Dear Colleague:

On behalf of our research group, I again want to express my gratitude for your participation in the Nurses' Health Study II. The accuracy and completeness of the information you provide is truly impressive, and we are confident that this study will provide answers to many critical questions about lifestyle factors, diet, and oral contraceptive use. Analyses of these factors in relation to breast cancer and several other diagnoses will begin soon. We have already begun to analyze information on several common conditions and will report findings to you in our next newsletter.

The enclosed questionnaire continues our every-other-year follow-up. You will note that we ask about your current status for many of the same questions that we posed earlier. We also ask about new medical diagnoses and conditions.

We hope that you give this questionnaire the same attention and care that you did in completing the earlier forms. The validity of this major research undertaking depends directly on complete and accurate follow-up information for all study members. We know that some participants are no longer in active nursing. However, your continued participation is critical regardless of current employment status. As always, the information you provide is strictly confidential and will be used only for medical statistical purposes.

Thank you again for your invaluable participation in this study. We will be sending you the next edition of our newsletter in June of 1994 to update you on the progress of the investigation.

Sincerely,

Walter Willett, M.D.
Professor of Epidemiology and Nutrition

P.S. Your updated questionnaire information is needed to maintain the validity of this study. Your reply within the next two weeks would be greatly appreciated.
INSTRUCTIONS

Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely, or write the requested information in the boxes provided. Note that some questions ask for information since June 1991, some ask for current status, and some ask about events over longer periods. The form is designed to be read by optical-scanning equipment, so it is important that you make NO STRAY MARKS and keep any write-in responses within the spaces provided. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.

EXAMPLE 1: Write in your weight in the boxes...
...and fill in the circle corresponding to the figure at the head of each column. Please fill in the circle completely, do not mark this way:

NOTE: It is important that you write in your weight in addition to completing the corresponding circles. This allows us to confirm that the correct circles have been darkened.

EXAMPLE 2: Mark “Yes” circle and Year of Diagnosis circle for each illness you have had diagnosed.

Thank you for completing the 1993 Nurses’ Health Study II Questionnaire.

Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage paid envelope.

If you need to make any changes or corrections to your name/address you may do so on the cover letter and enclose it with your completed questionnaire.
1. **PLEASE USE PENCIL!**

**CURRENT WEIGHT**

<table>
<thead>
<tr>
<th>POUNDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
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<tr>
<td>5</td>
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<tr>
<td>6</td>
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<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
</tbody>
</table>

2. We would like to update your pregnancy history from the time of the first questionnaire in 1989 to the present.
   a) **Since September 1, 1989** have you been pregnant?
      - [ ] No - go to question 3
      - [ ] Yes
   b) **Are you currently pregnant?**
      - [ ] No
      - [ ] Yes - continue with part c, but do not fill in a bubble for current pregnancy
   c) **For each pregnancy ending after September 1, 1989,** fill in a response bubble for the year during which each pregnancy ended.

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Pregnancies lasting 6 months or more</th>
<th>Pregnancies lasting less than 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/1/89 - 12/31/89</td>
<td>Single Birth</td>
<td>Twins/Triplets</td>
</tr>
<tr>
<td>1990</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1991</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1992</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1993</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1994</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Do you CURRENTLY use any of these forms of contraception? (Mark all that apply.)

[ ] None
[ ] Oral contraceptive
[ ] Norplant
[ ] Diaphragm/Cervical cap
[ ] Tubal ligation
[ ] Foam/Jelly/Sponge
[ ] Condom
[ ] Intrauterine device
[ ] Rhythm/NFP
[ ] Vasectomy
[ ] Depo Provera
[ ] Other

4. **SINCE JUNE 1991,** have you used oral contraceptives (OC's)?
   a) **How many months have you used OC's since June 1991?**
      - [ ] Yes
      - [ ] No
      - [ ] 1 or less months
      - [ ] 2 - 4
      - [ ] 5 - 9
      - [ ] 10 - 14
      - [ ] 15 - 19
      - [ ] 20 or more months
   b) Please indicate the brand and type of OC used longest during this time period. Refer to the OC Brand Code Sheet enclosed with this questionnaire and write the code in this box.

