

Nurses' Health Study II



Channing Laboratory • 181 Longwood Avenue • Boston, Massachusetts 02115-5804 •
 Telephone (617) 525-2279 • Facsimile (617) 525-2008

This is your ID

Dear Colleague:

On behalf of our entire research group, thank you for your participation in the Nurses' Health Study II. We recognize that you lead a busy life, and we are always looking for ways to make it easier for you to complete our surveys. We are excited this year to offer you the choice of completing either an on-line questionnaire or the enclosed traditional form. The on-line questionnaire is available at www.NHS2.org and can be accessed with your ID number shown above. We hope if you choose this new option, it will make participating in the study even more convenient.

As a member of the Nurses' Health Study II, you are unique and irreplaceable. Your ongoing participation is as important as ever in the quest for a greater understanding of the choices that lead to a healthy life. The enclosed questionnaire continues this important follow-up by providing updated information on your lifestyle and medical diagnoses. Following the suggestions of many study members, we have expanded our assessment of stress and social networks to better learn how these can affect the health of women.

We know that you will give the questionnaire the same careful consideration that you have given our forms since the study began in 1989. As always, all information you provide is kept strictly confidential and is used for medical statistical purposes only.

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

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

Do you have internet 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 Nurses' Health Study II.

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

We will <u>not</u> release your e-mail address to anyone!

INSTRUCTIONS

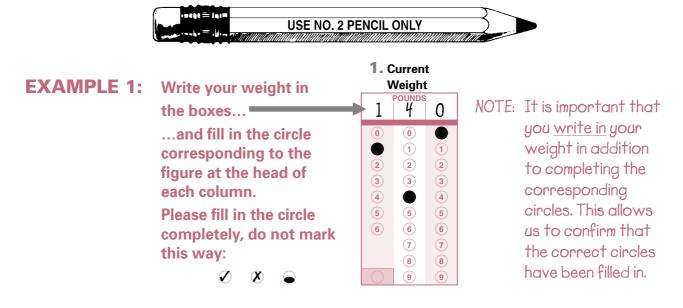
INTERNET:

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.

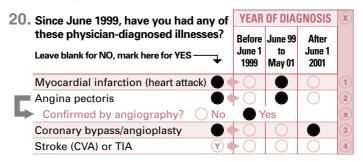
PAPER FORM:

I 4⊈F I

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



- 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 enclose it with your completed form.
- Thank you for completing the 2001 Nurses' Health Study II Questionnaire.

