17. Since June 2009, have you had any of these clinician-diagnosed illnesses? Leave blank for NO, mark box for YES.

- Myocardial infection (heart attack)
- Angina pectoris
- Transient ischemic attack (TIA)
- Pulmonary embolus
- Fibrocystic breast disease
- Breast cancer
- Cancer of the uterus (endometrial)
- Cancer of the ovary
- Colitis or rectal polyp (polyps)
- Ulcerative colitis or Crohn’s
- Ulcerative or Crohn’s
- Other cancer:
  - Specify site of

18. In the past two years have you had:

- A physical exam?
- Mammmogram or other breast imaging?
- Fasting blood sugar?
- Upper endoscopy?
- Venous CT angiography?
- Colonoscopy?
- Sigmoidoscopy?
- Initial reason(s) you had Colonoscopy/Sigmoidoscopy?

19. Regular Medication (Mark if used regularly in past 2 years.)

- 

20. Is this your correct date of birth?

Do you have 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
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).

### Instructions

**INTERNET:**
Go to our website at [www.NHS2.org](http://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 online.

**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 provided and erase any incorrect marks completely. If you have comments, please write them on a separate piece of paper.

**EXAMPLE A)**
Mark “Yes” bubble and Year of Diagnosis bubble for each illness you have had diagnosed.

**EXAMPLE B)**
AGE natural periods ceased:

<table>
<thead>
<tr>
<th>AGE</th>
<th>Print numbers neatly within boxes. Your writing will be read by our scanner.</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

- 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 accurate, please make any necessary changes on the letter and return it to us.
- Thank you for completing the Nurses’ Health Study II Questionnaire.

---

**1.** Do you currently smoke cigarettes?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**2.** Do you currently smoke other tobacco products?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**3.** Have you had your uterus removed?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**4.** Have you had either of your ovaries surgically removed?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**5.** Have your natural menstrual periods ceased PERMANENTLY?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**6.** Are you currently using oral contraceptives for any reason?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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**7.** Have any of your biological children been diagnosed with the following diseases?

<table>
<thead>
<tr>
<th>Disease</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

---

**8.** Since June 2009, have you used prescription female hormones? (Not including oral contraceptives)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**9.** Are you currently using any of these over-the-counter (OTC) preparations for hormone replacement?

<table>
<thead>
<tr>
<th>Preparations</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**10.** Which best describes your current employment status?

<table>
<thead>
<tr>
<th>Status</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**11.** In June 2009 to June 2011, how many months have you worked WORKING NIGHT shifts (at least 3 nights/month in addition to other days and evenings in that month)?

<table>
<thead>
<tr>
<th>Months</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**12.** In your current job, on how many days per week, on average, do you use spray or aerosol products?

<table>
<thead>
<tr>
<th>Days</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**13.** Thinking about your current job and the use of disinfectants (such as ethylene oxide, hydrogen peroxide, ortho-phthalaldehyde, formaldehyde, glutaraldehydes and bleach):

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**14.** On average, how often in the past year have you experienced any amount of accidental bowel leakage?

<table>
<thead>
<tr>
<th>Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**15.** In the past two years, have you had two or more weeks or longer when nearly every day you felt sad, blue or depressed for most of the day?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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**16.** In the past two years, have you had gastrointestinal bleeding that required hospitalization or a transfusion?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
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EXAMPLE A) Mark “Yes” bubble and Year of Diagnosis bubble for each illness you have had diagnosed.

17. Since June 2009, have you had any of these clinician-diagnosed illnesses?

Leaves mark for No, mark here for YES

Angina pectoris

Mycocardial infarction (heart attack)

Angina pectoris, angina pectoris, or similar

Transient ischemic attack (TIA)

Yes

No

EXAMPLE B) AGE natural periods ceased:

Print numbers neatly within boxes. Your writing will be read by our scanner.

