

NURSES' HEALTH STUDY II



Channing Laboratory • 181 Longwood Avenue • Boston, Massachusetts 02115 •
 Telephone (617) 525-2279 • Facsimile (617) 525-2008



The attached Nurses' Health Study II "short form" continues our follow-up of the information which you first provided in 1989. We have made this questionnaire as brief as possible, knowing how busy your life can be. We would be **extremely** grateful to receive your completed survey in the next few weeks.

The validity of this major research undertaking depends directly on complete and accurate follow-up information for all study members. Your continued participation is critical whether or not you are currently active in nursing. As always, the information you provide is strictly confidential and will be used only for medical statistical purposes.

It is with our deepest gratitude that we thank you again for the time and care that you have continued to offer in furthering the study of women's health.

Sincerely,

Walter Willett

Professor of Epidemiology, Nutrition, and Medicine

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. If you change a response, erase the incorrect mark completely, and write any comments on a separate page.



EXAMPLE 1:

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

12. Since June 1997, have you had any of these physician-diagnosed illnesses?	YEAR OF DIAGNOSIS			
MARK HERE FOR "YES"	BEFORE JUNE 1 1997	JUNE 97 TO MAY 99	AFTER JUNE 1 1999	
Elevated cholesterol	0	0	•	
Melanoma	PO.	0	0	
Basal cell skin cancer	-0		0	

EXAMPLE 2:

Keep handwriting within the borders of the response box.



Thank you for completing the 1999 Nurses' Health Study II Short Form.

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.

-	you currently smoke cigarettes?				D@346(169
	No		, , , , , , , , , , , , , , , , , , ,			27
0	Yes How many cigarettes p	er day? 0 1–4 0) 5–14 () 15–24	O 25-34 O 3	5-44 () 45+	
₩						- (4) (9) (1) - (5) (1) (12
3. Do	you CURRENTLY use any of these	forms of contraception? (N	lark all that apply.)			
	None Tubal ligation	O Foam/Jelly/Sponge	O Condom	O Depo-Provera		O Norplan
0	Vasectomy Oral contraceptive	e O Intrauterine device	O Rhythm/NFP	O Diaphragm/Ce	ervical cap (Other
9						
	NCE JUNE 1997, have you used ora	al contraceptives (OC's)? did you use OC's during the	24 month norice	hotason lune 10	07 and lune	10007
	No 1 month or less		-14 () 15-19 (37 and June	13331
	b. How many months of	did you use OC's during the	e period between .	June 1999 and the	present?	
	1 month or less	2-4 05-9 010	- 14 ○ 15-19 (20+ months		
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, Ol	NCE JUNE 1997, have you been pro	egnantr				
a.	Are you currently pregnant?					
		art b, but do NOT fill in a bubl	ble in part b for your	current pregnancy.		
b.	For each pregnancy ending after J	UNE 1, 1997, fill in a respons	se bubble for the yea	ar during which ea	ch pregnancy	ended.
		Pregnancies lasting		ncies lasting		
	Calendar Year	6 months or more	less th	an 6 months		
**		Single Births Twins/Triple	ets Miscarriages	Induced Abortic	ons	
	6/1/97-12/31/97 1998	0	0	0		
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Herniated lumbar disk, CT/MRI confirmed (Y) () () () () () () () () () () () () (789	0234567	0 1 2 3 4		0	0	0	Y	PERSONAL CONTROL CONTROL MARCHEST PROCESSION CONTROL C
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Rheumatoid arthritis, doctor diagnosed (Y) O O Rheumatoid factor onegative/unknown opositive Other arthritis (Y) O O O O O O O O O O O O O O O O O O O	789	0234567	@@@@@		0	0	0	Y	SLE (systemic lupus)
Other major illness or	a (own Opositive	O negative/unknown	Rheumatoid factor	0	0	O	(Y)	
					0	0	0	Y	Other arthritis
surgery since June 1997:				Please specify:	0	0	♦O	Y	Other major illness or
Is this your correct date of birth? ADDRESS to whom we might write in the event we									
Yes No If no, please write correct date. Month Day Year			Carried Control of the Control of th		Year	<u>,</u> / ,	Da	Month	correct date.
Name:				Name:					
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