weight?	rent	2. Is th	nis your (correct dat	te of birth?				
POUNE	DS .	~	Yes No	If No, ple	ease write cor	rect date.	MONTH DAY	YEAR	
0 0 1 1	0	3. Do	you curr	ently smok	e cigarettes	?			
2 2	2	\bigcirc	Yes 🔲	How m	any per day	? 1-	-4 5-14	15–24	
3 3	3	0	No			O 2	5–34 35–4	4 \(\) 45+	
4 4 5 5	5	4. Hav	e you ha	nd your ute	rus removed	d (with or wit	thout removal of	Fallopian tubes)?	
6 6	6				nd Fallopian tu		of surgery:		
7 8	7 8			Yes, uterus o			efore June 1, 2019	After June 1	, 2019
9	9	5. Hav	e you ev	er had eith	ner of your o	varies surgio	cally removed?		
Cinna In	0010 h						you have remain		<u> </u>
Since Ju	ine 2019, n	ave you	i useu pr	escription	remale norm	nones: (Not	including oral co	intraceptives.)	
○ Yes ■					hormones				
○ No	<u> </u>	–4 month	s ()	5–9 () 10-	-14 (15-	19 () 20–2	5 () 26–30 (31–35 (36+ mon	nths
	b) Are y	ou <i>curr</i>	rently us	ing them (v	within the las	st month)?	○ Yes ○ No	If No, skip to question	7.
	c) Mark	the tur	ne/s) of h	ormones v	ou are CUR	RENTI V usir	ad.		
	-	t uie typ bined: (Prempr	_	mbipatch (FemHRT	Climara Pro	○ Bijuva	
	Estro	_	<u> </u>		njugated estro	$\overline{}$	ral Estrace or oral e	<u> </u>	
			_	· ·	O Patch estro		strogen gels, creams		
	Duran	<u>(</u>		en + testoste			ther estrogen (speci	<u> </u>	
	Proge	esterone/ estin:		inal progeste	_		d progesterone or or	ai Prometrium	
			() vag			Other progeste	rone (specify type) [
	Other	r (entical Estrogen		erone (specify type) osterone		
*		r (Compo	unded bioide		Testo	(1)))		
	hormo	rs have	Compo	unded bioide unded bioide	entical Estrogen entical Progeste	Testo	osterone		
	horm	rs have	Compo	unded bioide unded bioide	entical Estrogen	Testo	esterone r (specify here)	0 1 2 3 4 5 6	7 (8
(If yes, ma	hormo	rs have	Compo	ounded bioide	entical Estrogen entical Progeste	Testor Othe	esterone r (specify here)		7 (8
A physic	nst two year ark all that a	rs have	Compo	unded bioide unded bioide No	rentical Estrogen entical Progeste Yes, for Screening	Testorone Othe Yes, for Symptoms	esterone r (specify here)	0 1 2 3 4 5 6 0 1 2 3 4 5 6 For Office U	7 (8) 7 (8) (8) (8) (8) (8) (8) (8) (8) (8) (8)
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ARVARD UNIVERSIT								_
							ge 3	NURSES' HEALTH STUD
. Have you ever had an	y of these							Regular Medication (Mark if used regularly in past 2 years.)
