You no doubt recall that last year we sent you a letter which reported preliminary findings of the Nurses' Health Study. Your response and those of over 120,000 of your professional colleagues have allowed us to establish a group of participants to provide answers to a number of important public health questions. We would now like to ask you to provide further information on your health status, contraceptive methods, and other health-related matters for the period since you last completed our questionnaire in 1976.

We would greatly appreciate your taking the few minutes necessary to complete both sides of the attached questionnaire and returning it in the enclosed pre-paid envelope. Your response will be held in strictest professional confidence, identified by study number only, and used solely for medical statistical purposes. Your continued participation in this study is crucial to its success since the validity of the findings remains dependent on our receiving a completed questionnaire from each of you.

We will continue to keep you informed of the progress of this study on an annual basis as we did last year, and ask you to complete a brief questionnaire every two years for the next several years. Our preliminary findings are published in the June 1978 issue of the American Journal of Nursing, and further results will be presented in this and other professional journals in the future.

Sincerely yours,

Frank E. Speizer, M.D.
Principal Investigator
Please answer all questions by filling in the appropriate box or writing in the information requested. Please note that some questions ask for information since June 1976, some ask for current status, and some ask about events over longer periods. There is extra room on the back of the form for any additional remarks you may wish to add. All information will be regarded as strictly confidential and will be used only for medical research purposes.

1. What is your date of birth? [month] / [day] / [year]  
   (15) (17) (19)  

2. What is your current weight? [pounds]  
   (21) (23) (25)  

3. Have your menstrual periods ceased permanently?  
   (24) [yes] [no or don’t know]  
   If yes, at what age? [years of age]  
   (25) [years of age]  
   If yes, for what reason?  
   (27) [naturally] [radiation] [surgery]  
   If due to surgery, were both ovaries removed?  
   (28) [yes] [no] [don’t know]  

4. (a) Do you currently use female hormones?  
   (29) [yes] [no]  
   (b) Since June 1976 have you used female hormones at any time?  
   (30) [yes] [no]  
   If yes, please state brand name  
   (31)  
   Duration of use since June 1976  
   (32) [months]  

5. (a) Do you use any method of contraception currently?  
   (35) [yes] [no]  
   If yes, which method:  
   (36) [oral contraceptives] [condom]  
   (39) [intrauterine devices] [loop or coil]  
   (40) [rhythm] [diaphragm]  
   (41) [foam or jelly] [other (specify)]  
   (b) Have you used oral contraceptives at any time since June, 1976?  
   (42) [yes] [no]  
   (45) [yes] [no]  

6. If you are currently using or since June 1976 have used oral contraceptives at any time, please indicate intervals of oral contraceptive use starting from June 1976 and continuing until the present time. If applicable, please indicate reasons for stopping.  
   Interval of use  
   Reason for stopping  
   (10) From [month] [year] to [month] [year]  
   (20) From [month] [year] to [month] [year]  
   (30) From [month] [year] to [month] [year]  

7. Do you smoke cigarettes currently?  
   (40) [yes] [no]  
   If yes, how many cigarettes do you usually smoke per day?  
   (1 pack = 20 cigarettes)  
   (41) [cigarettes per day]  
   If yes, how deeply do you inhale?  
   (43) [deeply] [slightly]  
   [moderately] [not at all]  
   If yes, what brand do you smoke currently?  
   (Please be as specific as you can: e.g. "Marlboro Lights 100s")  
   (44) [brand]  
   Is it a filter cigarette?  
   (47) [yes] [no]  
   How long have you smoked this brand?  
   (48) [years]  

PLEASE CONTINUE ON REVERSE SIDE
8. Since June 1976 have you developed any of the following conditions? If yes, please specify date of diagnosis and whether you were admitted to hospital.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Present</th>
<th>Hospitalized</th>
<th>Date of Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>(9) High blood pressure (except while pregnant)</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(15) Diabetes mellitus</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(21) Elevated cholesterol</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(27) Myocardial infarction (heart attack)</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(33) Angina pectoris</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(39) Fibrocystic breast disease</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(45) Other benign breast disease</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(51) Benign liver tumor</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(57) Breast cancer</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(63) Cancer of the cervix - in situ only</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(69) Cancer of the cervix - all other</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(9) Cancer of the uterus (endometrium)</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(15) Cancer of the ovary</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(21) Cancer of the colon (large bowel)</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(27) Cancer of the rectum</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(33) Cancer of the lung</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(39) Cancer of the liver</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(45) Other cancer (please specify site)</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>(54) Other illness (please specify)</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
</tbody>
</table>

9. Have you visited a doctor or outpatient clinic for health reasons in the past year?

10. Do you currently use artificial sweeteners regularly?
    If yes, how often?
    If yes, for how long?

11. Do you currently use permanent hair dyes?
    (Please do not include temporary rinses)
    If yes, how often?

12. How many times do you usually eat meat (beef, pork, lamb) during an average week?
    For how long have you adhered to this diet?

13. How many children have you had?
    Please state the current ages of living children.

14. Optional It would be of great help to us in maintaining future contact with you, which is necessary for the successful completion of our follow-up (cohort) study, if you would provide the names and addresses of one or two persons who could give us your new address should you move. Please note this information will be used only if we cannot reach you through regular postal channels.

THANK YOU. Please return completed questionnaire in the pre-paid envelope to: NURSES HEALTH STUDY
Frank E. Speizer, M.D.
Harvard Medical School
180 Longwood Avenue
Boston, Massachusetts 02115