5. **What is the current usual length of your menstrual cycle (interval from first day of period to first day of next period)?**
   - [ ] < 21 days
   - [ ] 21-25
   - [ ] 26-31
   - [ ] 32-39
   - [ ] 40-50
   - [ ] 51+ days or too irregular to estimate

6. **What is the current usual pattern of your menstrual cycles (when not pregnant or lactating)?**
   - [ ] Extremely regular (no more than 1-2 days before or after expected)
   - [ ] Very regular (within 3-4 days)
   - [ ] Usually irregular
   - [ ] Always irregular
   - [ ] No periods

7. **Have your menstrual periods ceased PERMANENTLY?**
   - [ ] No: Premenopausal
   - [ ] Yes: No menstrual periods
   - [ ] Yes: Had menopause but now have menstrual periods induced by hormones
   - [ ] Not sure

8. **SINCE JUNE 1991,** have you used female replacement hormones (other than oral contraceptives)?
   a) **How many months have you used them since JUNE 1991?**
      - [ ] 1-4 mo.
      - [ ] 6-9
      - [ ] 10-14
      - [ ] 15-19
      - [ ] 20+ months
   b) Mark the types of hormones you have used the longest during this period.

<table>
<thead>
<tr>
<th>Estrogens:</th>
<th>Oral Premarin</th>
<th>Estrace</th>
<th>Ogen</th>
<th>Patch Estrogen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal Estrogen</td>
<td>Other Estrogen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progesterone/Progestin (e.g., Provera):</td>
<td>Oral</td>
<td>Vaginal</td>
<td>Other (specify below)</td>
<td></td>
</tr>
</tbody>
</table>

   Other type of hormones used, please specify:

   c) **If you used oral conjugated estrogen (e.g., Premarin) what dose did you usually take?**
      - [ ] 0.30 mg/day or less (Green)
      - [ ] 0.625 mg/day (Brown)
      - [ ] .9 mg/day (White)
      - [ ] 1.25 mg/day (Yellow)
      - [ ] More than 1.25 mg/day
      - [ ] Dose unknown
      - [ ] Did not take oral conjugated estrogen
   d) **If you used oral Medroxy Progesterone (e.g., Provera, Cycrin), what dose did you usually take?**
      - [ ] < 5 mg
      - [ ] 5-9 mg
      - [ ] 10 mg
      - [ ] More than 10 mg
      - [ ] Dose unknown
      - [ ] Not used
   e) **What was your pattern of hormone use (Days per Month)?**
      - [ ] Oral or Patch Estrogen: Days per Month
      - [ ] Progesterone: Days per Month

9. **Have you had a tubal ligation?**
   - [ ] Yes
   - [ ] At what age? < 25, 25-29, 30-34, 35-39, 40-44, 45+
12. Have you EVER had any of these physician-diagnosed illnesses?

<table>
<thead>
<tr>
<th>YEAR OF DIAGNOSIS</th>
<th>Before 1989</th>
<th>Sept 89</th>
<th>June 91 to May 93</th>
<th>After June 1993</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ectopic pregnancy</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>(pregnancy-related)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toxemia/Pre-eclampsia</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>of pregnancy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SLE (systemic lupus)</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Active TB (X-ray confirmed)</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Graves' Disease</td>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Other Hyperthyroidy</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Hypothyroidy</td>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Thyroid nodule (benign)</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Mitral valve prolapse</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Confirmed by echocardiogram?</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Herniated lumbar disk</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Confirmed by CT or MRI?</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Endometriosis - 1st Dx</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Confirmed by laparoscopy?</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Uterine fibroid(s) - 1st Dx</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Confirmed by pelvic exam?</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Confirmed by ultrasound/hysterectomy?</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
</tbody>
</table>