illnesses?					IAGNO	_		Acetaminophen (e.g., Tylenol)
MARK HERE FOR "Y LEAVE BLANK FOR		BEFORE		2011-	2017-	2019	ı	Days/week: 0 1 0 2-3 4-5 6+ days
LEAVE BLANK FOR	-NO. A	2004	2010	2016	2018	+	-	Tablets/wk: ○ 1–2 ○ 3–5 ○ 6–14 ○ 15+ tablets
Sleep apnea	(Y)■							Low dose aspirin (100 mg or less/tablet)
' '								Days/week: 1 0 2-3 4-5 6+ days
Asthma, clinician diagr	nosed (Y)							Fablets/wk: ○ 1–2 ○ 3–5 ○ 6–14 ○ 15+ tablets
						\vdash		Aspirin or aspirin-containing products (325 mg or more/tablet)
COPD/Emphysema	a/ (Y)≡							Days/week: 0 1 0 2–3 0 4–5 0 6+ days
Chronic bronchitis							_	Fablets/wk: 01-2 03-5 06-14 015+ tablets
Fatty liver	(Y)		[U			19	_	
Confirmed by liver biopsy			es					Ibuprofen (e.g., Advil, Motrin, Nuprin)
Liver cirrhosis	(Y)						_	Days/week: 0 1 0 2-3 0 4-5 0 6+ days
Pre-diabetes								Fablets/wk: 1-2 3-5 6-14 15+ tablets
(Glucose intolerand	ce) Y							Other anti-inflammatory analgesics
Gastric bypass, ballo	,					\vdash		(e.g., Aleve, Clinoril, Relafen, Indocin, Celebrex)
banding, or sleeve	JUII, Y ■							Days/week: 1 2-3 4-5 6+ days
						+-		Thiazide diuretic Calcium blocker Beta-blocker
Endometriosis	, (Y)■							ACE inhibitors Angiotensin receptor blocker
(confirmed by laparosco	ору)	1				\perp		Other anti-hypertensive (e.g., clonidine, doxazosin, Lasix)
Shingles	(Y)≡							Coumadin Pradaxa/Xarelto/Eliquis Plavix
								Prasugrel (Effient) Digoxin Antiarrhythmic
Vaccina for abinal	· W-							
Vaccine for shingle	s Y							"Statin" cholesterol-lowering drug (e.g., Mevacor, Zocor, Lipitor)
								Other lipid-lowering drug [e.g., Lopid (gemfibrozil), Colestid,
Wrist or Colles fract	ture ❤■							Tricor (fenofibrate), Questran (cholestyramine), Zetia]
								Steroids taken orally (e.g., Prednisone, Decadron, Medrol)
Polymyalgia rheuma	atica 🕎 🛮							Diabetes drugs: (Mark all that apply)
						\vdash		☐ Insulin ☐ Non-insulin injections (e.g., Byetta, Victoza, Trulicity)
Splenectomy	(Y)■							Metformin (Glucophage) Jardiance Invokana
								Farxiga Januvia Other oral hypoglycemic agent
During the past 4 ve	ars, what	t is the	TOT/	AL am	ount		13	
During the past 4 years of time you used ant							13	Thyroid hormone (e.g., Synthroid, Levothroid, Levoxyl)
							13	Thyroid hormone (e.g., Synthroid, Levothroid, Levoxyl) Triptans (e.g., Imitrex, Maxalt, Zomig, Amerge, Replax)
of time you used ant mouthwash.)	tibiotics?	(Exclu	ude sk	kin cre	eams,		13	Thyroid hormone (e.g., Synthroid, Levothroid, Levoxyl) Triptans (e.g., Imitrex, Maxalt, Zomig, Amerge, Replax) Bisphosphonates (e.g., Fosamax, Boniva, Actonel)
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	What is your usual walking pace outdoors? Unable to walk Easy, casual (less than 2 mph) Normal, average (2–2.9 mph) Brisk pace (3–3.9 mph) Very brisk/striding (4 mph or faster)													
					. /									
21.	DURING THE PAST YEAR, what was your average time PER	Zoro	1–4	5–19	Tl 20-59	ME PE	R WEE	EK 2–3	4–6	7–10	11+			
	WEEK spent at each of the following recreational activities?	Zero	Min.	Min.	Min.	Hour	Hrs.	Hrs.	Hrs.	Hrs.	Hrs.			
	Walking for exercise or walking for transportation/errands Running or jogging													
	Bicycling (include stationary machine)							0						
	Intensity: Low Medium High													
	Tennis, squash, racquetball													
	Lap swimming							0						
	Intensity: Low Medium High													
	Other aerobic exercise (aerobic dance, ski or stair machine, etc.)													
