Dear Colleague:

On behalf of our research group, I thank you for your participation in the Nurses' Health Study II. The accuracy and completeness of the information you and your fellow participants provide will enable the study to answer many critical questions about the health effects of lifestyle factors, diet, and oral contraceptive use. Analyses of these factors in relation to breast cancer and several other diagnoses are currently underway.

The enclosed questionnaire continues our every-other-year follow-up. We hope that you give this questionnaire the same attention and care that you have given to the earlier forms. The validity of this major research undertaking depends directly on complete and accurate follow-up information for all study members.

Our aim is to find ways to maintain good health and prevent serious illness in women. Your continued participation is critical whether or not you are currently employed as a nurse. As always, the information you provide is strictly confidential and will be used only for medical statistical purposes.

Many thanks for your valuable participation. We will be sending you the next edition of our Nurses' Health Study newsletter in June 1998 to update you on our progress.

Sincerely,

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

P.S. We hope you can complete the attached questionnaire in the next two weeks. Your involvement, since the study began in 1989, is greatly appreciated!
INSTRUCTIONS

Please use an ordinary No. 2 pencil to fill in the appropriate response circles completely, or write the requested information in the boxes provided. Note that some questions ask for information since June 1995, some ask for current status, and some ask about events over longer periods. The form is designed to be read by optical-scanning equipment, so make NO STRAY MARKS and keep write-in responses within the spaces provided. If you change a response, erase the incorrect mark completely. Write any comments on a separate page.

EXAMPLE 1: Write in your weight in the boxes...

...and fill in the circle corresponding to the figure at the head of each column.
Please fill in the circle completely, do not mark this way:

NOTE: Be sure to write in your weight in addition to completing the corresponding circles. This allows us to confirm that the correct circles have been darkened.

EXAMPLE 2: Mark "Yes" circle and Year of Diagnosis circle for each illness you have had diagnosed.

Thank you for completing the 1997 Nurses' Health Study II Questionnaire.

Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage paid envelope.

If you need to make changes or corrections to your name/address, please note them on the cover letter and enclose it with your completed questionnaire.
2. a. SINCE JUNE 1995, have you been pregnant?
   - No – go to question 3
   - Yes

   b. Are you currently pregnant?
      - No
      - Yes, continue with part c, but do NOT fill in a bubble in part c for your current pregnancy.

   c. For each pregnancy ending after JUNE 1, 1995, fill in a response bubble for the year during which each pregnancy ended.

   Calendar Year
   - 6/1/95 - 12/31/95
   - 1996
   - 1997
   - 1998+

3. Do you CURRENTLY use any of these forms of contraception? (Mark all that apply.)
   - None
   - Oral contraceptive
   - Condom
   - Diaphragm/Cervical cap
   - Vasectomy
   - Foam/Jelly/Sponge
   - Rhythm/NFP
   - Intrauterine Device
   - Depo Provera
   - Other
   - Tubal Ligation
   - Conergy
   - Ligation
   - Clip/ring/band
   - Other/Don't know

4. SINCE JUNE 1995, have you used oral contraceptive (OCs)?
   - Yes
   - No

   a. How many months did you use OCs during the 24-month period between JUNE 1995 and JUNE 1997?
      - 1 month or less
      - 2-4
      - 5-9
      - 10-14
      - 15-19
      - 20-24 months

   b. Please indicate the brand and type of OC used longest during this time period. Refer to the OC Brand Code Sheet enclosed with this questionnaire and write the code in this box.

5. SINCE JUNE 1995, have you tried to become pregnant for more than one year without success?
   - No
   - Yes
      - What was the cause? (Mark all that apply.)
      - Tubal blockage
      - Ovulatory disorder
      - Endometriosis
      - Not investigated
      - Not found
      - Cervical mucus factors
      - Other

6. SINCE JUNE 1995, have you taken Clomid (Clomiphene) or Pergonal/Metrodin to induce ovulation?
   - Yes
   - No

   a. In how many months was Clomid used:
      - 0 months
      - 1
      - 2-3
      - 4-5
      - 6-11
      - 12+ months

   b. In how many months was Pergonal/Metrodin used:
      - 0 months
      - 1
      - 2-3
      - 4-5
      - 6-11
      - 12+ months

7. Have your natural menstrual periods ceased PERMANENTLY?
   - No: Premenopausal
   - Yes: No menstrual periods
   - Yes: Had menopause but now have periods induced by hormones
   - No sure (e.g., started hormones prior to cessation of periods)

   a. AGE natural periods ceased:

   b. For what reason did your periods cease?
      - Natural
      - Surgical
      - Radiation or chemotherapy

