February 23, 2001

Dear Colleague:

We would like to take this opportunity to thank you once again for your continued and dedicated participation in the Nurses' Health Study II. The accuracy and completeness of the information you and your fellow participants provide are truly impressive. This information will enable the study to continue to answer many critical questions about lifestyle factors and women's health. We would like to expand our information on social relationships and social supports which we believe are important to women's health.

The attached supplemental questionnaire asks about your social supports, intimate relationships, life stresses, and pregnancy outcomes. As always, your responses are confidential and will only be used for statistical purposes. We welcome any comments you may have and encourage you to write them on a separate sheet and return it to us in the enclosed postage-paid envelope along with the completed questionnaire. You may also contact us directly at (617) 525 2279, if you have any specific questions, comments, or requests for referrals. If you choose not to participate in this questionnaire, it will not jeopardize your continued participation in the Nurses' Health Study II.

Once again, we thank you in advance for your timely contribution to this important and ongoing research study.

Yours sincerely,

Walter C. Willett, MD DrPH  
Principal Investigator, Nurses' Health Study II

Rosalind J. Wright, MD MPH  
Project Director

P.S. The supplemental questionnaire data is crucial to maintaining the validity of this study. Your reply within the next 2 weeks would be greatly appreciated as this will help keep costs down.
Instructions

Please use an ordinary No. 2 pencil ONLY.
Please keep all write-in responses within the spaces provided. Write any comments on a separate sheet.

CORRECT MARK

INCORRECT MARKS
The following questions are about relationships, social interactions and people who support you.

1. 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

2. How many hours each week do you participate in any groups such as a 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

3. How many living children do you have?
   - Daughters
     - None
     - 1
     - 2
     - 3
     - 4
     - 5 or more
   - Sons
     - None
     - 1
     - 2
     - 3
     - 4
     - 5 or more

4. How many of your children do you see at least once a month?
   - None
   - 1
   - 2
   - 3
   - 4
   - 5 or more

5. Apart from your children, how many relatives do you have with whom you feel close?
   - None
   - 1 to 2
   - 3 to 5
   - 6 to 9
   - 10 or more

6. Apart from your children, how many close relatives do you see at least once a month?
   - None
   - 1 to 2
   - 3 to 5
   - 6 to 9
   - 10 or more
   (the number of people NOT the number of times you see them)

7. How many close friends do you have?
   - None
   - 1 to 2
   - 3 to 5
   - 6 to 9
   - 10 or more

8. How many of these friends do you see at least once a month?
   - None
   - 1 to 2
   - 3 to 5
   - 6 to 9
   - 10 or more
   (the number of people NOT the number of times you see them)

9. 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
     a) How often do you see or talk with this person?
     - Daily
     - Weekly
     - Monthly
     - Several times/year
     - Once/year or less
   - No

10. 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

11. How many people can you count on to provide you with emotional support?
    - None
    - One
    - Two
    - Three or more

12. Please indicate by filling in the appropriate response how often you felt or thought a certain way during the last month.

In the *last month*, how often have you felt that you were unable to control the important things in your life?

In the *last month*, how often have you felt confident about your ability to handle your personal problems?

In the *last month*, how often have you felt that things were going your way?

In the *last month*, how often have you felt difficulties were piling up so high that you could not overcome them?

Please continue on page 2
13. Is this your correct date of birth? ▶
- Yes ☐ No ☐ If no, please write correct date.

14. There are many ways to try to deal with problems. These items ask what you do, in general, to cope with the stress in your life.

- I concentrate my efforts on doing something about the situation I'm in.
- I say to myself "this isn't real".
- I get emotional support from others.
- I give up trying to deal with things.
- I take action to try to make the situation better.
- I refuse to believe that things have happened.
- I say things to let my unpleasant feelings escape.
- I criticize myself.
- I get comfort and understanding from someone.
- I give up the attempt to cope.
- I accept the reality of the fact that things have happened.
- I express my negative feelings.
- I try to find comfort in my religion or spiritual beliefs.
- I learn to live with things.
- I blame myself for things that happened.
- I pray or meditate.

These questions relate to things that may have happened in your family and relationships during childhood and adolescence.