	Lower intensity exercise (stretching, toning)													
	Other vigorous activities (e.g., lawn mowing)					0								
	Weight training or resistance exercises Arm Weights													
	(Include free weights or resistance machines) Leg Weights													
	Yoga	+		0		0								
	Meditation													
	Prayer		$\overline{}$	Ŏ	$\overline{}$	$\overline{}$								
	Other Mind Body practices													
22.	DURING THE PAST YEAR, on average, how many			0	0.5		PER V		41–60	04 00	Over			
	HOURS PER WEEK did you spend:		Zero	One Hour	2–5 Hrs.	6–10 Hrs.	11–20 Hrs.	21–40 Hrs.	Hrs.	61–90 Hrs.	Over 90 Hrs.			
	Standing or walking around at work or away from home? (hrs./week)													
	Standing or walking around at home? (hrs./week)		Ō	Ō	O	Ŏ	Ō	Ō	O	0	O			
	Sitting at work or away from home or while driving? (hrs./week)		0	0	0	0	0	0	0	0	0			
	Sitting at home while watching TV/DVD/Streaming? (hrs./week)		0		0	0	0	0	0	0	0			
	Other sitting at home (e.g., reading, meal times, at desk)? (hrs./week)													
23.	Over the past 4 weeks													
23.	Over the past 4 weeks How would you rate your level (degree) of sexual desire or in:	terest?												
23.	Over the past 4 weeks How would you rate your level (degree) of sexual desire or in: Overy high High Moderate Long Noderate			\bigcirc \	/ery lov	v or no	ne at al							
23.	How would you rate your level (degree) of sexual desire or in Very high High Moderate Logical Sexual desire or in the sexual desired desi	ow	exual		,									
23.	How would you rate your level (degree) of sexual desire or in Very high High Moderate Law How would you rate your level of sexual arousal ("turn on") d	ow	exual		y or in	terco			none	at all				
23.	How would you rate your level (degree) of sexual desire or in Very high High Moderate Let How would you rate your level of sexual arousal ("turn on") degree No sexual activity Very high High	ow uring se oderate		activit	y or in	terco	urse?		none	at all				
23.	How would you rate your level (degree) of sexual desire or in Very high High Moderate Law How would you rate your level of sexual arousal ("turn on") d	uring se		activit	y or in	terco	urse?	low or		at all	or neve			
23.	How would you rate your level (degree) of sexual desire or in Very high High Moderate Law How would you rate your level of sexual arousal ("turn on") do No sexual activity Very high High Moderate Wery high High Moderate ("wet") during sexual activity	uring se	o r inte Someti	activit L rcours mes	y or in ow se?	terco	urse?	low or			or neve			
23.	How would you rate your level (degree) of sexual desire or in Very high High Moderate Law How would you rate your level of sexual arousal ("turn on") do No sexual activity Very high High Moderate Wery high High Moderate ("wet") during sexual activity Almost always or always Most times	uring se oderate ctivity c id you r	o r inte Someti	activit rcours mes orgas	y or in	terco	urse? Very mes	low or	llmost					
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24. 25. 26.	How would you rate your level (degree) of sexual desire or in Very high	ow uring se oderate ctivity control sed and dimensional peners (sed and dimensional peners)	or inte Sometine Sometine Ssatisfice Tratice Som D YOU v	use E Once per week or lees/wk al or v	y or in ow se? ACH Pl ss ories)? 4 work g	A few till	wrse? Very mes mes dissat mes to 5 time per week es/wk	Alm RING T	Almost Almost Ost alv HE PA Daily (necte	never of lever of lev	or never satisfie alway			
24. 25. 26.	How would you rate your level (degree) of sexual desire or in Very high	uring se oderate ctivity c cid you r sed and di mal pener ctimes (FTEN DI er) coup? uch as a coup?	or interessor interess	activit Crecours mes orgasi mes on? netimes USE E Once per week or le Opposite es/wk al or v	y or in ow se? ACH P r ss ories) 4 vork gi	A few till f	wrse? Very mes mes dissat mes T DUF to 5 time per week churcl	Alm RING T State 16 o	NImost NImost Ost alv Ost alv Daily (necte r more	never of lever of lev	satisfie alway			
24. 25. 26.	How would you rate your level (degree) of sexual desire or in Very high	uring se oderate ctivity c cid you r sed and di mal pener ctimes (FTEN DI er) coup? uch as a coup?	or interessor interess	activit Crecours mes orgasi mes on? netimes USE E Once per week or le Opposite es/wk al or v	y or in ow se? ACH P r ss ories) 4 vork gi	A few till f	wrse? Very mes mes dissat mes T DUF to 5 time per week churcl	Alm RING T State 16 o	NImost NImost Ost alv Ost alv Daily (necte r more	never of nev	satisfie alway			