8. Have you had your uterus removed?
   - No
   - Yes
      - Date of surgery: Before June 1, 1995
      - After June 1, 1995

9. Have you ever had either of your ovaries surgically removed?
   - No
   - Yes
      - How many ovaries do you have remaining?
         - None
         - One

10. SINCE JUNE 1995, have you used female replacement hormones (other than oral contraceptives)?

    a. How many months did you use them during the 24-month period between JUNE 1995 and JUNE 1997?
       - 1-4 mo.
       - 5-9
       - 10-14
       - 15-19
       - 20-24 months

    b. Are you currently using them within the last month?
       - Yes, currently
       - No, not currently

    c. Mark the types of hormones you have used the longest during this period.
       - Estrogen:
         - Oral Premarin
         - Estrogen
         - Oral Premarin
         - Vaginal Estrogen
         - Patch Estrogen
         - Other Estrogen

       - Progesterone/Progestin (e.g., Provera, Cycin):
         - Oral
         - Vaginal
         - Other (specify below)

       - Other type of hormones used, please specify:

    d. If you used oral conjugated estrogen (e.g., Premarin) what dose did you usually take?
       - .30 mg/day or less (Green)
       - .625 mg/day (Brown)
       - .9 mg/day (White)
       - 1.25 mg/day (Yellow)
       - More than 1.25 mg/day
       - Dose unknown
       - Did not take oral conjugated estrogen

    e. If you used oral medroxyprogesterone (e.g., Provera, Cycin), what dose did you usually take?
       - 2.5 mg or less
       - 5-9 mg
       - 10 mg
       - More than 10 mg
       - Dose unknown
       - Not used

    f. What was your pattern of hormone use (Days per Month)?
       - Oral or Patch Estrogen:
         - Days/Month
         - Not used
         - <1 day/mo
         - 1-8 days
         - 9-18
         - 19-26
         - 27+ days/mo
       - Progesterone:
         - Days/Month
         - Not used
         - <1 day/mo
         - 1-8 days
         - 9-18
         - 19-26
         - 27+ days/mo

11. Do you currently smoke cigarettes?
    - No
    - Yes
    - How many per day?
      - 1-4
      - 5-14
      - 15-24
      - 25-34
      - 35-44
      - 45 or more per day
12. Is this your correct date of birth?

| Yes | No |

If no, please write correct date.

13. Regular Medication (mark if used regularly in past 2 years)

- Acetaminophen (e.g., Tylenol)
  - Days/week: 0
- Aspirin or aspirin-containing products (e.g., Alka-Seltzer with aspirin)
  - Days/week: 0
- Non-steroidal anti-inflammatory (e.g., Ibuprofen, Advil, Midol, Aleve)
  - Days/week: 0
- Thyroid hormone replacement (e.g., Synthroid, Levothroid)
- Thiazide diuretic (e.g., Dyazide, HCTZ, Hygroton, Diuril)
- Any other medication to treat hypertension
- Cimetidine (Tagamet)
- Other H2 blocker (e.g., Zantac, Pepcid, Axid)
- Tamoxifen
  - In Tamoxifen study (randomized trial)
- Tricyclic antidepressants (e.g., Elavil, Tofranil, Pamelor)
- Prozac
- Zoloft
- Paxil
- Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium)
- Other regular medication (no need to specify)
- No regular medication

14. Have any of the following biological relatives had...

- Ovarian Cancer?
  - No
  - Mother Y
  - Sister Y
- Breast Cancer?
  - No
  - Mother Y
  - One Sister Y
  - Additional Sister Y
  - Maternal Grandmother Y
  - Paternal Grandmother Y
- Colon or Rectal Cancer?
  - No
  - Parent Y
  - One Sibling Y
  - Additional Sibling Y
- Melanoma?
  - No
  - Parent Y
  - Sibling Y
- Myocardial Infarction?
  - No
  - Mother Y
  - Father Y
  - Sibling Y
- Stroke?
  - No
  - Mother Y
  - Father Y
  - Sibling Y
- Diabetes?
  - No
  - Parent Y
  - Sibling Y
- Kidney Stones?
  - No
  - Parent Y
  - Sibling Y

15. Since June, 1995, have you had any of these physician-diagnosed illnesses?

<table>
<thead>
<tr>
<th>Before</th>
<th>Age 50</th>
<th>Age 50 to 59</th>
<th>Age 60 to 69</th>
<th>Age 70+</th>
<th>Age Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year of Diagnosis</td>
<td></td>
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</tbody>
</table>

