Dear Colleague:

On behalf of the entire research group, I thank you for your continued willingness to share the details of your life to help improve the health of women everywhere. When the Nurses' Health Study began 24 years ago there were few among us who had any idea that this research would continue on to become one of the preeminent investigations of women's health. The success of the Nurses' Health Study is, of course, directly attributable to the outstanding quality of the information which you have faithfully provided for nearly a quarter of a century.

The attached questionnaire seeks to update your health status. As always, your answers will be kept strictly confidential and used for medical statistical purposes only. Your prompt reply is greatly appreciated.

We value each member of the Nurses' Health Study as a colleague in our research, regardless of your employment (or retirement) status. Also, whether your health has been excellent or if you have been ill, your response is equally important. In short, no matter what your circumstances, we need to hear from you!

It is with our deepest gratitude that we thank you again for the time and care that you have continued to offer in furthering the study of women's health. The value of your contribution has been enormous.

Best Regards,

Frank E. Speizer, M.D.
Principal Investigator

Do you have internet e-mail?

If you do, please print your e-mail address in the box so that we may send you occasional updates on the progress of the Nurses' Health Study.

We will not release your e-mail address to anyone!
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 1998, 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 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 filled in.

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

16. Since June 1998, have you had any of these physician-diagnosed illnesses?

Diabetes mellitus
Elevated cholesterol
High blood pressure
Myocardial infarction (heart attack)
Hospitalized for MI?

Thank you for completing the 2000 Nurses' Health Study Questionnaire.

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

If your name and address as printed on this questionnaire are no longer correct or are incomplete, or if you are providing your e-mail address, please make any necessary changes on the letter and enclose it with your completed form.
1. What is your current weight?

2. What is the difference between your highest and lowest weight during the last two years?
   - No change
   - 2-4 lbs.
   - 5-9 lbs.
   - 10-14 lbs.
   - 15-29 lbs.
   - 30-49 lbs.
   - 50 or more lbs.

3. Have your menstrual periods ceased permanently?
   - Yes: No menstrual periods
   - Yes: Had menopause but now have periods induced by hormones
   - No: Premenopausal
   - Not sure

   a. What year did your natural periods cease?
      - Before 1994
      - 1994
      - 1995
      - 1996
      - 1997
      - 1998
      - 1999
      - 2000
      - 2001

   b. For what reason did your periods cease?
      - Surgery
      - Radiation/Chemotherapy
      - Natural

4. Have you had your uterus removed?
   - No
   - Yes
   - Date of surgery: Before June 1, 1998
   - After June 1, 1998

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

6. Since June 1998, have you used Evista (raloxifene) or Novldex (tamoxifen)?
   - Yes
   - No
   - a. How many months have you used each drug during the 24 month period between June 1998 and June 2000?
      - Evista
        - Not Used
        - 1-4 months
        - 5-9 months
        - 10-14 months
        - 15-19 months
        - 20-24 months
        - Used only after 6/2000
      - Novldex
        - Not Used
        - 1-4 months
        - 5-9 months
        - 10-14 months
        - 15-19 months
        - 20-24 months
        - Used only after 6/2000
   - b. Are you currently using Evista or Novldex?
      - No, not currently
      - Yes, Evista
      - Yes, Novldex

7. Since June 1998, have you regularly used any over-the-counter (e.g., "alternative," "herbal," "natural" or soy-based) preparations for hormone replacement or to treat postmenopausal symptoms? (Do not include food sources such as tofu, soy milk or soy bars.)
   - Yes
   - No
   - a. Please mark the type(s) of preparations you have used at least once a week, and the number of months used between June 1998 and June 2000.

8. Since June 1998, have you used prescription female hormones?
   - Yes
   - No
   - a. How many months did you use them during the 24-month period between June 1998 and June 2000?
      - 1-4 months
      - 5-9 months
      - 10-14 months
      - 15-19 months
      - 20-24 months
      - Used only after June 2000
   - b. Are you currently using them (within the last month)?
      - Yes, currently
      - No, not currently
   - c. Mark the types of hormones you have used the longest during this period.
      - Combined:
        - Prempro (Pink)
        - Prempro (Blue)
        - Premphase
        - Combipatch
        - FemHRT
      - Estradiol:
        - Oral Premarin
        - Discount Drugstore
        - Estrace
        - Estratest
        - Other Estradiol (specify in box below)
      - Progesterone/Progestin:
        - Provera/Cyclic/MPA
        - Vaginal Micronized (e.g., Prometrium)
        - Other progesterone (specify below)
   - d. If you used oral conjugated estrogen (e.g., Premarin) what dose did you usually take?
      - .30 mg/day or less (Green)
      - .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
   - e. If you used oral medroxyprogesterone (e.g., Provera, Cypro, Cyclic), what dose did you usually take?
      - 2.5 mg or less
      - 5-9 mg
      - 10 mg
      - More than 10 mg
      - Dose unknown
      - Did not take oral medroxyprogesterone