13. Current Medication (mark if used regularly)

- No regular medication
- Acetaminophen, 2+ times/week (e.g., Tylenol)
- Aspirin, (e.g., Anacin, Bufferin, Alka-Seltzer, etc.)
- Days/week: 1+ day 1 2 3 4 5 6 7
- Other anti-inflammatory analogues, 2+ times/week (e.g., Indocin, Naprosyn, Advil)
- Thiazide diuretic (e.g., HydroUro, Oxyazide, HCTZ, Diuril)
- Any anti-hypertensive medication
- Thyroid hormone replacement (e.g., Synthroid, LevoThyroid)
- Minor Tranquilizers (e.g., Valium, Xanax, Ativan, Librium)
- Major Tranquilizers (e.g., Stelazine, Thorazine, Haldol, Prolixin, Mellaril, Trilafon)

14. Have you ever taken any of the following medications?

- **a) Tetracycline:**
  - Yes → For how long? Y 1 2 3 4 5+ yrs
  - No → Age @ 1st use: <15 15-19 20-29 30+
- **b) Oral Acutaine:**
  - Yes → For how long? Y 1 2 3 4 5+ yrs
  - No → Age @ 1st use: <15 15-19 20-29 30+
- **c) Tricyclic antidepressants (e.g., Elavil, Norpramin, Tofranil, Pamelor, Sinequian, Vivactil, Surmontil):**
  - Yes → For how long? Y 1 2 3 4 5+ yrs
  - No → Age @ 1st use: <15 15-19 20-29 30+
- **d) Prozac (Fluoxetine) or Zoloft (Sertraline):**
  - Yes → For how long? Y 1 2 3 4 5+ yrs
  - No → Age @ 1st use: <15 15-19 20-29 30+

15. **a) Your TB skin test since 1989:**
- Pos → Neg → Not done → BCG prior to 1989
- **b) If ever positive, conversion date:**
  - Before 1989 → 1989+ → Never positive
- **c) If ever positive, were you treated with INH?**
  - Yes → No → Never positive
16. Since June 1991, have you tried to become pregnant for more than one year without success?
- Yes
- No

17. Have you ever taken Clomid (Clomiphene) or Pergonal to induce ovulation?
- Yes
  - a) In how many months was Clomid used: 0 months, 1, 2-3, 4-5, 6-11, 12+ months
- No
  - b) In how many months was Pergonal used: 0 months, 1, 2-3, 4-5, 6-11, 12+ months

18. Have you ever had a miscarriage or induced abortion before the sixth month of pregnancy?
- Miscarriage: No, Yes at what age(s) <18, 18-20, 21-23, 24-26, 27-29, 30-34, 35+
- Induced Abortion: No, Yes at what age(s) <18, 18-20, 21-23, 24-26, 27-29, 30-34, 35+

19. Since June 1991, how many months have you worked ROTATING night shifts (at least 3 nights/month in addition to other days and evenings in that month)?
- None, 1-4 months, 5-9, 10-14, 15-19, 20+ months

20. Which best describes your current employment status?
- Inpatient or ER Nurse
- Outpatient/Community OR Nurse
- Nursing Administration
- Student
- Non-nursing employment
- Fulltime Homemaker
- Disabled

21. How many times per week do you engage in physical activity long enough to perspire heavily (including swimming)?
- Less than once/week
- Once/week
- 2-3 times/week
- 4-6 times/week
- 7 or more times/week

22. In how many months did you practice breast self-examination in the past year?
- None, One month, 2-3, 4-6, 7-11, 12 months

23. Since June 1991, have you had:
- No
- Yes, for screening
- Yes, for symptoms

24. How many months in total (all births combined) did you breast feed?
- Did not breast feed, <1 month, 1-3 mo., 4-6 mo., 7-11 mo., 12-17 mo.
- No children, 18-23 mo., 24-35 mo., 36-47 mo., 48+ mo., Cannot remember