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HARVARD UNIVERSITY NURSES’ HEALTH STUDY II

1. USE NO. 2 PENCIL ONLY.

2. Do you currently smoke cigarettes?

a) Yes

b) No

c) None

3. Have you had your uterus removed?

a) No

b) Yes

4. Have you ever had either of your ovaries surgically removed?

a) No

b) Yes

5. Have your natural menstrual periods ceased PERMANENTLY?

a) No

b) Yes

6. Which estrogen are you currently using?

a) Premarin (pink)

b) Prempro (beige)

c) Micronized (e.g., Prometrium)

d) Other progesterone (specify type)

e) Other estrogens or estrogen plus progesterone (specify type)

7. Have any of your biological children been diagnosed with the following diseases?

a) Type 1 diabetes (insulin dependent)

b) Type 2 diabetes

c) Cystic fibrosis

d) Asthma

e)5 or more

f) None

8. Since June 2009, have you used prescription female hormones? (Not including oral contraceptives)

a) Yes

b) No

9. Are you currently using any of these over-the-counter (OTC) preparations for hormone replacement?

a) Soy estrogen products

b) Black cohosh (e.g., Remifemin)

9. Are you currently using any of these over-the-counter (OTC) preparations for hormone replacement?

a) Oral or Patch Estrogen: Days per Month

1.30 mg/day or less

2.30 mg/day or greater

9. Are you currently using any of these over-the-counter (OTC) preparations for hormone replacement?

b)Other progesterones (specify type)

c) Other hormones

d) None

10. Which best describes your current employment status?

a) F/T homemaker

b) Part-time home

c) Full-time home

d) Never

11. From June 2009 to June 2011, how many months have you worked ROTATING night shifts (at least 3 nights/month in addition to other days and evenings in that month)?

1. 0

2. 1–3

3. 3–6

4. 6–9

5. 9–18

6. 19–26

7. 27 or more

12. In your current job, on how many days per week, on average, do you use spray or aerosol products?

a) Never

b) 1–3 days/week

c) 4–7 days/week

13. Thinking about your current job and the use of disinfectants (such as ethylene oxide, hydrogen peroxide, ortho-phenaldehyde, formaldehyde, glutaraldehyde and bleach):

a) How many days per week, on average, do you clean medical instruments with disinfectants?

1. 0

2. 1

3. 2–3

4. 4–7

14. On average, how often in the past year have you experienced any amount of accidental bowel leakage?

a) None

b) Less than once/month

c) 1–3 times/month

d) 4–7 times/month

15. In the past two years, have you had two weeks or longer when nearly every day you felt sad, blue or depressed for most of the day?

a) No

b) Yes

16. In the past two years, have you had gastrointestinal bleeding that required hospitalization or a transfusion?

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2. 1

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1. 0

2. 1

3. 2–3

4. 4–7

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a) None

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c) 1–3 times/month

d) 4–7 times/month

21. In the past two years, have you had two weeks or longer when nearly every day you felt sad, blue or depressed for most of the day?

a) No

b) Yes

22. In the past two years, have you had gastrointestinal bleeding that required hospitalization or a transfusion?

a) No

b) Yes

23. Thinking about your current job and the use of disinfectants (such as ethylene oxide, hydrogen peroxide, ortho-phenaldehyde, formaldehyde, glutaraldehyde and bleach):

a) How many days per week, on average, do you clean medical instruments with disinfectants?

1. 0

2. 1

3. 2–3

4. 4–7

24. On average, how often in the past year have you experienced any amount of accidental bowel leakage?

a) None

b) Less than once/month

c) 1–3 times/month

d) 4–7 times/month

25. In the past two years, have you had two weeks or longer when nearly every day you felt sad, blue or depressed for most of the day?

a) No

b) Yes

26. In the past two years, have you had gastrointestinal bleeding that required hospitalization or a transfusion?

a) No

b) Yes

27. Thinking about your current job and the use of disinfectants (such as ethylene oxide, hydrogen peroxide, ortho-phenaldehyde, formaldehyde, glutaraldehyde and bleach):

a) How many days per week, on average, do you clean medical instruments with disinfectants?

1. 0

2. 1

3. 2–3

4. 4–7

28. On average, how often in the past year have you experienced any amount of accidental bowel leakage?

a) None

b) Less than once/month

c) 1–3 times/month

d) 4–7 times/month

29. In the past two years, have you had two weeks or longer when nearly every day you felt sad, blue or depressed for most of the day?

a) No

b) Yes

30. In the past two years, have you had gastrointestinal bleeding that required hospitalization or a transfusion?

a) No

b) Yes