

NURSES' HEALTH STUDY II

Channing Laboratory • 181 Longwood Avenue • Boston, Massachusetts 02115-5804



HARVARD
T.H. CHAN
SCHOOL OF PUBLIC HEALTH

Telephone (617) 525-2279

• Fax (617) 525-2008

• E-Mail NHS2@channing.harvard.edu

This is your ID →

Your email:

Please print your email address in the box so that we may send you occasional updates from the Nurses' Health Study II.

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

We will not 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 online.

PAPER FORM:

Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely.



EXAMPLE

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

12. Since June 2013, have you had any of these clinician-diagnosed illnesses?

LEAVE BLANK FOR "NO", MARK HERE FOR "YES" →

	YEAR OF DIAGNOSIS			12
	Before June 1 2013	June '13 to May '15	After June 1 2015	
Myocardial infarction (heart attack)	<input checked="" type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	1
Angina pectoris	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	2
Confirmed by angiography? <input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
Coronary bypass, angioplasty or stent	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	4
Transient ischemic attack (TIA)	<input checked="" type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	

Please fill in the circles completely; do not mark this way: ✓ ✗ ●

Thank you for completing the 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 Brigham and Women's Hospital (617-424-4100).

1. PLEASE USE PENCIL

CURRENT WEIGHT		
POUNDS		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

2. Do you currently smoke cigarettes?
 No Yes ➔ How many/day? 1-4 5-14 15-24 25-34 35-44 45+ 2 a

3. Have you had your uterus removed?
 No Yes ➔ Date of surgery: Before June 1, 2013 After June 1, 2013 3 a

4. Have you ever had either of your ovaries surgically removed?
 No Yes ➔ a) How many ovaries do you have remaining? None One 4 a

5. Have your natural menstrual periods ceased PERMANENTLY?
 No: Premenopausal
 Yes: No menstrual periods
 Yes: Had menopause but now have periods induced by hormones
 Not sure (e.g., perimenopausal) 5 a

a) AGE natural periods ceased:

AGE	

 ➔ b) For what reason did your periods cease?
 Natural Surgery b
 Endometrial ablation
 Radiation or Chemo. b

6. Are you currently using oral contraceptives for any reason?
 No Yes 6

7. Since June 2013, have you used prescription female hormones? (Not including oral contraceptives.)
 Yes ➔ a) How many months did you use hormones since June 2013?
 1-4 months 5-9 10-14 15-19 20-25 26-30 31-35 36+ months 7 a
 No 7 b

b) Are you currently using them (within the last month)? Yes No **If No, skip to Part d** b

c) Mark the type(s) of hormones you are CURRENTLY using:
Combined: Prempro Premphase Combipatch FemHRT 7
Estrogen: Oral Premarin or conjugated estrogen Patch Estrogen Vaginal Estrogen Estrace 8
 Estrogen gels, creams, or sprays on skin Estratest Other Estrogen (specify in box below) 8
Progesterone/Progestin: Provera/Cycrin/MPA Vaginal Micronized (e.g., Prometrium) 9
 Other progesterone (specify type) 9

Other hormones CURRENTLY used: Bioidentical estrogen Testosterone 2
 Bioidentical progesterone Other (specify in box) 3

d) If you used oral conjugated estrogen (e.g., Premarin) since June 2013, what dose did you usually take?
 .30 mg/day or less .45 mg/day .625 mg/day .9 mg/day 4
 1.25 mg/day or higher Unsure Did not take oral conjugated estrogen 5

8. 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?
 No Yes 8

9. In the past two years, have you had gastrointestinal bleeding that required hospitalization or a transfusion?
 No Yes 9

10. In the past two years, have you been diagnosed with an episode of:
a) Diverticulitis (NOT diverticulosis) that required antibiotics and/or hospitalization?
 No Yes ➔ If Yes, did you require surgery for diverticulitis? No Yes a
b) Diverticular bleeding that required blood transfusion and/or hospitalization?
 No Yes b
c) Diverticulosis of the colon WITHOUT diverticulitis or diverticular bleeding?
 No Yes c

11. Has a clinician ever diagnosed you with any of the following conditions?
 Celiac disease
 Fatty liver disease and/or cirrhosis
 Glaucoma
 Sarcoidosis
 None of these 11

Please continue on the back of this page.

12. Since June 2013, have you had any of these clinician-diagnosed illnesses?

YEAR OF DIAGNOSIS: Before June 1 2013, June '13 to May '15, After June 1 2015

LEAVE BLANK FOR "NO", MARK HERE FOR "YES"

Table with 5 columns: Illness name, Before June 1 2013, June '13 to May '15, After June 1 2015, and a 'Y' marker column. Includes conditions like Myocardial infarction, Angina pectoris, Stroke, Cancer, Diabetes, etc.

Other major illness or surgery since June 2013

Please specify: [] Date: []

FOR OFFICE USE ONLY: Grid for recording counts (0-9) and letters (P).

13. In the past two years have you had: (If yes, mark all that apply)

Table with 4 columns: Question, No, Yes, for screening, Yes, for symptoms. Includes A physical exam, Mammogram, Eye exam, Fasting blood sugar, etc.

Initial reason(s) you had Colonoscopy/Sigmoidoscopy?

- Visible blood, Occult fecal blood, Abdominal pain, Diarrhea/constipation, Family history of colon cancer, Fecal/stool DNA testing, Follow-up of (virtual) CT colonoscopy, Prior polyps, Asymptomatic or routine screening

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

- Acetaminophen (e.g., Tylenol), Aspirin or aspirin-containing products, Ibuprofen (e.g., Advil, Motrin, Nuprin), Celebrex (COX-2 inhibitors), Other anti-inflammatory analgesics, Thiazide diuretic, Calcium blocker, Beta-blocker, ACE inhibitors, Angiotensin receptor blocker, Other anti-hypertensive, Coumadin, Prasugrel (Effient), Digoxin, Antiarrhythmic, Mevacor (lovastatin), Zocor (simvastatin), Crestor, Pravachol (pravastatin), Lipitor (atorvastatin), Other statin, Other cholesterol-lowering drug, Steroids taken orally, Insulin, Metformin, Other oral hypoglycemic agents, Thyroid hormone, Triptans, Bisphosphonates, Evista (raloxifene), Nolvadex (tamoxifen), Anticholinergics, SSRIs, Tricyclics, Other antidepressants, Minor tranquilizers, Prilosec, Nexium, Prevacid, Protonix, Aciphex, Dexilant, H2 blocker

15. Is this your correct date of birth?

Yes/No options, If no, please write correct date. MONTH / DAY / YEAR