25. Between the ages of 18 and 30 (excluding illness and pregnancy-related changes):
- a) What was your Minimum weight lbs. Maximum weight lbs.
- 5-9 pounds: 0 times, 1-2 times, 3-4 times, 5-6 times, 7+ times
- 10-19 pounds: 0 times, 1-2 times, 3-4 times, 5-6 times, 7+ times
- 20-49 pounds: 0 times, 1-2 times, 3-4 times, 5-6 times, 7+ times
- 50+ pounds: 0 times, 1-2 times, 3-4 times, 5-6 times, 7+ times

26. Within the last 4 years (excluding illness and pregnancy-related changes):
- a) What was your Minimum weight lbs. Maximum weight lbs.
- 5-9 pounds: 0 times, 1-2 times, 3-4 times, 5-6 times, 7+ times
- 10-19 pounds: 0 times, 1-2 times, 3-4 times, 5-6 times, 7+ times
- 20-49 pounds: 0 times, 1-2 times, 3-4 times, 5-6 times, 7+ times
- 50+ pounds: 0 times, 1-2 times, 3-4 times, 5-6 times, 7+ times

27. Do you currently smoke cigarettes?
- No
- Yes

28. What was the cup size of your bra when you were 20 years old? (Estimate if you did not wear a bra.)
- A or smaller
- B
- C
- D or larger

29. How many biological sisters do you have?
- 0
- 1
- 2
- 3
- 4
- 5 or more

30. Did your mother or any of your sisters have ovarian cancer?
- No
- Yes

31. When your mother was pregnant with you, did she take DES (Diethylstilbestrol) or other hormones?
- Don't know
- No
- Yes
- Other hormones
32. In which state were you born?
   a) AL  b) AK  c) AZ  d) AR  e) CA
   (Northern)  (Southern)  (Midwest)  (South)

33. In which state did you live at age 15?
   a) AL  b) AK  c) AZ  d) AR  e) CA
   (Northern)  (Southern)  (Midwest)  (South)

34. In which state did you live at age 30?
   a) AL  b) AK  c) AZ  d) AR  e) CA
   (Northern)  (Southern)  (Midwest)  (South)

35. During summers how many times per week were you outdoors in a swimsuit:
   a) as a teenager?  b) in the past summer?
      - <1/week  - 1/week  - 2/week  - Several/week  - Daily
      - <1/week  - 1/week  - 2/week  - Several/week  - Daily

36. When you were outside at the pool or beach, what percent of the time did you wear sunscreen:
   a) as a teenager?  b) in the past summer?
      - Not in sun  - 0%  - 25%  - 50%  - 75%  - 100%
      - Not in sun  - 0%  - 25%  - 50%  - 75%  - 100%

37. What is your current marital status?
   a) Married  b) Divorced/Separated  c) Widowed  d) Never Married

38. What is your current living arrangement?
   a) Alone  b) With husband/partner  c) With other family  d) Other

39. Do you currently take a multi-vitamin? (Please report additional individual vitamins in question 40.)
   a) No  b) Yes
      - How many do you take per week?  - 2 or fewer  - 3-5  - 6-9  - 10 or more
      - What specific brand do you usually use? (Please specify exact Brand and Type.)

40. Not counting multi-vitamins, do you regularly take any of the following preparations:
   a) Beta-carotene?  b) Vitamin A7 (excluding retinol)  
      - No  b) Yes, seasonal only  
      - Yes, most months  
   c) Vitamin C?  d) Vitamin E?  e) Calcium?  f) Folic acid?
      - No  b) Yes
      - Yes, seasonal only  - Yes, most months  