   - f. What was your pattern of hormone use (Days per Month)?
      - Oral or Patch: Days per Month
        - Not used
        - <1 day/mo.
        - 1-8 days
        - 9-18 days
        - 19-25 days
        - 26+ days/mo.
      - Probesterone: Days per Month
        - Not used
        - <1 day/mo.
        - 1-8 days
        - 9-18 days
        - 19-25 days
        - 26+ days/mo.
9. Since June 1998, have you had any of these physician-diagnosed illnesses?

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

<table>
<thead>
<tr>
<th>Illness</th>
<th>Year of Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rheumatoid arthritis, Dr. Dx</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Cancer of the cervix (include in-situ)</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Cancer of the uterus (endometrium)</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Cancer of the ovary</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Colon or rectal polyp (benign)</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Cancer of the colon or rectum</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Cancer of the lung</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Melanoma</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Basal cell skin cancer</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Squamous cell skin cancer</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Other cancer</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Elevated cholesterol</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Myocardial infarction (heart attack)</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Hospitalized for MI?</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Angina pectoris</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Confirmed by angiogram?</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Coronary bypass or angioplasty</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Stroke (CVA)</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>TIA (Transient ischemic attack)</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Peripheral artery disease or claudication of legs (not varicose veins)</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Carotid surgery (Endarterectomy)</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Pulmonary embolus</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Periodontal bone loss</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Vertebral fracture, X-ray confirmed</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Hip replacement</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Fractures: Wrist or Colles' Fracture</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Hip fracture</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Gastric or duodenal ulcer</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Macular degeneration of retina</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Cataract—1st Diagnosis (Dx)</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Cataract extraction</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Asthma, Doctor diagnosed</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Emphysema or Chronic bronchitis, Dr. Dx</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Parkinson's Disease</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Diverticulitis/diverticularosis</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Uterine fibroids/Cronin's</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Kidney stones</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Interstitial Cystitis (Dx by cystoscopy)</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Pernicious Anemia/B12 deficiency</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Active TB (X-ray or culture Dx)</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Other major illness or surgery since June 1998</td>
<td>Before June 1998</td>
</tr>
</tbody>
</table>

10. Have you ever had any of these physician-diagnosed illnesses?

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

<table>
<thead>
<tr>
<th>Illness</th>
<th>Year of Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple sclerosis</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Shingies</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Increased pressure in either eye (over 25mm/Hg)</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Depression, Dr. Dx</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>SLE (systemic lupus)</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Rheumatoid arthritis, Dr. Dx</td>
<td>Before June 1998</td>
</tr>
</tbody>
</table>

11. In the past two years have you had:

(if yes, mark all that apply)

A physical exam?
Exam by eye doctor?
Binocular pelvic exam?
Breast exam by clinician?
Mammogram?
Fasting blood sugar?

12. How many teeth have you lost since 1996?

None 1 2 3 4 5-9 10+

13. How many of your teeth have had root canal therapy?

None 1 2 3 4 5-9 10+

14. Have you ever had physician-diagnosed atrial fibrillation?


a) Which of the following best describes your pattern of atrial fibrillation?

Single resolved episode
Recurrent episodes that end spontaneously
Recurrent episodes terminated by treatment
Permanent or chronic atrial fibrillation

15. Did you have a colonoscopy or sigmoidoscopy since June 1, 1998?

Yes Why did you have the colonoscopy or sigmoidoscopy? (mark all that apply)

Bleeding in stool Barium Enema Family history of colon cancer
Positive test for occult fecal blood Diarrhea or constipation
Abdominal pain Routine or follow-up screening (no symptoms)

16. Your Blood Cholesterol (if checked within 5 years):

Unknown/Not checked within 5 years
<140 mg/dl 140-159 160-179 180-199
200-219 220-239 240-269 270-299
300-329 330+ mg/dl

17. How often do you have difficulty holding your urine until you can get to a toilet?

Never Hardly ever Some of the time Most of the time All of the time

18. During the last 12 months, how often have you leaked or lost control of your urine?

Never Less than once/month Once/month 2-3 times/month About once/week Almost every day

a) When you lose your urine, how much usually leaks?