	RD UNIVERSITY	Page 5			NURSES' HE	EALTH STUD
29. How	many close friends do you have	?				
○ No	one 1 to 2 3 to 5) 6 to 9				
	ere any one special person you idences and feelings with?	know that you feel very clo	se to; someone y	ou feel you c	an share	
○ Ye	es a) How often do you see or	talk to this person?				
O No	o Daily Weel	kly Monthly (Several times/yea	r On	ice/year or less	
	you count on anyone to provide	you with emotional support	(talking over prob	lems or helpi	ng you make a	
	ult decision)?					
	one of the time A little of th		Most of the		All of the time	
	ng the last 12 months, how ofter	_	-			
○ Ne	ever	Once/month 2–3 tim		bout once/we	ek () Almos	t every day
- 1		ır urine, how much usually le				
- 1		Enough to wet your underwear	Enough to we	t your outerclo	thing C Enough	n to wet the floor
		ne, what is the <u>usual</u> cause?		Doth a) and	b) ogually	
		ng, laughing, or doing physical a	•	Both a) and I In other circu		
Now!	frequently do you have a bowe	gent need to go to the bathroom	(i) iii otrier circt	umstances	
	ore than twice a day Twice a		ther day	y 3–4 days	Every 5 days	or less often
$\overline{}$	h best describes your hearing:	, 	()	y o . dayo	<u></u>	0. 1000 0.101.
			nearing trouble (A lot of troub	ole O Deaf	
Do yo	ou wear a hearing aid?					
	es, All the time Yes, Most t	he time Yes, Occasionally	O No, Never			
. In the	e past 12 months, have you ha	d ringing, roaring, or buzzinç	g in your ears or l	nead?		
○ Ne	ever <pre>Once/week</pre> <pre>Abou</pre>	ut once/week Several tim	es/week Almo	ost every day	Every day	
	a) On the days you hear th	e sound, how long does it last?				
	A few seconds	Less than 5 minutes 5	minutes to an hour	Severa	al hours	All the time
+	b) Does the sound affect y	our ability to: OSleep V	Vork 0	oncentrate		
		Perform other	activities \(\)	lone of these		
7. Pleas	se rate your ability to do the fo					
		llowing activities. (Mark one	answer for each	row.)		
	se rate your ability to do the lo	llowing activities. <i>(Mark one</i>	answer for each	row.)		
	Are you able to	llowing activities. <i>(Mark one</i> Without Help	answer for each With Som	•	Un	nable
a.	Are you able to Get to places out of	Without Help Drive car, or travel alone	With Som	e Help	O Unable to	o travel except
	Are you able to Get to places out of walking distance	Without Help Drive car, or travel alone on bus, train, or taxi	With Som Need someo you or go with	e Help ne to help h you	Unable to by ambu	o travel except lance, etc.
