Dear Colleague:

Many thanks for your commitment to women's health research as a participant in the Nurses' Health Study II. The enclosed brief questionnaire continues our every-other-year follow-up.

The validity of this major research undertaking depends directly on complete and accurate follow-up information for all study members. Your continued participation is critical whether or not you are currently active in nursing. As always, the information you provide is strictly confidential and will be used only for medical statistical purposes.

We understand how busy you are; however, we would be extremely grateful if we could receive your reply to this questionnaire in the next two weeks. Thank you again for your valuable participation in this study.

Sincerely,

Walter Willett

Professor of Epidemiology,
Nutrition, and Medicine
INSTRUCTIONS

Please use an ordinary No. 2 pencil to 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 1995, 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 make NO STRAY MARKS and keep write-in responses within the spaces provided. If you change a response, erase the incorrect mark completely, and write any comments on a separate page.

EXAMPLE 1:
Mark "Yes" circle and Year of Diagnosis circle for each illness you have had diagnosed.

11. Since June 1995, have you had any of these physician-diagnosed illnesses?

<table>
<thead>
<tr>
<th>YEAR OF DIAGNOSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE JUNE 1 1995</td>
</tr>
</tbody>
</table>

- Elevated cholesterol
- Melanoma
- Basal cell skin cancer

EXAMPLE 2:
Keep handwriting within the borders of the response box.

Other major illness or surgery since June 1995:

Please specify:
APPENDICITIS W/APPENDECTOMY

Thank you for completing the 1997 Nurses' Health Study II Short Form.

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

If you need to make changes or corrections to your name/address, please note them on the cover letter and enclose it with your completed questionnaire.
1. What is your current weight? lbs.

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

3. Do you CURRENTLY use any of these forms of contraception? (Mark all that apply.)
   - None
   - Tubal ligation
   - Oral contraceptive
   - Intrauterine device
   - Condom
   - Depo-Provera
   - Norplant
   - Vasectomy
   - Foam/Jelly/Sponge
   - Rhythm/NFP
   - Diaphragm/Cervical cap
   - Other

4. SINCE JUNE 1995, have you used oral contraceptives (OC's)?
   - Yes
     - a. How many months did you use OC's during the 24-month period between June 1995 and June 1997?
       - 1 month or less
       - 2-4
       - 5-9
       - 10-14
       - 15-19
       - 20-24 months
     - b. How many months did you use OC's during the period between June 1997 and the present?
       - 1 month or less
       - 2-4
       - 5-9
       - 10-14
       - 15-19
       - 20+ months

5. SINCE JUNE 1995, have you been pregnant?
   - No - go to question 6
   - Yes
     - a. Are you currently pregnant?
       - No
       - Yes - Continue with part b, but do NOT fill in a bubble in part b for your current pregnancy.
     - b. For each pregnancy ending after JUNE 1, 1995, 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></td>
<td>Single Births</td>
<td>Twins/Triplets</td>
</tr>
<tr>
<td>6/1/95-12/31/95</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1996</td>
<td></td>
<td></td>
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<tr>
<td>1997</td>
<td></td>
<td></td>
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<tr>
<td>1998</td>
<td></td>
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</tr>
</tbody>
</table>

6. SINCE JUNE 1995, have you tried to become pregnant for more than one year without success?
   - Yes
     - What was the cause?
       - Tubal blockage
       - Ovulatory disorder
       - Endometriosis
       - Cervical mucous factors
       - Spouse/Partner
       - Not investigated
       - Not found
       - Other

7. SINCE JUNE 1995, have you taken Clomid (Clomiphene) or Pergonal/Metrodin to induce ovulation?
   - Yes
     - a. In how many months was Clomid used:
       - 0 months
       - 1
       - 2-3
       - 4-5
       - 6-11
       - 12+ months
     - b. In how many months was Pergonal/Metrodin used:
       - 0 months
       - 1
       - 2-3
       - 4-5
       - 6-11
       - 12+ months