- Myocardial infarction (heart attack) Y
- Angina pectoris Y
- Coronary bypass angiography? Y
- CVA or TIA Y
- Deep vein thrombosis/Pul. embolism Y
- Elevated cholesterol Y
- Melanoma Y
- Basal cell skin cancer Y
- Squamous cell skin cancer Y
- Fibrocystic/non benign breast disease Y
- Confirmed by breast biopsy? Y
- Confirmed by aspiration? Y
- Breast cancer Y
- Other cancer Y
  - Specifity site of other cancer

Other illnesses:

- Colon or rectal polyp (benign)
- Ulcerative colitis/Crohn's
- Gastric or duodenal ulcer
- Gallstones
- Did you have symptoms? Y
- How diagnosed? Y
  - X-ray or ultrasound
  - Other
- Cholecystectomy
- High blood pressure
  - Not pregnancy related Y
  - Pregnancy-related high blood pressure Y
- Toxemia/Preeclampsia of pregnancy Y
- Diabetes: Not pregnancy-related Y
- Diabetes: Gestational Y
- Hydatidiform mole of pregnancy Y
- Ectopic pregnancy Y
- Endometriosis—1st diagnosis Y
  - Confirmed by laparoscopy? Y
  - Confirmed by pelvic exam? Y
  - Confirmed by ultrasound/hystereotomy? Y
- Polycystic ovarian syndrome Y
- Premenstrual syndrome (PMS) Y
- Kidney stones Y
- Multiple sclerosis Y
- Asthma, doctor diagnosed Y
- Active TB (X-ray confirmed) Y
- Graves' Disease/Hyperthyroidism Y
- Hashimoto's thyroiditis Y
- Thyroid nodule (benign) Y
- Interstitial cystitis (not UTI) Y
- Pneumonia, x-ray confirmed Y
- Herniated lumbar disk, CT/MRI confirmed Y
- SLE (systemic lupus) Y
- Rheumatoid arthritis, doctor diagnosed Y
  - Negative/unknown Y
  - Positive Y
- Other arthritis Y
- Other major illness or surgery since June, 1995 Y

- Other major illness or surgery since June, 1995
16. **DURING THE PAST YEAR,** what was your average time PER WEEK spent at each of the following recreational activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>0-4 MIN.</th>
<th>5-19 MIN.</th>
<th>20-59 MIN.</th>
<th>ONE HOUR</th>
<th>1-1.5 HRS.</th>
<th>2-3 HRS.</th>
<th>4-6 HRS.</th>
<th>7-10 HRS.</th>
<th>11+ HRS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking or hiking outdoors (include walking to work)</td>
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<tr>
<td>Jogging (slower than 10 minutes/mile)</td>
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<tr>
<td>Running (10 minutes/mile or faster)</td>
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<tr>
<td>Bicycling (include stationary machine)</td>
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<tr>
<td>Calisthenics/Aerobics/Aerobic Dance/Rowing Machine</td>
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<tr>
<td>Tennis, Squash, Racquetball</td>
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<tr>
<td>Lap swimming</td>
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<tr>
<td>Other aerobic recreation (e.g., lawn mowing)</td>
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</tr>
</tbody>
</table>

17. **During the past year,** on average, how many HOURS PER WEEK did you spend:

<table>
<thead>
<tr>
<th>Activity</th>
<th>0-4 HRS.</th>
<th>5-19 HRS.</th>
<th>20-59 HRS.</th>
<th>ONE HOUR</th>
<th>1-1.5 HRS.</th>
<th>2-3 HRS.</th>
<th>4-6 HRS.</th>
<th>7-10 HRS.</th>
<th>11+ HRS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing or walking around at work or away from home? (hrs./week)</td>
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<tr>
<td>Standing or walking around at home? (hrs./week)</td>
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<tr>
<td>Sitting at work or away from home or while driving? (hrs./week)</td>
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<tr>
<td>Sitting at home while watching TV/VCR? (hrs./week)</td>
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<tr>
<td>Other sitting at home (e.g., reading, meal times, at desk)? (hrs./week)</td>
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</tbody>
</table>

18. What is your usual walking pace outdoors?

- 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)
- Unable to walk

19. How many flights of stairs (not individual steps) do you climb daily?

- 2 flights or less
- 3-4
- 5-9
- 10-14
- 15 or more flights

20. Please indicate any season(s) when your exercise is greatly reduced:

- Don't exercise regularly
- Spring
- Summer
- Fall
- Winter
- Exercise regularly all year

