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)
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?

<table>
<thead>
<tr>
<th>Illness</th>
<th>Before June 1 2013</th>
<th>June '13 to May '15</th>
<th>After June 1 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myocardial infarction (heart attack)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angina pectoris</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmed by angiography?</td>
<td>No</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Coronary bypass, angioplasty or stent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transient ischemic attack (TIA)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 | 0 | 0 | 0 |
| 1      | 1 | 1 | 1 |
| 2      | 2 | 2 | |
| 3      | 3 | 3 | 3 |
| 4      | 4 | 4 | 4 |
| 5      | 5 | 5 |
| 6      | 6 |
| 7      | 7 |
| 8      | 8 |
| 9      | 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+

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

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

5. Have your natural menstrual periods ceased PERMANENTLY?
   - No: Menopausal or menarcheal if younger than 40
   - No: Menopause would not have occurred but for hormones
   - Yes: Perimenopausal
   - Yes: Menopause but now have periods induced by hormones
   - Age at last period:
     - Under 45
     - 45–49
     - 50–54
     - 55–59
     - 60–64
     - 65–69
     - 70–74
     - 75+

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

7. Since June 2013, have you used prescription female hormones? (Not including oral contraceptives.)
   - Yes
   - No
   - 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
   - b) Are you currently using them (within the last month)?
     - Yes
     - No
   - c) Mark the type(s) of hormones you are CURRENTLY using:
     - **Combined**
       - Prempro
       - Premphase
       - CombiPatch
       - FemHRT
     - **Estrogen**
       - Oral Premarin or conjugated estrogen
       - Patch Estrogen
       - Vaginal Estrogen
       - Estrace
       - Estradiol gels, creams, or sprays on skin
       - Estratest
       - Other estrogen (specify in box below)
     - **Progesterone/Progestin**
       - Provera/Cycrin/MPA
       - Vaginal
       - Micronized (e.g., Prometrium)
     - Other progesterone (specify type)
     - **Other hormones CURRENTLY used**
       - Bioidentical estrogen
       - Testosterone
       - Bioidentical progestrone
       - Other (specify in box)
   - 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
     - 1.25 mg/day or higher
     - Unsure
     - Did not take oral conjugated estrogen

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

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

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
    - b) Diverticular bleeding that required blood transfusion and/or hospitalization?
      - No
      - Yes
    - c) Diverticulosis of the colon WITHOUT diverticulitis or diverticular bleeding?
      - No
      - Yes

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

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Please continue on the back of this page.
<table>
<thead>
<tr>
<th>Year of Diagnosis</th>
<th>Before June 1 2013</th>
<th>June 1 '13 to May '15</th>
<th>After June 1 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angina pectoris</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myocardial infarction (heart attack)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coronary bypass, angioplasty or stent</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transient ischemic attack (TIA)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke (CVA)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulmonary embolus</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deep vein thrombosis</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fibrocystic/other benign breast disease</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmed by breast biopsy?</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast cancer</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer of the uterus (endometrium)</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Cancer of the ovary</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colon or rectal polyp (benign)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer of the colon or rectum</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melanoma</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basal cell skin cancer</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Squamous cell skin cancer</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Other cancer</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specify site of other cancer</td>
<td></td>
<td></td>
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<tr>
<td>Crohn’s/Ulcerative or Microscopic colitis</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dysplastic nevus (Atypical mole)</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Gastric or duodenal ulcer</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Barrett’s esophagus</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elevated cholesterol</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>High blood pressure</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney stones</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma, Clinician diagnosed</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Emphysema/Chronic bronchitis</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Graves’ disease/Hyperthyroidism</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Hypothyroidism</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperparathyroidism</td>
<td>Yes</td>
<td></td>
<td></td>
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<tr>
<td>Gout</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peripheral neuropathy</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLE (systemic lupus)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other arthritis</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression, Clinician diagnosed</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parkinson’s disease</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alzheimer’s or other dementia</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastric banding/bypass/sleeve</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fractures: Wrist or Collie’s Fracture</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip Fracture</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vertebral fracture</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other major illness or surgery since June 2013</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Before June 1 2013</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>After June 1 2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

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

- A physical exam?
- Mammogram (or other breast imaging)?
- Eye exam by doctor?
- Fasting blood sugar?
- Upper endoscopy? (Virtual) CT Colonoscopy?
- Colonoscopy?
- Sigmoidoscopy?

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)
- “Baby” or low dose aspirin (100 mg or less/tablet)
- “Baby” or low dose aspirin-containing products (325 mg or more/tablet)
- Ibuprofen (e.g., Advil, Motrin, Naproxen)
- Celebrex (COX-2 inhibitors)
- Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Clinoril, Relafen, Indocin)
- Thiazide diuretic
- Lasix
- Potassium
- Calcium blocker (e.g., Calan, Procardia, Cardizem, Norvasc)
- Beta-blocker (e.g., Lopressor, Tenormin, Coreg)
- ACE inhibitors (e.g., Capoten, Vasotec, Zestril)
- Angiotensin receptor blocker (e.g., Diovan, Cozaar, Avapro)
- Thiazide diuretic
- Lasix
- Potassium
- Calcium blocker (e.g., Calan, Procardia, Cardizem, Norvasc)
- Beta-blocker (e.g., Lopressor, Tenormin, Coreg)
- ACE inhibitors (e.g., Capoten, Vasotec, Zestril)
- Angiotensin receptor blocker (e.g., Diovan, Cozaar, Avapro)
- Other anti-hypertensive (e.g., clonidine, doxazosin)
- Coumadin
- Pradaxa/Xarelto/Eliquis
- Plavix
- Prasugrel (Effient)
- Digoxin
- Antiarrhythmic
- Mevacor (lovastatin)
- Zocor (simvastatin)
- Crestor
- Pravachol (pravastatin)
- Lipitor (atorvastatin)
- Other statin
- Other cholesterol-lowering drug (e.g., niacin, Lopid (gemfibrozil), Pravachol (pravastatin), Crestor (atorvastatin), Questran (cholestyramine), Colestid, Zetia)
- Steroids taken orally (e.g., Prednisone, Decadron, Medrol)
- Insulin
- Metformin
- Other oral hypoglycemic agents
- Thyroid hormone (e.g., Synthroid, Levothroid, Levoxyl)
- Triptans (e.g., Imritrex, Maxalt, Zomig, Amerge, Replax)
- Bisphosphonates (e.g., Fosamax, Boniva, Actonel)
- Evista (raloxifene)
- Neloxead (tamoxifen)
- Anticholinergics (e.g., Detrol, Ditropan, Vescare)
- SSRIs (e.g., Celexa, Lexapro, Prozac, Paxil, Zoloft, Luvox)
- Tricyclics (e.g., amitriptyline, nortriptyline, imipramine)
- Other antidepressants (e.g., Wellbutrin, Effexor, Remeron)
- Minor tranquilizers (e.g., Valium, alprazolam, lorazepam)
- Prilosec, Nexium, Prevacid, Protonix, Aciphex, Dexilant
- H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)

15. Is this your correct date of birth?

- Yes
- No

If no, please write correct date.

Thank you! NHS, 181 Longwood Ave., Boston MA 02115