A few drops Enough to wet your underwear Enough to wet your outer clothing Enough to wet the floor
27. Regular Medication (mark if used regularly in past 2 years)

- **Acetaminophen** (e.g., Tylenol)
  - Days/week: 0 1 2-3 4-5 6+ days
  - Tablets/wk: 1-2 3-5 6-14 15+ tablets

- **"Baby" or low dose aspirin**
  - Days/week: 0 1 2-3 4-5 6+ days
  - Tablets/wk: 1-2 3-5 6-14 15+ tablets

- Aspirin or aspirin-containing products (325mg/tablet or more)
  - Days/week: 0 1 2-3 4-5 6+ days
  - Tablets/wk: 1-2 3-5 6-14 15+ tablets

- Ibuprofen (e.g., Advil, Motrin, Naprosyn)
  - Days/week: 0 1 2-3 4-5 6+ days
  - Tablets/wk: 1-2 3-5 6-14 15+ tablets

- Other anti-inflammatory analgesics, 2+ times/week (e.g.,Celebrex, Vioxx, COX-2 inhibitors)

- Thiazide diuretic
  - Lasix

- Calcium blocker (e.g., Calan, Procardia, Cardizem)

- Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgad)

- ACE Inhibitors (e.g., Capoten, Vasotec, Zestril)

- Other antihypertensive (e.g., Aldomet, Apresoline)

- Steroids taken orally (e.g., Prednisone, Decadron, Medrol)

- Inhaled steroids

- Inhaled bronchodilator

- Digoxin

- Antiarrhythmic

- Coumadin

- "Statin" cholesterol-lowering drugs [e.g., Mevacor (lovastatin), Pravachol (pravastatin), Zocor (simvastatin), Lipitor]

- Number of years used: 0-2 yrs 3-5 yrs 6+ yrs

- Other cholesterol-lowering drug

- Cimetidine

- Other H2 blocker

- Prilosec or (Tagamet)

- Zantac, Pepcid

- Omeprazole

- Oral hypoglycemic medication

- Insulin

- Prozact

- Zoflor

- Paxil

- Celexa

- Other antidepressants (e.g., Elavil, Tofranil, Pamelor)

- Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium)

- Meridia (sibutramine)

- Phentermine

- Xenical

- Other regular medication (no need to specify)

- No regular medication

28. In a typical week during the past year, on how many days did you consume an alcoholic beverage of any type?

- No days
  - 0 days
  - 1 day
  - 2 days
  - 3 days
  - 4 days
  - 5 days
  - 6 days
  - 7 days

29. In a typical month during the past year, what was the largest number of drinks of beer, wine and/or liquor you may have had in one day?

- None
  - 1-2
  - 3-5
  - 6-9
  - 10-14
  - 15 or more

30. What is your current work status? (Mark all that apply)

- Retired

- Homemaker

- Full-time non-nursing employment

- Nursing full-time

- Part-time non-nursing employment

- Nursing part-time

31. What is your current marital status?

- Married

- Divorced

- Widowed

- Separated

- Never married

32. Your living arrangement:

- Alone

- With spouse or partner

- Other

- With other family

- Nursing home

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

Name: __________________________

Address: ________________________
34. Is this your correct date of birth?  
   Yes  No  
   If no, please write correct date. 

35. DURING THE PAST YEAR, what was your average time PER WEEK spent at each of the following recreational activities? 

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time Per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking for exercise or walking to work</td>
<td></td>
</tr>
<tr>
<td>Jogging (slower than 10 minutes/mile)</td>
<td></td>
</tr>
<tr>
<td>Running (10 minutes/mile or faster)</td>
<td></td>
</tr>
<tr>
<td>Bicycling (include stationary machine)</td>
<td></td>
</tr>
<tr>
<td>Tennis, squash, racquetball</td>
<td></td>
</tr>
<tr>
<td>Lap swimming</td>
<td></td>
</tr>
<tr>
<td>Other aerobic exercise (aerobic dance, ski or stair machine, etc.)</td>
<td></td>
</tr>
<tr>
<td>Lower intensity exercise (yoga, stretching, toning)</td>
<td></td>
</tr>
<tr>
<td>Other vigorous activities (e.g., lawn mowing)</td>
<td></td>
</tr>
<tr>
<td>Weight training or resistance exercises</td>
<td></td>
</tr>
<tr>
<td>(Include free weights or machines such as Nautilus)</td>
<td></td>
</tr>
</tbody>
</table>