21. Do you have a serious chronic physical condition which impairs your ability to exercise?

- No
- Yes

22. During the past summer, how many times per week were you outdoors in a swimsuit?

- Less than once per week
- Once per week
- Twice per week
- Several times per week
- Daily

23. During the past summer when you were outside at the pool or beach, what percent of the time did you use sunscreen?

- Not in sun
- 0%
- 25%
- 50%
- 75%
- 100%

24. What was the result of your TB skin test since June 1995?

- Not done since June 1995
- Positive
- Negative
- Had BCG vaccination

25. Would you be willing to complete an additional questionnaire on your diet during high school?

- Yes
- No

26. Do you currently take a multi-vitamin? (Please report other individual vitamins in question 27)

- No
- Yes

27. Do you take the following separate preparations? DO NOT COUNT THE CONTENTS OF MULTI-VITAMIN REPORTED ABOVE.

- Vitamin A
- Beta-Carotene
- Vitamin C
- Vitamin B6
- Vitamin E
- Calcium (include Tums etc.)
- Iron (325 mg. Ferric Sulfate = 65 mg. elemental iron)
- Garlic pills
- Brewer's yeast
- Vitamin D
- Magnesium
- Selenium
- B-Complex vitamin
- Cod liver oil
- Zinc
- Folic acid

28. Please indicate the name of someone at a **DIFFERENT PERMANENT ADDRESS** to whom we might write in the event we are unable to contact you:

Name: ____________________________
Address: __________________________
29a. For each child to whom you have given birth, answer each section below as best you can, even if you cannot remember exactly.

Mark here if you have never given birth and go to Question 30.

If you breastfed, at what month did you ...

- Start giving formula or purchased milk at least once daily
- Start giving solid food at least once daily (baby food, cereal, table food, etc.)
- Start pumping breastmilk at least 4 days/week
- Go at least 5 hours at night without breastfeeding
- Stop breastfeeding altogether

b. If more than four children were breastfed, mark the total number of months you breastfed all other children combined:

- 0-2 months
- 3-5
- 6-8
- 9-11
- 12-18
- 19+ months

30. During how many pregnancies did you have nausea and vomiting severe enough to require IV fluid or medical treatment?

- 0 pregnancies
- 1
- 2
- 3
- 4
- 5+ pregnancies

31. During the past two years, what is the difference between your highest and lowest weight (excluding illness and pregnancy)?

- No change
- 2-4 lbs
- 5-9 lbs
- 10-14 lbs
- 15-29 lbs
- 30-49 lbs
- 50+ lbs

32. During the past two years, have you had unintentional weight loss (e.g., due to illness, unusual stress, depression)?

- No
- Yes

33. During the past two years, which primary methods have you used to control your weight?

- None
- Medication/diet pills
- Exercise
- Commercial diet program (e.g., Weight Watchers)
- Calorie restriction
- Commercial diet supplement (e.g., Slim-Fast)
- Low-fat diet
- Crash diet/fasting
- Cigarette smoking
- Gastric surgery
- Other

34. During the past two years, have you taken any of the following prescription weight loss medications? (Mark all that apply.) (If taking "fen-phen," mark both fenfluramine and phentermine)

- fenfluramine (Pondin)
- phentermine (Fastin)
- dexfenfluramine (Redux)
- never took these medications

For how many months did you take this medication?

- < 2 months
- 2-4
- 5-9
- 10-14
- 15-19
- 20-24
- 25+ months

35. For each alcoholic beverage, what percent is consumed with meals?

- Beer ...
- White Wine ...
- Red Wine ...
- Liquor ...

36. In the past two years, have you had:

- Colonoscopy/Sigmoidoscopy
- Mammogram
- Bimanual pelvic exam

Thank You! Please return in enclosed envelope to:

Dr. Walter Willett, NHSII
181 Longwood Avenue
Boston, MA 02115

Mark Rellef® by NCS EM-21155-2-654321
Printed in U.S.A.
37. Following are questions about your physical activity at various times in your life and at various intensity levels. For each age range below, please estimate the average amount of time that you spent in these activities. We recognize that this is a difficult task, but we ask that you estimate your activity over seasons and years during the given age categories.