15. When you were a child (up to age 11 years), did any of the following things happen to you?

- People in my family hit me so hard that it left me with bruises and marks.
- The punishments I received seemed cruel.
- I was punished with a belt, a board, a cord, or some other hard object.
- Someone in my family yelled and screamed at me.
- People in my family said hurtful or insulting things to me.
- There was someone in my family who helped me feel that I was important or special.

16. When you were a child (up to age 11 years), did your parent, step-parent or adult guardian ever:

- Spank you for discipline
- Push, grab, or shove you
- Kick, bite or punch you
- Hit you with something that hurt your body
- Choke or burn you
- Physically attack you in some other way

17. When you were a teenager (ages 11-17 years), did your parent, step-parent or adult guardian ever:

- Push, grab, or shove you
- Kick, bite or punch you
- Hit you with something that hurt your body
- Choke or burn you
- Physically attack you in some other way

Please continue on page 3
18. When you were a child (up to age 11 years), were you ever touched in a sexual way by an adult or an older child or were you forced to touch an adult or an older child in a sexual way when you did not want to?
   - No, this never happened
   - Yes, this happened once
   - Yes, this happened more than once

19. When you were a teenager (ages 11-17 years), were you ever touched in a sexual way by an adult or an older child or were you forced to touch an adult or an older child in a sexual way when you did not want to?
   - No, this never happened
   - Yes, this happened once
   - Yes, this happened more than once

20. When you were a child (up to age 11 years), did an adult or an older child ever force you or attempt to force you into any sexual activity by threatening you, holding you down or hurting you in some way when you did not want to?
   - No, this never happened
   - Yes, this happened once
   - Yes, this happened more than once

21. When you were a teenager (ages 11-17 years), did an adult or an older child ever force you or attempt to force you into any sexual activity by threatening you, holding you down or hurting you in some way when you did not want to?
   - No, this never happened
   - Yes, this happened once
   - Yes, this happened more than once

Now consider experiences with all intimate relationships (not only a current relationship) you have had as an adult (age ≥ 18 years).

22. Have you ever been involved in an intimate relationship lasting at least 3 months since you were ≥ 18 years old?
   - No (If NO, skip to question 29)
   - Yes

23. Have you ever been made to feel afraid of your spouse/significant other?
   - No
   - Yes

24. Have you ever been emotionally abused by your spouse/significant other?
   - No, this never happened
   - Yes, this happened once
   - Yes, this happened more than once

25. Have you ever been hit, slapped, kicked, or otherwise physically hurt by your spouse/significant other?
   - No, this never happened
   - Yes, this happened once
   - Yes, this happened more than once

26. Has your spouse/significant other ever forced you to have sexual activities?
   - No, this never happened
   - Yes, this happened once
   - Yes, this happened more than once

If you answered YES to question 24 OR 25 OR 26, please go to 27. If not, you may skip to 28.

27. In approximately what year(s) of your adulthood did you experience the emotional, physical, or sexual abuse reported above?
   Note that you may mark more than one.

   - 1962
   - 1963
   - 1964
   - 1965
   - 1966
   - 1967
   - 1968
   - 1969
   - 1970
   - 1971
   - 1972
   - 1973
   - 1974
   - 1975
   - 1976
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   - 1988
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   - 1990
   - 1991
   - 1992
   - 1993
   - 1994
   - 1995
   - 1996
   - 1997
   - 1998
   - 1999
   - 2000
   - 2001

Please continue on page 4
28. Now think about the last relationship with the spouse/significant other that you were or currently are involved with. Please choose the answer that best describes how much you agree or disagree in general with each item.

<table>
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<tr>
<th>Agree Strongly</th>
<th>Agree Somewhat</th>
<th>Agree A Little</th>
<th>Disagree A Little</th>
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<th>Disagree Strongly</th>
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Usually my partner is sensitive to my needs.
My partner respects my interests and independence.
My partner makes me feel unsafe even in my own home.
I feel ashamed of the things my partner does to me.
I try not to rock the boat because I am afraid of what my partner might do.
I feel like I am programmed to react a certain way to my partner.
I feel like my partner keeps me prisoner.
My partner makes me feel like I have no control over my life, no power, no protection.
I hide the truth from others because I am afraid not to.
I feel owned and controlled by my partner.
My partner can scare me without laying a hand on me.
My partner has a look that goes straight through me and terrifies me.