36. Do you currently take a multi-vitamin? (Please report other individual vitamins in question 37.) 
   Yes  No  
   a) How many do you take per week?  
      2 or less  3-5  6-9  10 or more  
   b) What type of multivitamin do you take? (Mark brand name equivalent if generic is used, e.g., Sentury is equivalent to Centrum) 
      Allbee + C  Caltrate 600  CVS Daily  CVS Daily with Minerals  CVS Pro-Vite  CVS Mega Multi  Central Vite  Central Vite Plus  Central Vite Select  One A Day Antioxidant Plus  Arm weights  Leg weights  
      Mark the ONE type used most frequently.  
      One A Day Essential  One A Day Maximum  One A Day Women's  Protexa  Shaklee Vita-Lea  Solocron for Women  Stressstats  Surbex T  Z-Bac  
   c) Does your multivitamin include iron?  
      No  Yes  Not Sure  

37. Do you take the following separate preparations? DO NOT REPORT CONTENTS OF MULTI-VITAMINS MENTIONED ABOVE. 

<table>
<thead>
<tr>
<th>Vitamin</th>
<th>Type of Preparation</th>
<th>If Yes</th>
<th>Dose per day</th>
<th>If Yes</th>
<th>Dose per day</th>
<th>If Yes</th>
<th>Dose per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin A</td>
<td>No  Yes, seasonal only</td>
<td>Yes/months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beta-carotene</td>
<td>No  Yes, seasonal only</td>
<td>Yes/months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin C</td>
<td>No  Yes, seasonal only</td>
<td>Yes/months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Folic acid</td>
<td>No  Yes, seasonal only</td>
<td>Yes/months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin E</td>
<td>No  Yes, seasonal only</td>
<td>Yes/months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calcium</td>
<td>(Include Calcium in Tums, etc.)</td>
<td>Yes/months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Niacin</td>
<td>No  Yes, seasonal only</td>
<td>Yes/months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zinc</td>
<td>No  Yes, seasonal only</td>
<td>Yes/months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

38. Question 38, which should only be answered if a tape measure is available, asks about body measurements. This information will be more accurate if you follow these suggestions: 
   ▶ Make measurements while standing 
   ▶ Avoid measuring over bulky clothing 
   ▶ Try to record answers to the nearest 1/4 inch (do not estimate) 
   If a tape measure is not available, please leave blank. 

Please continue with Page 5.
39. 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>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 cleaner, bowling, or playing golf</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 one flight of stairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climbing more than a mile</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking more than a mile</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking several blocks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing or dressing yourself</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

40. 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 ...

<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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<tr>
<td>Have you felt calm and peaceful?</td>
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<td></td>
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<tr>
<td>Did you have a lot of energy?</td>
<td></td>
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<tr>
<td>Have you felt downhearted and blue?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Did you feel worn out?</td>
<td></td>
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<tr>
<td>Have you been a happy person?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Did you feel tired?</td>
<td></td>
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</tr>
<tr>
<td>Have you felt hopeless about the future?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Have you thought about or wanted to commit suicide?</td>
<td></td>
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<td></td>
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<tr>
<td>Have you felt no interest in things?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Did you have difficulty falling asleep or staying asleep?</td>
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</tr>
</tbody>
</table>

41. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? (Mark one response on each line.)

<table>
<thead>
<tr>
<th>Social Activity</th>
<th>All of the Time</th>
<th>Most 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>Seems to get sick a lot more than other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Am as healthy as anybody I know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expect my health to get worse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My health is excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

42. 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.)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely True</th>
<th>Mostly True</th>
<th>Not Sure</th>
<th>Mostly False</th>
<th>Definitely False</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over the past 4 weeks, I have felt about the same as I have felt during the past year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I seem to get sick a lot easier than other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am as healthy as anybody I know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I expect my health to get worse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My health is excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

43. 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.)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Cut down the amount of time you spent on work or other activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Accomplished less than you would like</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Didn't do work or other activities as carefully as usual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Had difficulty performing the work or other activities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

44. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Mark one response on each line.)