	Are you able to Get to places out of walking distance Go shopping for groceries	Without Help Drive car, or travel alone on bus, train, or taxi Can shop by yourself,	With Som Need someo you or go with Need someo	e Help ne to help h you ne to help	Unable to by ambu	o travel except lance, etc. ely unable to
	Are you able to Get to places out of walking distance Go shopping for groceries or clothes (assuming you	Without Help Drive car, or travel alone on bus, train, or taxi Can shop by yourself, assuming you had	With Som Need someo you or go with	e Help ne to help h you ne to help	Unable to by ambu	o travel except lance, etc. ely unable to
b.	Are you able to Get to places out of walking distance Go shopping for groceries or clothes (assuming you had transportation)	Without Help Drive car, or travel alone on bus, train, or taxi Can shop by yourself, assuming you had transportation	With Som Need someo you or go with Need someo you on all sh	e Help ne to help h you ne to help opping trips	Unable to by ambu Complet do any s	o travel except lance, etc. ely unable to hopping
b.	Are you able to Get to places out of walking distance Go shopping for groceries or clothes (assuming you	Without Help Drive car, or travel alone on bus, train, or taxi Can shop by yourself, assuming you had transportation Plan and cook full	With Som Need someo you or go with Need someo	e Help ne to help h you ne to help opping trips some things.	Unable to by ambu Complet do any s Complet	o travel except lance, etc. ely unable to hopping ely unable to
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b. c. d. e.	Are you able to Get to places out of walking distance Go shopping for groceries or clothes (assuming you had transportation) Prepare your own meals Do your own housework Handle your own money	Without Help Drive car, or travel alone on bus, train, or taxi Can shop by yourself, assuming you had transportation Plan and cook full meals yourself Can clean floors, bathroom, etc. Write checks, pay bills, etc., by yourself	With Som Need someo you or go with the someo you or all shore the someo you on all shore the some you on all shore the someo you or you or you on all shore the someo you or all show on all show on all show or you or you or all show or you or you or you or all show or you o	e Help ne to help h you ne to help opping trips some things. ok full meals th heavy cleaning day-to-day I help with paying bills ne to help	Unable to by ambu Complet do any s Complet prepare a Complet do any h Complet handle m Complet	o travel except llance, etc. ely unable to hopping ely unable to any meals ely unable to ousework ely unable to noney
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f. S. This of In the Did you Did you a. If you	Are you able to Get to places out of walking distance Go shopping for groceries or clothes (assuming you had transportation) Prepare your own meals Do your own housework Handle your own money Handle your medications question asks about how well e past four weeks: you have trouble falling asleep? you wake up several times at night; you wake up earlier than you planning was an you do have any sleep problem of the you do have any sleep problem of the your wake up earlier than you planning was an you have trouble getting back to sleep you do have any sleep problem of the your wake up earlier than you planning was an your wake up earlier than you planning was an your wake up earlier than you planning was an your wake up earlier than you planning was an your wake up earlier than you planning was an your wake up earlier than you planning was an your water was an your way was an your water was any was an your water was an your water was any was any was an your water was any	Without Help Drive car, or travel alone on bus, train, or taxi Can shop by yourself, assuming you had transportation Plan and cook full meals yourself Can clean floors, bathroom, etc. Write checks, pay bills, etc., by yourself Able to keep track of and take meds yourself Able to keep track of and take meds yourself you sleep.	With Som Need someo you or go with the someo you or go with the someo you on all shear the someo the som	e Help ne to help h you ne to help opping trips some things. ok full meals th heavy cleaning day-to-day I help with paying bills ne to help ications Less than once/week pe	Unable to by ambu Complet do any s Complet prepare a Complet do any h Complet handle m Complet manage	o travel except lance, etc. ely unable to hopping ely unable to any meals ely unable to ousework ely unable to noney ely unable to medications
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b. c. d. e. f. Did you Did you Did you a. If you On aw O <5 O. Overa	Are you able to Get to places out of walking distance Go shopping for groceries or clothes (assuming you had transportation) Prepare your own meals Do your own housework Handle your own money Handle your medications question asks about how well e past four weeks: you have trouble falling asleep? you wake up several times at night you wake up earlier than you plannou have trouble getting back to sleep you do have any sleep problem of the past than 3 months and 3 months are your period, yeerage, over a 24-hour period,	Without Help Drive car, or travel alone on bus, train, or taxi Can shop by yourself, assuming you had transportation Plan and cook full meals yourself Can clean floors, bathroom, etc. Write checks, pay bills, etc., by yourself Able to keep track of and take meds yourself Able to keep track of and take meds yourself you sleep.	With Som Need someo you or go with the someo you or go with the someo you on all shad to compare the someo you on all shad to compare the someo t	e Help ne to help h you ne to help opping trips some things. ok full meals th heavy cleaning day-to-day I help with paying bills ne to help ications Less than once/week pe	Unable to by ambu Complet do any s Complet prepare a Complet do any h Complet handle m Complet manage 2 times per week	o travel except lance, etc. ely unable to hopping ely unable to any meals ely unable to ousework ely unable to noney ely unable to medications

TADYADD II				MIDOROUT	E A T /DIT C/DIT
HARVARD U		Page 6		NURSES' H	EALTH STU
(punched	spouse (or sleep partner) ever told you that or flailed arms in the air, shouted or screa			hile sleeping	
O No	Yes I do not have a sleep partner				
	ive any problems with your sense of smell are supposed to <u>for at least 3 months</u> ?	, such as not being able to	smell things o	r things not sr	nelling the
O No	Yes Which problem do you have?	Loss of smell	hings don't smell r	right Do	on't know