CURRENT	E PE	NCIL! 2. a) SINCE JUNE 1999, have you been	n pregnant?	No-Go to	question 3.	O Yes
		b) Are you currently pregnant?				
WEIGHT		No Yes-Continue with	part c, but do N	NOT fill in a bubble	e in part c for your	current pregnan
POUNDS		c) For each pregnancy <i>ending</i> after				
		which each pregnancy <i>ended</i> .		cies lasting		cies lasting
0	0	0-1 1 7		cies lasting hs or more		n 6 months
) (1)	1	Calendar Year	SINGLE BIRTHS	TWINS/TRIPLETS	MISCARRIAGES	INDUCED ABORTION
	2	6/1/99 - 12/31/99	0	0	0	0
	3	2000	Ö	Ö	\bigcirc	Ö
	4	2001	Ŏ	Ŏ	Ŏ	Ŏ
	5	2002+	$\overline{}$	$\overline{}$		$\overline{}$
	6	3. Do you CURRENTLY use any of the	se forms of co	ntraception? (M	ark all that apply	<u>(,)</u>
	7	○ None ○ Oral contrac		Condom	Diaphragm	
_	8	Vasectomy Foam/Jelly/S		Rhythm/NFP	Norplant	,,
9	9	Tubal Ligation Intrauterine [Depo Provera	Lunelle	Othe
	0	1999, have you used oral contraceptives (OCs)) Depot Tovera	Cariono	Othe
Yes =) How many months did you use OCs durin		nth period hetw	veen lune 1999	and June 2001
No	•	1 month or less 2-4 5-9	_	5–19 20–24		and June 2001
ONO		Please indicate the brand and type of OC used				
		Brand Code Sheet enclosed with this question				
Harra reac				e the code in this	DOX.	
_		tural menstrual periods ceased PERMANENTL				
No: Pr			AGE		t reason did you	ur periods ceas
_		nstrual periods periods		○ Natur		
		enopause but now have ceased:		Surgio		
		s induced by hormones		(Radia	tion or chemothe	rapy
		g., started hormones prior to cessation of period				
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. Have yoι	ı eve	r had either of your ovaries surgically remove	d?			1 2 3 4
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I his	s is your ID 🖚		20. Since June 1999, have you had any of	YEAR	R OF DIA	GNOS
11	If you have had any programming since June 190	13	these physician-diagnosed illnesses?	Before June 1	June 99 to	Afte June
11.	If you have had any pregnancies since June 199 including miscarriages, were you working as a nuduring any of these pregnancies?		Leave blank for NO, mark here for YES	1999	May 01	
			Myocardial infarction (heart attack) (y)			
	No, have not been pregnant since June 1993		Angina pectoris (Y)			
	No, was pregnant after June 1993 but was NOT		Confirmed by angiography? No	\bigcirc	Yes	
	working as a nurse during that pregnancy	(a)	Coronary bypass/angioplasty		0	\bigcirc
	Yes, have been pregnant since June 1993 AND		Stroke (CVA) or TIA			
	worked as a nurse during that pregnancy	b	Deep vein thrombosis/Pul. embolism 😗			
	If yes, would you be willing to answer a more detailed		Elevated cholesterol Y			
	questionnaire regarding this pregnancy? Yes) No	Melanoma (Y)			
12.	On average, over a 24 hour period, do you sleep:	(12)	Basal cell skin cancer (Y)			
	<5 hours 5 hrs 6 hrs 7 hrs		Squamous cell skin cancer Y			
	8 hrs 9 hrs 10+ hours		Fibrocystic/other benign breast disease Y		Ŏ	Ŏ
13.	Do you feel that your sleep duration is adequate?	13)	Confirmed by breast biopsy? O No	Ö	Yes	~
	○ No → What is the major reason that your sleep		Confirmed by aspiration?	\sim	Yes	
	Yes duration is inadequate? (Mark one answer.)		Breast cancer (Y)			
	0 163					
	Work/family activities or schedule	ovilti o - V				\square
	Medical problem (e.g., pain, breathing diffi		Specify site of			
	Leisure/social activities: reading/TV/compu		other cancer:			
4.4	Just can't get to or stay asleep (worrying or ins		Colon or rectal polyp (benign)			0
14.	Do you snore?	(14)	Ulcerative colitis/Crohn's		0	0
	Every night Most nights A few nights a	week	Gastric or duodenal ulcer			0
	Occasionally Almost never Don't know		Gallstones (Y)			
15.	On average, how often are your daily activities	15	▶ Did you have symptoms? ○ No	\bigcirc	′ es	
	affected because you are sleepy during the day?		How diagnosed? X-ray or ultras	sound	\bigcirc C	Other
	Almost every day 4–6 days/week		Cholecystectomy (Y)			
	1–3 days/week Rarely Never		High blood pressure			
16.	Is this your correct date of birth?		(not pregnancy related)			
	Yes No If no, please		Pregnancy-related high blood pressure Y			
	write correct / /		Toxemia/Pre-eclampsia of pregnancy V	Ŏ		$\overline{}$
1	date. MONTH / DAY /	YEAR	Diabetes: Not pregnancy-related (Y)			
17	Have you ever had infectious mononucleosis?	17)	Diabetes: Gestational			\vdash
	Yes Best estimate of age at diagnosis:		Hydatidiform mole of pregnancy (Y)			
		a				
		20.				
	○ Don't know ○ 16–19 ○ 20–24 ○ 25–29	30+	Endometriosis—1st diagnosis			
18.	Have you ever suffered from head trauma with los	ss of	Confirmed by laparoscopy? No		Yes	
	consciousness?	a	Uterine fibroids—1st diagnosis ()			
	Yes a) At what 0-9 10-19 20		Confirmed by pelvic exam?	\sim	Yes	
	0110 0 30 33 0 40 43 0 31	0–59	Confirmed by ultrasound/ No No	\bigcirc	Yes	
	b) How long did you lose consciousness?		Polycystic ovarian syndrome		\bigcirc	\bigcirc
	<15 minutes	1 hour	Kidney stones (Y)			0
19.	Have you ever had any of these physician-diagno	sed 19	Multiple sclerosis			
	illnesses? YEAR OF FIRST DIAG		Asthma, doctor diagnosed Y			
	LEAVE BLANK FOR "NO", Pofovo 1001 1005	2004	Emphysema/Chronic Bronchitis DrDx Y			
	MARK HERE FOR "YES" Before 1991 1995 1999 200	00 2001	Pneumonia, x-ray confirmed			
	Meningioma Y • O O		Graves' Disease/Hyperthyroidism (Y)			Ŏ
	Seizure (1 or more) / epilepsy (Y)		Hypothyroidism Y		Ŏ	Ŏ
	Gout (Y)		Thyroid nodule (benign)			
	Shingles (Y)		Herniated lumbar disk, CT/MRI confirmed Y			<u> </u>
	Premenstrual syndrome (PMS)		SLE (systemic lupus)			
						1
	Restless leg syndrome, Dr Dx Y	+	Rheumatoid arthritis, doctor diagnosed (V)			ı ()
	Low bone density Y		Rheumatoid factor negative/unkn	own	_ () p	ositiv
	Latex allergy, Dr Dx		Other arthritis (Y)		O	0
	EOD DEFICE HISE ONLY	01 A	Other major illness or surgery since (Y)			
	2 (2) (2) (2) (2) (2)	02 B	Please specify: Date:			
	0 0 1 2 3 4 5 6 7 8 9 3 8	03 C	0 1 (2) (3) (4 5 6	8 7
		11	0 1	2 3 (4 5 6	6 7

