

NURSES' HEALTH STUDY II



We will not release

• Channing Laboratory • 181 Longwood Avenue • Boston, Massachusetts 02115-5804 • Telephone (617) 525-2279 • Fax (617) 525-2008 • E-Mail NHS2@channing.harvard.edu

This is your ID 🟓

Dear Colleague:

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.

We are excited to offer you the choice of completing either an on-line questionnaire or the attached traditional form. The on-line questionnaire is available at www.NHS2.org and can be accessed with your ID number shown above. We hope that this option will make participating in the study more convenient.

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. The questionnaire is being sent to each of the 116,671 members of NHS II and should take about 10 minutes to complete.

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 Nutrition

P.S. Your prompt reply helps avoid additional mailings.

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 the Nurses' Health Study II. Example: **NHS2@channing.harvard.edu**

Please print neatly and differentiate numbers and letters (e.g., 1 vs I or i, β vs O, 5 vs S) vous vous to anyone!

HARVARD UNIVERSITY

NURSES' HEALTH STUDY II

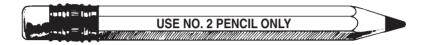
INSTRUCTIONS

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:

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

11. Have you *ever* had any of these clinician-diagnosed



Please fill in the circles completely; do not mark this way: Ø (2) (2)

- 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 return it to us.
- Thank you for completing the 2005 Nurses' Health Study II Questionnaire.

Federal research regulations require us to include the following information: There are no direct benefits to you from participating in this study. The risk of breach of confidentiality associated with participation in this study is very small. Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty. You may skip any question you do not wish to answer. You will not receive monetary compensation for participating. If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Human Subjects Committee at the Harvard School of Public Health (617-384-5480).

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O No O Yes ➡ H	low many cigarettes per day	• 0 1-4 (5-14 () 15-24	25–34	35-44 () 45-	
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O No	. How many months did you 1 month or less 2-4 . Please indicate the brand a (e.g., Ortho-Novum 1/50).	05-9 010-14	○ 15–19 ○ 20	<u> </u>	<u> </u>	a) 36+ months b
- SINCE JUNE 2	2003, have you been pregnant?	,				(5)
	. Are you currently pregnant?					a
O No	O No O Yes-Continue with					Ь
b	. For each pregnancy <i>ending</i> a each pregnancy <i>ended</i> .		-			
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	6/1/03-12/31/2003	0	0			4
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Since June 2003, have you had any of these physician-diagnosed illnesses?			EAR	OF		2
LEAVE BLANK FOR "NO".			AGNO			(4)
MARK HERE FOR "YES"	-	JUNE 1	JUNE '03 TO	JUNE 1		8
	*	2003	MAY 2005	2005		(P)
Myocardial infarction (heart attack)	(Y)	$\overline{\mathbf{O}}$	$\left \begin{array}{c} 0 \\ 0 \end{array} \right $	\bigcirc		
Angina pectoris	(\mathbf{v})	$\overline{\mathbf{O}}$	\bigcirc	\bigcirc	Confirmed by angiography? ONO Yes	a (
Coronary bypass/angioplasty	(Y)	\mathbf{O}	\bigcirc	\bigcirc		¢
Stroke (CVA)	(Y)	O	0	0		¢
Transient ischemic attack (TIA)	(Y)		$ \bigcirc$	$ $ \bigcirc		0
Deep vein thrombosis/Pul. embolism	(Y)		0	Ο		¢
Melanoma	(Y)		0	0		(
Basal cell skin cancer	(Y)		0	0		(
Squamous cell skin cancer	(Y)		Ō	0		¢
Fibrocystic/other benign breast disease	Ý	Ŏ	Õ	Õ	Confirmed by breast biopsy?	
Breast cancer	(Y)		0	\bigcirc	Confirmed by aspiration?	<u>(</u>)
Other cancer	(\mathbf{Y})	Ň	Ŏ	Õ	Specify site and date of diagnosis:	6
	\smile	$1 \smile$				
Colon or rectal polyp (benign)	(Y)		\bigcirc	\cap		6
Ulcerative colitis/Crohn's disease	$\overline{\mathbb{O}}$		$\overline{0}$	6		
Gastric or duodenal ulcer	$\overline{()}$	K	$\overline{0}$			
		K	- č			
Barrett's Esophagus		\mathbf{C}	$\left \begin{array}{c} O \end{array} \right $	$\left \begin{array}{c} \\ \\ \\ \\ \end{array} \right $	Did you have symptoms? ONO OYes	
Gallstones	(Y)				Did you have symptoms? No Yes How diagnosed? X-ray or ultrasound Other	(a) (b)
Cholecystectomy	(Y)		0	0		(
Diabetes	(Y)	Ó	Ó	0		C
Elevated Cholesterol	(Y)	Ň	Õ	Õ		0
High blood pressure	Ŷ	Ň	Õ	Õ		6
Endometriosis, 1st diagnosis	(Y)	N	$\overline{0}$	Õ	Confirmed by laparoscopy?	
Uterine fibroids, 1st diagnosis	()	Ŏ	Ŏ	Õ	Confirmed by pelvic exam?	
Premenstrual syndrome (PMS)	(Y)			\bigcirc	Confirmed by ultrasound or hysterectomy? ONO Yes	(b) (f
		$\overline{\bigcirc}$				
Kidney stones	()	\mathbf{C}	\square			e de la companya de l
Multiple sclerosis	(Y)	$\frac{1}{2}$				a 🛛
Asthma, doctor diagnosed	\bigcirc	$\overline{\bigcirc}$		$\left \begin{array}{c} 0 \\ 0 \end{array} \right $		e e
Emphysema/Chronic Bronchitis DrDx	(Y)	$\overline{\mathbf{O}}$	$\left \begin{array}{c} 0 \\ 0 \end{array} \right $	$\left \begin{array}{c} 0 \\ 0 \end{array} \right $	0 1 2 3 4 5 6 7 8 9	E
Pneumonia, x-ray confirmed	\bigcirc	$\overline{\mathbf{O}}$	$\left \begin{array}{c} 0 \end{array} \right $	\bigcirc		C C
Graves' Disease/Hyperthyroidism	(Y)	\mathbf{O}	0	\bigcirc		, (
Hypothyroidism	\bigcirc	<u> </u>	0	0	0 1 2 3 4 5 6 7 8 9	Q
Thyroid nodule (benign)	(Y)	O	0	0	0 1 2 3 4 5 6 7 8 9	¢
Gout	(Y)		0	0		(
SLE (systemic lupus)	(Y)		0	0		C
Rheumatoid arthritis, doctor diagnosed	(Y)	O	0	0	Rheumatoid factor Onegative/unknown Opositive	
Other arthritis	(Y)	Ó	Ō	0		(
Depression, clinician Dx	$\tilde{\mathbf{Y}}$	Ó	Ŏ	Ó		¢
Other major illness or	(Y)	Õ	Õ	Õ	Please specify: Date:	(
surgery since June 2003:						C
Is this your correct date of birth?						
-		/	/			
Yes No If no, please write correct date.	/lonth	Day	, / ,	Year		
	_	<u> </u>	100			
Do you currently take multi-vitamins	7	0	res () No		C
Please indicate the name of someon unable to contact you:	e at a	DIFF	EREN	<u>r per</u>	<u>ANENT ADDRESS</u> to whom we might write in the event we are	(
Name:						

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