13. In the last	year, how often have you had heartburn	or acid-reflux?			
O None in	the past year	About once/month A	bout once/week	Several times.	/week O Daily
14. How likely	are you to select low calorie foods for you	ourself?			
O Unlikely	Slightly unlikely Slightly likely	Very likely			
45. Do these	a) "I eat anything I want, anytime I war	nt." Yes No			
apply to y			es No		
46. In the pas	t year, have you been bothered by constipa		t 12 weeks (not	necessarily co	nsecutive)?
○ No	t your, mand you would be and any comoupu			,	,.
Yes, dia		your bowel movements as	ssociated with a	abdominal pai	n?
	ving items are about activities you might o				
Does you	health now limit you in these activities?		Yes, Limited	Yes, Limited	No, Not
If so, how	much? (Mark one response on each line.)		A Lot	A Little	Limited At All
_	activities, such as running, lifting heavy object	ts, participating in			
strenuous	•		0	0	
	activities, such as moving a table, pushing a	vacuum cleaner,			
	r playing golf		0	0	0
	carrying groceries		0		
Climbing s	several flights of stairs				
Climbing of	one flight of stairs				
Bending, I	kneeling, or stooping				
Walking m	ore than a mile				
Walking se	everal blocks				
Walking o	ne block			0	
Bathing or	dressing yourself			0	
○ No, I do	If yes: What type? Pfizer I plan to get it not plan to get it ever been diagnosed with COVID-19 or te		nson & Johnson/Ja	unssen C	Other
	I have never been tested by PCR swab or antiger	•			
		(:0	ntinue on NEX	KT page	
	I have only ever tested NEGATIVE by PCR swab		O Ech O Ma	or	May O luca
	as diagnosed by a clinician as probably having 19, but never had a PCR or antigen test	When? Month: Jan	○ Feb○ Aug○ Se	<u> </u>) May () June) Nov () Dec
	ad a positive PCR swab or antigen test	Year: 2020		2022	Nov ODec
	TO EITHER, CONTINUE	Tear: 0 2020	2021	0 2022	
IF TES	TO EITHER, CONTINUE				
a) Did you	a experience any symptoms when you had	d COVID-19?			
○ Vaa	I had symptoms How long did you	r COVID symptoms lost?			
			–4 months	5–6 months	0 6+ months
<u> </u>	was asymptomatic	11 01-2 111011(18 0 3	7 IIIOIIIIS	0-0 1110111115	0+ IIIOIIIIIS
b) At any	point, did you require hospitalization due	to COVID-19?			
○ NI=	Voc. without a vontilator	wentileter ———————————————————————————————————	nany days an a :	ventilator?	
○ No	Yes, without a ventilator Yes, with a	ventilator How r	nany days on a v	verilliator?	
c) Have y	ou experienced any <u>long-term</u> COVID-19 s	symptoms (lasting for mor	e than 4 weeks)	?	
•	Which of the following long-term COV				
○ Yes					0
O NO	Shortness of breath or difficulty breathing	Confusion, disorienta	uon, brain tog		
	Shortness of breath or difficulty breathin		phonone in reserve	O Mouth or	
	Persistent cough	Depression, anxiety, o	changes in mood		tongue ulcers
	Muscle, joint or chest painSmell and taste problems	Heart palpitations		Tinnitus	
	() Small and tasta problems	Rash, blisters or welts	anywhere on body	Other syr	mntoms

-	RVARD UNIVERSITY Page 7				URSES'	HEALT	H STUI
).	These questions are about how you feel and how things have been v For each question, please give the one answer that comes closest to						
	How much of the time during the past 4 weeks	1	1		-	A 1 2	Na.