---

**AMOUNT PER DAY**

<table>
<thead>
<tr>
<th></th>
<th>Less than 8,000 IU per day</th>
<th>8,000 to 12,000 IU</th>
<th>12,000 to 22,000 IU</th>
<th>23,000 IU or more</th>
<th>Amount unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Beta-carotene?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Vitamin A? (excluding retinol)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Vitamin C?</td>
<td>Less than 400 mg.</td>
<td>400 to 700 mg.</td>
<td>750 to 1,250 mg.</td>
<td>1,250 mg. or more</td>
<td>Amount unknown</td>
</tr>
<tr>
<td>d) Vitamin E?</td>
<td>Less than 100 IU</td>
<td>100 to 250 IU</td>
<td>300 to 500 IU</td>
<td>600 IU or more</td>
<td>Amount unknown</td>
</tr>
<tr>
<td>e) Calcium? (elemental)</td>
<td>Less than 400 mg per day</td>
<td>400 to 800 mg</td>
<td>900-1,200 mg</td>
<td>1,200 mg. or more</td>
<td>Amount unknown</td>
</tr>
<tr>
<td>f) Folic acid?</td>
<td>Less than 100 mg.</td>
<td>100 to 300 mg</td>
<td>301-500 mg</td>
<td>501 mg. or more</td>
<td>Amount unknown</td>
</tr>
</tbody>
</table>

**PLEASE GO TO PAGE 5 AND BEGIN BY WRITING YOUR ID NUMBER FROM PAGE 2**
Many participants have pointed out that stress, personal and family relationships, and other aspects of quality of life are important factors relating to health. We have added the following questions to learn more about these areas. (As always, all of your responses will remain strictly confidential.)

43. These questions are about how you feel and how things have been with you during the past 4 weeks.

For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks ...

(Mark one response on each line.)

<table>
<thead>
<tr>
<th>Question</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>A Good Bit of the time</th>
<th>Some of the time</th>
<th>A Little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you feel full of pep?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been a very nervous person?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you felt so down in the dumps nothing could cheer you up?</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Have you felt calm and peaceful?</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Did you have a lot of energy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you feel downhearted and blue?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>did you feel worn out?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been a happy person?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you feel tired?</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

44. During the past 4 weeks, how much of the time has your physical health or have emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

(Mark one response on each line.)

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

45. Please choose the answer that best describes how true or false each of the following statements is for you. (Mark one response on each line.)

Over the past 4 weeks, I have felt about the same as I have felt during the past year
- Definitely True
- Mostly True
- Not Sure
- Mostly False
- Definitely False

I seem to get sick a little easier than other people
- Definitely True
- Mostly True
- Not Sure
- Mostly False
- Definitely False

I am as healthy as anybody I know
- Definitely True
- Mostly True
- Not Sure
- Mostly False
- Definitely False

I expect my health to get worse
- Definitely True
- Mostly True
- Not Sure
- Mostly False
- Definitely False

My health is excellent
- Definitely True
- Mostly True
- Not Sure
- Mostly False
- Definitely False

46. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Mark one response on each line.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes, Limited A Lot</th>
<th>Yes, Limited A Little</th>
<th>No, Not Limited At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bathing or dressing yourself</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate activities, such as moving a table, pushing a vacuum, bowling, or golfing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifting or carrying groceries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climbing several flights of stairs</td>
<td></td>
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<td></td>
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<tr>
<td>Climbing one flight of stairs</td>
<td></td>
<td></td>
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<tr>
<td>Bending, kneeling, or stooping</td>
<td></td>
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</tr>
<tr>
<td>Walking more than a mile</td>
<td></td>
<td></td>
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<tr>
<td>Walking several blocks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking one block</td>
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<td></td>
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</tbody>
</table>

47. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (Mark one response on each line.)

a) Cut down the amount of time you spent on work or other activities
- Yes
- No

b) Accomplished less than you would like
- Yes
- No

c) Didn't do work or other activities as carefully as usual
- Yes
- No

d) Experienced a great deal of pain
- Yes
- No

e) Saw a doctor or other health professional
- Yes
- No

48. During the past 4 weeks, to what extent has your physical health or have emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

49. How much bodily pain have you had during the past 4 weeks?

- None
- Very mild
- Mild
- Moderate
- Severe
- Very severe

50. During the past 4 weeks, how much did bodily pain interfere with your normal work (including both work outside the home and housework)?

- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

51. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Mark one response on each line.)

a) Cut down the amount of time you spent on work or other activities
- Yes
- No

b) Accomplished less than you would like
- Yes
- No

c) Were limited in the kind of work or other activities
- Yes
- No

d) Had difficulty performing the work or other activities (for example, it took extra effort)
- Yes
- No

PLEASE CONTINUE ON PAGE 6
52. In general, would you say your health is:  
   ( ) Excellent  ( ) Very Good  ( ) Good  ( ) Fair  ( ) Poor

53. Do you have an unreasonable fear of being in enclosed spaces such as stores, elevators, etc.?  
   ( ) Often  ( ) Sometimes  ( ) Never

54. Do you find yourself worrying about getting some incurable illness?  
   ( ) Often  ( ) Sometimes  ( ) Never

55. Are you scared of heights?  
   ( ) Very  ( ) Moderately  ( ) Not at all

56. Do you feel panic in crowds?  
   ( ) Always  ( ) Sometimes  ( ) Never

57. Do you worry unduly when relatives are late coming home?  
   ( ) Yes  ( ) No

58. Do you feel more relaxed indoors?  
   ( ) Definitely  ( ) Sometimes  ( ) Not particularly

59. Do you dislike going out alone?  
   ( ) Yes  ( ) No

60. Do you feel uneasy traveling on buses or trains even when they are not crowded?  
   ( ) Very  ( ) A little  ( ) Not at all

61. If you are retired or stopped working due to illness/injury, at what age were you last in paid employment?  
   ( ) Still working  ( ) < Age 25  ( ) 25 - 29  ( ) 30 - 34  ( ) 35 - 39  ( ) Age 40 or older

62. If you have been employed within the past 2 years, the following questions relate to your current or most recent job:
   ( ) Not employed in last 2 years

   Please choose the answer which best describes the degree to which you agree or disagree with each of the following statements.

   Strongly Disagree  Disagree  Agree  Strongly Agree

   My job requires that I learn new things

   My job involves a lot of repetitive work

   My job requires me to be creative

   My job allows me to make a lot of decisions on my own

   My job requires a high level of skill

   On my job, I have very little freedom to decide how I do my work

   I get to do a variety of different things on my job

   I have a lot of say about what happens on my job

   I have an opportunity to develop my own special abilities

   My job requires working very fast

   My job requires working very hard

   My job requires lots of physical effort

   I am not asked to do an excessive amount of work

   I have enough time to get the job done

   My job security is good

   I am free from conflicting demands that others make

   People I work with are competent in doing their jobs

   People I work with take a personal interest in me

   People I work with are friendly

   People I work with are helpful in getting the job done

63. How many hours per week do you spend in housework (including cooking, cleaning, shopping for food, doing laundry and dishes, doing repairs, paying bills, making arrangements and caring for children)?  
   ( ) 0 - 9 hours  ( ) 10 - 19 hours  ( ) 20 - 29 hours  ( ) 30 - 39 hours  ( ) 40 - 49 hours  ( ) 50 - 59 hours  ( ) 60 - 69 hours  ( ) 70 - 79 hours  ( ) 80 - 100 hours

64. Thinking of all the things that are done in your household, what percentage do you personally do?  
   ( ) 0 - 25 percent  ( ) 26 - 39 percent  ( ) 40 - 60 percent  ( ) 61 - 74 percent  ( ) 75 - 99 percent  ( ) 100 percent

65. Is there any one special person you know that you feel very close to; someone you feel you can share confidences and feelings with?  
   ( ) Yes  ( ) No

   How often do you see or talk with this person?
   ( ) Daily  ( ) Weekly  ( ) Monthly  ( ) Several times/year  ( ) Once/year or less

THANK YOU!  
Please return the questionnaire in the enclosed postage-paid envelope to:  
Walter Willett, M.D.  
Nurses' Health Study II  
677 Huntington Avenue  
Boston, MA 02115