Please indicate if you are referring to a past or current relationship.  
- Past
- Current

29. Have you ever taken out a restraining order?  
- No
- Yes, against a spouse/significant other
- Yes, against other person

30. Have you ever been stalked by anyone?  
- Yes, by one person
- Yes, by more than one person
- No

31. Have you ever experienced any of the following harassment behaviors by strangers, friends, relatives, spouse/significant other (male or female)? Mark all that apply.

- Followed you or spied on you?
- Sent you unwanted letters/written correspondence?
- Made unwanted phone calls to you?
- Stood outside your home, school or workplace?
- Left unwanted items for you to find?
- Tried to communicate with you in other ways against your will?
- Vandalized your property or destroyed something you loved?

If yes, who did it? (Note: What was the relationship at time of stalking?)

- spouse/significant other
- ex-spouse/significant other
- other

None if NONE AND you answered no to question 29 then skip to question 35.

32. How frightened were you by these things that this person/these persons did to you?  
- Very frightened
- Somewhat frightened
- Just a little frightened
- Not really frightened
- Don't know

33. Did you ever believe you or someone close to you would be seriously harmed or killed when this person/these persons was following or harassing (stalking) you?  
- Yes
- No
- Don't know

34. Has any one person ever done any of these things to you on more than one occasion?  
- Yes
- No
- Don't know
We would also like to know more about your pregnancies.

35. Please answer each section below for each pregnancy you have had that lasted 12 weeks or more. Please do not include current pregnancies. Start with your most recent pregnancy and continue back to your first one. If you had twins or triplets, please count them as one pregnancy, and mark more than one circle for birth weight and infant gender in the same pregnancy column, where appropriate.

- Please mark here if you have never been pregnant for at least 12 weeks.

| Calendar year in which the pregnancy ended? | How long did the pregnancy last? | Outcome of the pregnancy? | On average, how many cigarettes did you smoke per day during this pregnancy? | On average, how much alcohol did you drink per week during this pregnancy? | Were you physically hurt by your spouse/significant other during this pregnancy? | For live births only:
  a. Did you have a girl or a boy?
  b. What was his or her birth weight? |
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<tr>
<td>1 (Start here with most recent)</td>
<td>12-20 weeks</td>
<td>Single live birth</td>
<td>None</td>
<td>0 drinks/week</td>
<td>Never</td>
<td>Girl</td>
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<td>20-24 weeks</td>
<td>Twins/triplets</td>
<td>&lt;1 cig/day</td>
<td>1 drink/week</td>
<td>Once</td>
<td>&lt;5 lbs</td>
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<td>24-28 weeks</td>
<td>Miscarriage/stillbirth</td>
<td>1-4 cigs/day</td>
<td>2-4 drinks/week</td>
<td>A few times</td>
<td>&lt;5-5.4 lbs</td>
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<td>28-32 weeks</td>
<td>Induced abortion</td>
<td>5-14 cigs/day</td>
<td>5-6 drinks/week</td>
<td>More than a few times</td>
<td>5-5-6.9 lbs</td>
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<td>32-37 weeks</td>
<td>Tubal or ectopic</td>
<td>15-24 cigs/day</td>
<td>7-13 drinks/week</td>
<td>More than a few times</td>
<td>7-8.4 lbs</td>
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<tr>
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<td>37-42 weeks (term)</td>
<td></td>
<td>25 + cigs/day</td>
<td>14 + drinks/week</td>
<td>More than a few times</td>
<td>8.5-9.9 lbs</td>
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<td>43 + weeks</td>
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<td>10 + lbs</td>
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If you had more than 5 pregnancies lasting 12 weeks or more:

- How many more pregnancies did you have?  0 1 more  0 2 more  0 3 more  0 4+ more
- How many of these pregnancies lasted less than 37 completed weeks?   0 1  0 2  0 3  0 4+
- How many of these births weighed less than 5.5 pounds?  0 1  0 2  0 3  0 4+
Thank you for completing this Questionnaire