Regular Medication (Mark if			PA							N20
	used regularly in	past 2	2 years.)	26. Have	any of the following	Relat	ive's A	ge at F	irst Di	agnosis
Acetaminophen (e.g., Tyleno					gical relatives had	Before	Age 50	Age 60	Age	Age
Days/week: 1	2–3 (4–5		6+ days	Ovarian	Cancer?	Age 50	to 59	to 69	70+	Unknown
Total tabs/wk: 1–2	3–5 06–14		15+ tab	O No	Mother (Y)		0		0	
"Baby" or low dose aspirin				1 •	Sister (Y)		Ŏ	Ŏ	Ŏ	
	2-3 () 4-5		6+ days	Breast C		1 <u> </u>				
Total tabs/wk: 1-2	3–5 (6–14	~	15+ tab	O No	Mother (Y)					
				_ 110 -	One Sister (Y)		$\stackrel{\smile}{\sim}$		$\overline{}$	
Aspirin or aspirin-containing					<u>~</u>					
, .	2-3 () 4-5	~	6+ days	3	Additional Sister (Y)					
Total tabs/wk: 1-2) 3–5 () 6–14	$\overline{}$	15+ tab		r Rectal Cancer?	1				
O Ibuprofen (e.g., Advil, Motrin,				O No _	Parent (Y)			0	0	0
Days/week: 0 1) 2–3 () 4–5	$\overline{\bigcirc}$	6+ days	2 _	One Sibling (Y)			0	0	0
) 3–5 () 6–14	\bigcirc	15+ tab		Additional Sibling 😗 🛚					
Celebrex or Vioxx (COX-2 inl	hibitors)			Prostate	Cancer?					
Other anti-inflammatory anal	gesics, 2+ times/we	eek		○ No	Father (Y)				0	
(e.g., Aleve, Naprosyn, Relaf	fen, Ketoprofen, An	aprox)		•	Brother (Y)		0	0	0	
○ Thiazide diuretic ○ La	-			Uterine	Cancer?					
Calcium blocker (e.g., Calan,	Procardia, Cardizo	em)		○ No ¯	Mother (Y)					
Beta-blocker (e.g., Inderal, Lo			ard)		Sister (Y)		Ĭ		$\tilde{}$	Ŏ
ACE Inhibitors (e.g., Capoter		., Jorg	ara)	Panaraa	tic Cancer?					
	i, vasolet, Zestill)			No No	Parent (Y)					
Other antihypertensive				_ No -			$\vdash \hookrightarrow$		$\stackrel{\bigcirc}{\sim}$	
Steroids taken orally (e.g., Pr					Sibling Y	70				
"Statin" cholesterol-lowering				Melanon		, _				
Pravachol (pravastatin), Zoco	or (simvastatin), Lip	oitor, B	aycol]	O No	Parent (Y)		0	0	0	0
Other cholesterol-lowering dr	rug			<u> </u>	Sibling (Y)					
○ Insulin ○ Oral	hypoglycemic medi	lication		Myocard	dial Infarction?					
Prozac Zoloft	O Paxil	O Cel	lexa	○ No	Mother Y				0	
Other antidepressants (e.g.,	Elavil, Tofranil, Par	melor)			Father (Y)					
Minor tranquilizers (e.g., Valid	um, Xanax, Ativan,	Libriur	m)	1	Sibling (Y)					
	r H2 blocker		losec or	Stroke?						
		O Pre		○ No	Mother (Y)					
Xenical Meridia (sib		Phente	ermine		Father (Y)		Ĭ	$\tilde{}$	$\tilde{\bigcirc}$	
Other regular medication (no				I	Sibling (Y)		<u> </u>	$\overline{}$	$\tilde{}$	Ŏ
No regular medication	riced to epocity)			Diabetes						
In the past two years have	vou bodi			22 No	Mother (Y)					
	Yes	, for	Yes, for		Father (Y)					
ur ves mark all that anniv)			symptoms				$\vdash \simeq$		$\stackrel{\bigcirc}{\sim}$	
(If yes, mark all that apply.)		(Y)	(Y)		Sibling Y					
A physical exam?				Asthma ⁴		7				
A physical exam? Mammogram?	(N)	<u>(Y)</u>	Y	~ -						
A physical exam? Mammogram? Bimanual pelvic exam?	(N) (Y	Ŷ	O No	Mother Y		0	0	0	0
A physical exam? Mammogram? Bimanual pelvic exam? Fasting blood sugar?	N (N	_	(Y) (Y)	O No	Mother (Y)		0	0	0	0