	(Mark one response on each line.)	All of the	Most of the	A Good Bit of	Some of the	A Little of the	None of the
	Did fool full of a con	Time	Time	the Time	Time	Time	Time
	Did you feel full of pep?						
	Have you been a very nervous person? Have you felt so down in the dumps nothing could cheer you up?						
	Have you felt calm and peaceful? Did you have a lot of energy?						
	Have you felt downhearted and blue?						
	Did you feel worn out?						
	Have you been a happy person?						
	Did you feel tired?						
	Have you felt hopeless about the future?						
	Have you felt no interest in things?						
4	During the past 4 weeks, how much of the time has your physical health	th or omet	ional prol	hlomo int	orforod		
2.	with your social activities (like visiting with friends, relatives, etc.)? All of the time Most of the time Some of the time Please choose the answer that best describes how true or false each	A little of	1		ne of the t	ı	I
	following statements is for you. (Mark one response on each line.)		Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
	Over the past 4 weeks, I have felt about the same as I have felt during the	e past year	0	0	0	0	0
	I seem to get sick a little easier than other people			0	0	0	
	I am as healthy as anybody I know		0	0	0	0	0
	I expect my health to get worse			0	<u> </u>	0	
	My health is excellent						
	 a) Cut down the <u>amount of time</u> you spent on work or other activities b) <u>Accomplished less</u> than you would like c) Were limited in the <u>kind</u> of work or other activities d) Had <u>difficulty</u> performing the work or other activities (for example, it too 	ok ovtra offi	ort)	Yes Yes Yes Yes	No No No No No		
4.	During the past 4 weeks, to what extent has your physical health or en			$\overline{}$	$\overline{}$		
	normal social activities with family, friends, neighbors, or groups?	O =					
-	Not at all Slightly Moderately Quite a bit	_ Extremel	У				
5.	How much <i>bodily</i> pain have you had during the <i>past 4 weeks</i> ?	O 17					
	None Very mild Mild Moderate Severe	Very seve					
Ю.	During the <i>past 4 weeks</i> , how much did <i>bodily pain</i> interfere with your outside the home and housework)?		•	aing both	work		
-	Not at all A little bit Moderately Quite a bit	Extremely	У				
)/.	In general, would you say your health is:						
_	Excellent Very Good Good Fair Poor						
ο.	During the <i>past 4 weeks</i> , have you had any of the following problems activities as a result of any <i>emotional problems</i> (such as feeling depresent the contract of the contra	-			gular da	ily	
	a) Cut down the amount of time you spent on work or other activities	O Ye	s	No			
	b) Accomplished less than you would like	O Ye	s O	No			
	c) Didn't do work or other activities as <u>carefully</u> as usual	O Ye	s O	No			
	Over the last 2 weeks, how often have you been	Not at all	Sever days		More than alf the day		learly ery day
9.	bothered by the following problems?	()	day	- "		- 00	
9.	Feeling pervous anxious or on odgo				0		0
9.	Feeling nervous, anxious, or on edge	$\overline{}$	/ /		\ /		$\overline{\bigcirc}$
9.	Not being able to stop or control worrying	0	0				
9.	Not being able to stop or control worrying Feeling down, depressed, or hopeless	0	0		0		0
	Not being able to stop or control worrying Feeling down, depressed, or hopeless Little interest or pleasure in doing things		holic hav	orage of	O O	2	0
	Not being able to stop or control worrying Feeling down, depressed, or hopeless Little interest or pleasure in doing things On average, during the past year, on how many days did you consun No days Less than one/month 1 day/mo 2-4	ne an alco		erage of 2 days/wk		?? 3–4 days	O O /wk
