrillation, Dr. Dx</td>
<td></td>
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<tr>
<td>ICD-Implantable Cardiac Defibrillator</td>
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### Cancer/Other Diseases

<table>
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<tr>
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<tr>
<td>Cancer of the Uterus (endometrium)</td>
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<tr>
<td>Fibrocystic or other</td>
<td></td>
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<tr>
<td>Benign Breast Disease</td>
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<tr>
<td>Coronary Artery Disease</td>
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<tr>
<td>Other Cancer (e.g. Lung, Ovary, etc.)</td>
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<tr>
<td>Carotid Artery Surgery</td>
<td></td>
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<tr>
<td>Colon or Rectal Polyps (benign)</td>
<td></td>
</tr>
<tr>
<td>Colon or Rectal Cancer</td>
<td></td>
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<tr>
<td>Diabetes Mellitus</td>
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<td>Alzheimer’s Disease</td>
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<td>Parkinson’s Disease</td>
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<td>Gout</td>
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<tr>
<td>Other Major Illness or Surgery Since June 2004</td>
<td>Try to Include for example: Ulcerative colitis/Crohn’s, Pneumonia, Seizure/Epilepsy, Thyroid disease, Hyperparathyroidism, Multiple Sclerosis, etc.</td>
</tr>
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Please Specify Date, Site, and Circumstances of Hip Fracture Below:

- Date of hip fracture: Month ______ Year ______
- Circumstances:

Note: Please be specific regarding circumstances (e.g., “Fell from chair I was standing on”)

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