A physical exam? Mammogram? Bimanual pelvic exam? Fasting blood sugar? Did you have a colonoscopy or	N (N	Y	(Y) (Y) (1) (1)	~ -	Mother Y		0	0	0	0
A physical exam? Mammogram? Bimanual pelvic exam? Fasting blood sugar?	N (N	Y	(Y) (Y)	O No	Mother (Y)		0	0	0	0
A physical exam? Mammogram? Bimanual pelvic exam? Fasting blood sugar? Did you have a colonoscopy or	N (N	(Y) (Y)	(Y) (Y) (1) (1)	No No	Mother (Y) Father (Y) Sibling (Y)	0	o	0 0 0 ? 0 N	O O O lever n	
A physical exam? Mammogram? Bimanual pelvic exam? Fasting blood sugar? Did you have a colonoscopy or since June 1, 1999?	N (N) (N) (N) (N) (N) (N) (N) (N) (N) (N	(Y) (Y)	(Y) (Y) (1) (1) (2) (2)	No No	Mother (Y) Father (Y) Sibling (Y) Offspring (Y) It is your current ma	arital	otatus		O O Never n	
A physical exam? Mammogram? Bimanual pelvic exam? Fasting blood sugar? Did you have a colonoscopy or since June 1, 1999? Yes Why did you have th sigmoidoscopy? (Maissian of the sigmoidoscopy) (Maissian of the sigmoido	N (N) (N) (N) (N) (N) (N) (N) (N) (N) (N	(Y) (Y)	(Y) (Y) (1) (1) (2) (2) (4) (4) (8) (8)	No	Mother (Y) Father (Y) Sibling (Y) Offspring (Y) t is your current maded (Midowed (Y)	arital s	rced	() S	Separat	
A physical exam? Mammogram? Bimanual pelvic exam? Fasting blood sugar? Did you have a colonoscopy or since June 1, 1999? Yes Why did you have th sigmoidoscopy? (Ma	r sigmoidoscopy ne colonoscopy or ark all that apply.) Barium	Y Y	Y Y 1 1 1 2 2 4 4 8 8 8 8	No	Mother (Y) Father (Y) Sibling (Y) Offspring (Y) It is your current maded (Widowed) Widowed (Iliving arrangement)	arital s Divo	rced rk all	O S that a _l	Separat pply.)	ted
A physical exam? Mammogram? Bimanual pelvic exam? Fasting blood sugar? Did you have a colonoscopy or since June 1, 1999? Yes Why did you have the sigmoidoscopy? (Matheral Matheral Instance) Bleeding in stool Diarrhea or constip	r sigmoidoscopy ne colonoscopy or ark all that apply.) Barium pation Abdom	Y Y	Y Y 1 1 1 2 2 4 4 8 8 8 8	No	Mother (Y) Father (Y) Sibling (Y) Offspring (Y) It is your current maded (Widowed (Iiving arrangement) With spouse of	arital s Divo	rced rk all :	Sthat ap	Separat pply.) minor	ted
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	What is your usual walking pace outdoors? Unable to wal	k									
	Easy, casual (less than 2 mph) Normal, average (2–2.9 mph)	<u> </u>	Brisk pa	ace (3-	-3.9 mp	h)(Very	brisk/s	triding (4 mph	or faste
33.	How many flights of stairs (not individual steps) do you climb	daily	?						(-	
	○ 2 flights or less ○ 3–4 ○ 5–9 ○ 10–14			15 or m	ore flig	hts					
					TII	ЛЕ РЕ	R WE	EK			
34.	DURING THE PAST YEAR, what was your average time PER		1-4	5–19	20–59	One	1–1.5	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 to work										
	Jogging (slower than 10 minutes/mile)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ		Ŏ	Ŏ	Ŏ
	Running (10 minutes/mile or faster)				Ŏ						
	Bicycling (include stationary machine)	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	Ŏ	$\overline{}$	Ŏ	Ŏ	Ŏ
	Tennis, squash, racquetball										
	Lap swimming	Ŏ	Ŏ	Ŏ	Ŏ	$\tilde{\bigcirc}$	Ŏ	$\overline{}$	Ŏ	Ŏ	Ŏ