a) Walking to and from School or Work

<table>
<thead>
<tr>
<th>Grades 7-8</th>
<th>Average hours per WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 18-22</td>
<td>0.5</td>
</tr>
<tr>
<td>Ages 23-29</td>
<td>0.0</td>
</tr>
<tr>
<td>Ages 30-34</td>
<td>0.0</td>
</tr>
</tbody>
</table>

b) TV Watching

<table>
<thead>
<tr>
<th>Grades 7-8</th>
<th>Average hours per WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 18-22</td>
<td>1</td>
</tr>
<tr>
<td>Ages 23-29</td>
<td>0.0</td>
</tr>
<tr>
<td>Ages 30-34</td>
<td>0.0</td>
</tr>
</tbody>
</table>

c) Strenuous Recreational Activity

<table>
<thead>
<tr>
<th>Grades 7-8</th>
<th>Average hours per WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 18-22</td>
<td>0.0</td>
</tr>
<tr>
<td>Ages 23-29</td>
<td>0.0</td>
</tr>
<tr>
<td>Ages 30-34</td>
<td>0.0</td>
</tr>
</tbody>
</table>

d) Moderate Recreational Activity

<table>
<thead>
<tr>
<th>Grades 7-8</th>
<th>Average hours per WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 18-22</td>
<td>0.0</td>
</tr>
<tr>
<td>Ages 23-29</td>
<td>0.0</td>
</tr>
<tr>
<td>Ages 30-34</td>
<td>0.0</td>
</tr>
</tbody>
</table>

e) Which category best describes your work outside the home during each of the age ranges listed below?

<table>
<thead>
<tr>
<th>Ages 23-29</th>
<th>Average hours per WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 30-34</td>
<td>0.0</td>
</tr>
<tr>
<td>Current employment</td>
<td>0.0</td>
</tr>
</tbody>
</table>

38. The following items are about activities you might currently do during a typical day. Does your health now limit you in these activities? If so, how much?

(Mark one response on each line.)

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports...

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf...

Lifting or carrying groceries...

Climbing several flights of stairs...

Climbing one flight of stairs...

Bending, kneeling, or stooping...

Walking more than a mile...

Walking several blocks...

Walking one block...

Bathing or dressing yourself...

39. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks ...

(Mark one response on each line.)

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?...
40. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

41. Please choose the answer that best describes how true or false each of the following statements is for you. (Mark one response on each line.)

- Over the past 4 weeks, I have felt about the same as I have felt during the past year
- I seem to get sick a little easier than other people
- I am as healthy as anybody I know
- I expect my health to get worse
- My health is excellent

42. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (Mark one response on each line.)

- Cut down the amount of time you spent on work or other activities
- Accomplished less than you would like
- Didn't do work or other activities as carefully as usual

43. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

44. How much bodily pain have you had during the past 4 weeks?

- None
- Very mild
- Mild
- Moderate
- Severe
- Very severe

45. During the past 4 weeks, how much did bodily pain interfere with your normal work (including both work outside the home and housework)?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

46. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Mark one response on each line.)

- Cut down the amount of time you spent on work or other activities
- Accomplished less than you would like
- Were limited in the kind of work or other activities
- Had difficulty performing the work or other activities (for example, it took extra effort)

47. In general, would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

48. What is your current marital status?

- Married
- Divorced/Separated
- Widowed
- Never Married

49. What is your current living arrangement? (Mark all that apply.)

- Alone
- With husband/partner
- With children
- With other family
- Other

50. Since June 1995, how many months have you worked rotating night shifts (at least 3 nights/month in addition to other days and evenings in that month)?

- None
- 1-4 months
- 5-9
- 10-14
- 15-19
- 20+ months

51. Which best describes your current employment status?

- Inpatient or ER Nurse
- Outpatient/Community
- OR Nurse
- Nursing Education
- Other Nursing Administration
- Non-nursing employment
- Fulltime Homemaker
- Disabled

52. If you have been employed within the past 2 years, the following questions relate to your current or most recent job:

- Not employed in past 2 years

Please choose the answer which best describes the degree to which you agree or disagree with each of the following statements.

- My job requires that I learn new things
- My job involves a lot of repetitive work
- My job requires me to be creative
- My job allows me to make a lot of decisions on my own
- My job requires a high level of skill
- On my job, I have very little freedom to decide how I do my work
- I get to do a variety of different things on my job
- I have a lot of say about what happens on my job
- I have an opportunity to develop my own special abilities
- My job requires working very fast
- My job requires working very hard
- My job requires lots of physical effort
- I am not asked to do an excessive amount of work
- I have enough time to get the job done
- My job security is good
- I am free from conflicting demands that others make

Thank you! Please return forms in prepaid return envelope to:

Nurses’ Health Study II, Dr. Walter Willett, 181 Longwood Ave., Boston, MA 02115