<table>
<thead>
<tr>
<th>Extent</th>
<th>Not at all</th>
<th>Slightly</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Extent</th>
<th>None</th>
<th>Very mild</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Extent</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
</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 your physical health? (Mark one response on each line.)

<table>
<thead>
<tr>
<th>Problem</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Cut down the amount of time you spent on work or other activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Accomplished less than you would like</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Were limited in the kind of work or other activities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Had difficulty performing the work or other activities</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE CONTINUE ON PAGE 6
48. In general, would you say your health is: [ ] Excellent [ ] Very Good [ ] Good [ ] Fair [ ] Poor

49. How often do you go to religious meetings or services?

[ ] More than once a week  [ ] Once a week  [ ] 1 to 3 times per month  [ ] Less than once per month  [ ] Never or almost never

50. How many hours each week do you participate in any groups such as social or work group, church-connected group, self-help group, charity, public service or community group?

[ ] None  [ ] 1 to 2 hours  [ ] 3 to 5 hours  [ ] 6 to 10 hours  [ ] 11 to 15 hours  [ ] 16 or more hours

51. How many living children do you have?

[ ] None  [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5 or more

52. How many of your children do you see at least once a month?

[ ] None  [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5 or more

53. Apart from your children, how many relatives do you have with whom you feel close?

[ ] None  [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5 or more

54. Apart from your children, how many close relatives do you see at least once a month?

[ ] None  [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5 or more

55. How many close friends do you have?

[ ] None  [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5 or more

56. How many of these friends do you see at least once a month?

[ ] None  [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5 or more

57. Is there anyone special person you know that you feel very close to; someone you feel you can share confidences and feelings with?

[ ] Yes  a) How often do you see or talk with this person?

[ ] No  [ ] Daily  [ ] Weekly  [ ] Monthly  [ ] Several times/year  [ ] Once/year or less

58. Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?

[ ] None of the time  [ ] A little of the time  [ ] Some of the time  [ ] Most of the time  [ ] All of the time

59. How many people can you count on to provide you with emotional support?

[ ] None  [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5 or more

60. If you have been employed within the past 2 years, the following question relates to your most recent job:

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

My job security is [ ] Strongly Disagree [ ] Disagree [ ] Agree [ ] Strongly Agree [ ] Not employed in last 2 years

61. How many total hours of actual sleep do you get in a 24-hr period?

[ ] 5 hours or less  [ ] 6 hours  [ ] 7 hours  [ ] 8 hours  [ ] 9 hours  [ ] 10 hours  [ ] 11+ hours

62. Do you snore?

[ ] Every night  [ ] Most nights  [ ] A few nights a week  [ ] Occasionally  [ ] Almost never

63. Outside of your employment, do you provide regular care to any of the following? (Mark one response on each line. For people to whom you do not provide regular care, mark "Zero Hours.")

Your children

[ ] Grandchildren

[ ] Disabled or ill spouse

[ ] Disabled or ill parent

[ ] Disabled or ill other person

64. How stressful would you say it is to provide care to the individuals mentioned above?

[ ] Not applicable  [ ] Not at all  [ ] Just a little bit  [ ] Moderately  [ ] Extremely  [ ] Don't know

65. How rewarding would you say it is to provide care to the individuals mentioned above?

[ ] Not applicable  [ ] Not at all  [ ] Just a little bit  [ ] Moderately  [ ] Extremely  [ ] Don't know

66. The following questions relate to how you feel about your standing in US society and in your community.

a) Think of this ladder as representing where people stand in the United States.

At the top of the ladder are the people who are the best off—those who have the most money, the most education, and the most respectable jobs.

At the bottom are the people who have the least money, least education, and the least respected jobs or no job.

Where would you place yourself on this ladder? Fill in the circle that best represents where you think you stand, relative to other people in the United States.

b) Now think of this ladder as representing where people stand in their communities. People define community in different ways. Please define it in whatever way is most meaningful to you.

At the top of the ladder are the people who have the highest standing in their community.

At the bottom are the people who have the lowest standing in their community.

Where would you place yourself on this ladder? Fill in the circle that best represents where you think you stand at this time in your life, relative to other people in your community.

Thank you! Please return forms in prepaid return envelope to:
Frank Speizer, MD, Nurses' Health Study, 181 Longwood Ave., Boston, MA 02115

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