).	Not being able to stop or control worrying Feeling down, depressed, or hopeless Little interest or pleasure in doing things On average, during the past year, on how many days did you consum	days/mo	<u> </u>	2 days/wk	0	3-4 days	/wk

HAI	RVARD UNIVERSITY					P	age 8						NURSES' H	EALTH STUI
62.	Please answer Yes or No for	each of	f the 1	follow	ving q	uestic	ns ab	out y	our m	emor	y:			
	Have you recently experienced	d any ch	nange	in yo	ur abil	ity to ı	remem	ber th	nings?				○ Yes	○ No
	Do you have more trouble than	n usual r	remer	nberir	ng rec	ent ev	ents?						O Yes	○ No
	Do you have more trouble than	n usual r	remer	nberir	ng a sl	hort lis	st of ite	ems, s	such a	s a sh	oppin	g list?	O Yes	○ No
	Do you have trouble remembe	ring thin	ngs fro	om or	ne sec	ond to	the n	ext?					○ Yes	○ No
	Do you have any difficulty in un	nderstar	nding	or fol	llowing	g spok	en ins	tructio	ons?				○ Yes	○ No
	Do you have <u>more</u> trouble than due to your memory?	n usual f	follow	ing a	group	conve	ersatio	n or a	ı plot i	n a T\	/ prog	ram	○ Yes	○ No
	Do you have trouble finding yo	our way	arour	nd far	niliar s	streets	?						O Yes	○ No
63.	Please respond to the followi	ing que	stion	s on a	a scal	e fron	1 0 to	10:						
	Overall, how satisfied are you with li	ife as a w	hole th	nese da	ays?									
	Not satisfied at all	0	1	2	3	4	5	6	7	8	9	10	Completely	Satisfied
	In general, how happy or unhappy of			_										
	Extremely Unhappy	0	(1)	(2)	(3)	4	5	6	7	8	9	10	Extremely F	Іарру
	In general, how would you rate your			_										
	Poor	0	(1)	(2)	(3)	4	5	(6)	7	(8)	9	10	Excellent	
	How would you rate your overall me													
	Poor	0	1	2	3	4	5	6	7	8	9	10	Excellent	
	Overall, to what extent do you feel to			_										
	Not at All Worthwhile	0	(1)	(2)	(3)	(4)	(5)	(6)	7	8	9	10	Completely	Worthwhile
	I understand my purpose in life.													
	Strongly Disagree	0	1	2	3	4	5	6	7	8	9	10	Strongly Ag	ree
	I always act to promote good in all o						_						0	T
	Not True of Me am always able to give up some ha	0	1)	2	3	ninoon	(5)	(6)	7	8	9	10	Completely	True of Me
	Not True of Me	applitess	11000 10	2)	(3)	4	(5)	(6)	(7)	(8)	9)	(10)	Commission	Two of Mo
	I am content with my friendships and		0	(2)		4	0						Completely	True of Me
	Strongly Disagree			2	(3)	(4)	(5)	6	7	8		(10)	Strongly Ag	roo
	My relationships are as satisfying as											10	Strongly Ag	166
	Strongly Disagree	(i)	1	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	Strongly Ag	ree
	How often do you worry about being			$\overline{}$									Strongly Ag	100
	Worry all of the time	0	1	(2)	(3)	4	(5)	6	(7)	(8)	9)	(10)	Do not ever	worry
	How often do you worry about safet		or hous										20 1.01 010.	
	Worry all of the time	0	1	2	3	4	5	6	7	8	9	10	Do not ever	worry
64	L II DAOT 40 MONTHO I													
04.	In the PAST 12 MONTHS, have (smoke, vape, edibles, cream No								edicin	al or	recre	ational p	urposes?	
	Yes, containing CBD only	a) In t	the PA	ST 12	MON	THS. h	ow oft	en did	vou u	se anv	canna	abis produ	ıct?	
	Yes, containing THC				nth or I				es/mor			1–2 times/		
	Prefer not to answer	_) 3–5 t					Daily			_		once per day	
	0 - 1010 1101 10 1010 1010					THS. w	$\overline{}$		usual	wav vo	\sim	d cannab		
					uch as									
												, or pills		
					pically							,		
) Othe	, ,	,			,		1				
					you r	egular	lv used	cann	abis?					
) Not r			J	,							
				than 1) 1 to	2 year	S		2 to 5 v	/ears	() 5 to 10 y	rears
	Scantron EliteView™ M-305426-1:654321			15 ye				20 ve			20+ ve			