8. Have your menstrual periods ceased PERMANENTLY?
   - No: Premenopausal
   - Yes: No menstrual periods
   - Yes: Had menopause but now have periods induced by hormones
   - Not sure (e.g., started hormones prior to cessation of periods)
   - a. AGE natural periods ceased:

9. Have you EVER had surgery to remove your uterus or ovaries? (Mark all that apply.)
   - No
   - Uterus removed
   - Both ovaries removed
   - One ovary removed

10. SINCE JUNE 1995, have you used female replacement hormones (other than oral contraceptives)?
    - No
      - Please continue with the questions on the back of this form
    - Yes, currently
      - What type of hormone did you use?
        - Estrogen only
        - Estrogen and progesterone
        - Other
        - Specify type:
    - Yes, but not currently

Please continue on the back of this form
11. Since June 1995, have you had any of these physician-diagnosed illnesses?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Before June 1 1995</th>
<th>June 1995 to May 97</th>
<th>After June 1 1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myocardial infarction (heart attack)</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Angina pectoris</td>
<td>X</td>
<td></td>
<td></td>
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<tr>
<td>Coronary bypass/angioplasty</td>
<td></td>
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<tr>
<td>Stroke (CVA) or TIA</td>
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<tr>
<td>Deep vein thrombosis/Pul. embolism</td>
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<tr>
<td>Elevated cholesterol</td>
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<td></td>
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<tr>
<td>Melanoma</td>
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<tr>
<td>Basal cell skin cancer</td>
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<tr>
<td>Squamous cell skin cancer</td>
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<td></td>
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<tr>
<td>Fibrocystic/other benign breast disease</td>
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<tr>
<td>Breast cancer</td>
<td></td>
<td></td>
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<tr>
<td>Other cancer</td>
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<tr>
<td>Colon or rectal polyp (benign)</td>
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<tr>
<td>Ulcerative colitis/Crohn's disease</td>
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<tr>
<td>Gastric or duodenal ulcer</td>
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<tr>
<td>Gallstones</td>
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<tr>
<td>Cholecystectomy</td>
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<tr>
<td>High blood pressure</td>
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<tr>
<td>Toxemia/Pre-eclampsia of pregnancy</td>
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<tr>
<td>Diabetes</td>
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<tr>
<td>Hydatidiform mole of pregnancy</td>
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<tr>
<td>Ectopic pregnancy</td>
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<tr>
<td>Endometriosis, 1st diagnosis</td>
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<tr>
<td>Uterine fibroids, 1st diagnosis</td>
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<tr>
<td>Polycystic ovarian syndrome</td>
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<tr>
<td>Premenstrual syndrome (PMS)</td>
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<tr>
<td>Kidney stones</td>
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<td></td>
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<tr>
<td>Multiple sclerosis</td>
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<tr>
<td>Asthma, doctor-diagnosed</td>
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<tr>
<td>Active TB (X-ray confirmed)</td>
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<tr>
<td>Graves' Disease/Hyperthyroidism</td>
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<tr>
<td>Hypothyroidism</td>
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<tr>
<td>Thyroid nodule (benign)</td>
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<td></td>
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<tr>
<td>Interstitial cystitis (not UTI)</td>
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<tr>
<td>Pneumonia, x-ray confirmed</td>
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<tr>
<td>Herniated lumbar disk, CT/MRI confirmed</td>
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<tr>
<td>SLE (systemic lupus)</td>
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<tr>
<td>Rheumatoid arthritis, doctor diagnosed</td>
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<tr>
<td>Other arthritis</td>
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</tbody>
</table>

12. Is this your correct date of birth?

- [ ] Yes
- [ ] No

If no, please write correct date: [Month] / [Day] / [Year]

13. Please name someone at a DIFFERENT PERMANENT ADDRESS to whom we might write in the event we are unable to contact you:

Name: ____________________________

Address: ____________________________