	Other aerobic exercise (aerobic dance, ski or stair machine, etc.)										
	Lower intensity exercise (yoga, stretching, toning)	<u> </u>	Ŏ	Ŏ	Ŏ	Ŏ	$\overline{\bigcirc}$	$\overline{}$		Ŏ	Ŏ
	Other vigorous activities (e.g., lawn mowing)										
	Weight training or resistance exercises Arm weights		Ŏ		Ŏ	$\tilde{}$	$\overline{}$	$\overline{}$	<u> </u>	Ŏ	
	(Include free weights or machines such as Nautilus) Leg weights										
	(moduce free weights of machines sacin as readings)					TIME	PER V	WEEK			
35.	DURING THE PAST YEAR, on average, how many		_	1 -	1					1	l a
	HOURS PER WEEK did you spend:		Zero Hrs.	One Hour	2–5 Hrs.	6-10 Hrs.	11–20 Hrs.	21–40 Hrs.	40-60 Hrs.		Over 90 Hrs
	Standing or walking around at work or away from home? (hrs./wee	k)		110th			()				
	Standing or walking around at home? (hrs./week)	ik)	$\overline{}$		$\overline{}$	$\overline{}$	$\overline{}$		$\overline{}$		0
	Sitting at work or away from home or while driving? (hrs./week)										
	Sitting at home while watching TV/VCR? (hrs./week)					$\overline{}$					
	Other sitting at home (e.g., reading, meal times, at desk)? (hrs./we	ak)									
36	Since JUNE 1999, have you tried to become pregnant for more		ne ve	ar wit	hout s	HICCES	s?				
	Yes What was the cause? Tubal blockage Ovulat		-		ndom			Cen	/ical m	HCOHS	facto
	No (Mark all that apply.) Spouse/Partner Not inv	,		\sim	Not fou			Othe		accus	lacto
37	Since JUNE 1999, have you taken Clomiphene (e.g. Clomid) or 0			$\overline{}$							
5 7.	Since Joint 1999, have you taken Clothiphene (e.g. Clothia) of the	JUHAU							/lotro/	lin	
	Follistim) to induce ovulation?		опор	<u>,</u> c	CHOIIS	(e.g.,	Pergo	nai, i	/letro	din,	
	Follistim) to induce ovulation?	\bigcirc 1				_	_				
	Yes In how many months a. Clomiphene Not used	O 1		2–3	<u> </u>	- 5 (6–11) 12+r	no.	
38.	Yes In how many months No were these used? a. Clomiphene Not used b. Gonadotropins Not used	() 1 () 1	l (2–3 2–3	○ 4	–5 (–5 (6–11 6–11			no.	
38.	No were these used? a. Clomiphene Not used b. Gonadotropins Not used Do you currently take a multi-vitamin? (Please report other indi	() 1 () 1	l (2–3 2–3	○ 4	–5 (–5 (6–11 6–11) 12+r	no.	
38.	Yes In how many months a. Clomiphene Not used b. Gonadotropins Not used b. Gonadotropins Not used Do you currently take a multi-vitamin? (Please report other indian No Yes	0 1 0 1 vidual	vitam	2-3 2-3 nins in	0 4 0 4 quest	–5 (–5 (6–11 6–11 3.)) 12+r	no. no.	
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39.	No were these used? Do you currently take a multi-vitamin? (Please report other indi No Yes a) How many do you take per week? Do you take any of the following separate preparations on a report of MULTI-VITAMINS MENTIONI Vitamin C Vitamin E Calcium Vitamin A Beta Carotene Folio Acid	vidual vidual egular Iron Nia	vitam 2 or les basis OVE.	2-3 2-3 2-3 nins in	4 4 4 quest 3-5 Pota Zinc	–5 (–5 (iion 39	6-11 6-11 3.) 6-9	(((((((((((((((((((12+r 12+r 10 o	mo. no. r more	9
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