Dear Colleague:

On behalf of our entire research group, thank you for your participation in the Nurses’ Health Study II. We recognize that you lead a busy life, and we are always looking for ways to make it easier for you to complete our surveys. We are excited this year to offer you the choice of completing either an on-line questionnaire or the enclosed traditional form. The on-line questionnaire is available at www.NHS2.org and can be accessed with your ID number shown above. We hope if you choose this new option, it will make participating in the study even more convenient.

As a member of the Nurses’ Health Study II, you are unique and irreplaceable. Your ongoing participation is as important as ever in the quest for a greater understanding of the choices that lead to a healthy life. The enclosed questionnaire continues this important follow-up by providing updated information on your lifestyle and medical diagnoses. Following the suggestions of many study members, we have expanded our assessment of stress and social networks to better learn how these can affect the health of women.

We know that you will give the questionnaire the same careful consideration that you have given our forms since the study began in 1989. As always, all information you provide is kept strictly confidential and is used for medical statistical purposes only.

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.

Sincerely,

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

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 Nurses’ Health Study II. We will not release your e-mail address to anyone!

Please print neatly and differentiate numbers and letters (e.g., 1 vs l, Ø vs O, 5 vs S). This is your ID ➤
INSTRUCTIONS

INTERNET:
Go to our website at WWW.NHS2.ORG and use your ID number (see front of this page) and your birth date to log in. Follow the instructions on the screen to complete the survey on-line.

PAPER FORM:
Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely. The form is designed to be read by optical-scanning equipment, so it is important that you keep any write-in responses within the spaces provided and erase any incorrect marks 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.

• 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.
• Thank you for completing the 2001 Nurses’ Health Study II Questionnaire.
1. **PLEASE PENCIL IN CURRENT WEIGHT:**

   - [ ] 50
   - [ ] 60
   - [ ] 70
   - [ ] 80
   - [ ] 90

2. **a) SINCE JUNE 1999, have you been pregnant?**

   - [ ] Yes
   - [ ] No

   **b) Are you currently pregnant?**

   - [ ] Yes
   - [ ] No

   - [ ] Continue with part c, but do NOT fill in a bubble in part c for your current pregnancy.

   **c) For each pregnancy ending after JUNE 1, 1999, 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>6/1/99 - 12/31/99</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>2000</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>2001</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>2002+</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
   - [ ] Condorm NFP
   - [ ] Diaphragm/Cervical cap
   - [ ] Vasectomy
   - [ ] Foam/Jelly/Sponge
   - [ ] Rhythm/NFP
   - [ ] Norplant
   - [ ] Tubal Ligation
   - [ ] Intrauterine Device
   - [ ] Depo Provera
   - [ ] Lunelle
   - [ ] Other

4. **SINCE JUNE 1999, have you used oral contraceptives (OCs)?**

   - [ ] Yes
   - [ ] No

   **a) How many months did you use OCs during the 24-month period between June 1999 and June 2001?**

   - [ ] 1 month or less
   - [ ] 2-4
   - [ ] 5-9
   - [ ] 10-14
   - [ ] 15-19
   - [ ] 20-24 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. **Have your natural menstrual periods ceased PERMANENTLY?**

   - [ ] No
   - [ ] Premenopausal
   - [ ] Menopause

   **For what reason did your periods cease?**

   - [ ] Natural
   - [ ] Surgical (Medical)
   - [ ] Radiation or chemotherapy
   - [ ] Other

6. **Have you had your uterus removed?**

   - [ ] No
   - [ ] Yes

   **Date of surgery:**

   - [ ] Before June 1, 1999
   - [ ] After June 1, 1999

7. **Have you ever had either of your ovaries surgically removed?**

   - [ ] No
   - [ ] Yes

   **How many ovaries do you have remaining?**

   - [ ] None
   - [ ] One
   - [ ] Two
   - [ ] Three
   - [ ] Four
   - [ ] More than 4

8. **Since June 1999, have you used Evista (raloxifene) or tamoxifen (Nolvadex)?**

   - [ ] Yes
   - [ ] No

   **a) How many months have you used each drug during the 24 month period between June 1999 and June 2001?**

   - [ ] 1-4 months
   - [ ] 5-9
   - [ ] 10-14
   - [ ] 15-19
   - [ ] 20-24 months

   **b) Are you currently using Evista or tamoxifen?**

   - [ ] Yes, currently
   - [ ] Yes, Evista
   - [ ] Yes, tamoxifen

9. **Since June 1999, have you regularly used any over-the-counter (e.g., “alternative,” “herbal,” “natural” or soy-based) preparations for hormone replacement or to treat menopausal symptoms? (Do not include food sources.)**

   - [ ] Yes
   - [ ] No

   **a) Mark the type(s) of preparations you have used at least once a week, for at least 6 months since June 1999.**

   - [ ] Soy estrogen supplement (e.g., Estroven) or soy powder (e.g., Iso-Soy)
   - [ ] Black cohosh (e.g., Remifemin)
   - [ ] Dong quai (e.g., Rejuvex)
   - [ ] Other, e.g., phytoestrogens

10. **Since June 1999, have you used prescription female hormones?**

    - [ ] Yes
    - [ ] No

    **a) How many months did you use them during the 24-month period between June 1999 and June 2001?**

    - [ ] 1-4 months
    - [ ] 5-9
    - [ ] 10-14
    - [ ] 15-19
    - [ ] 20-24 months

    **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.**

    - [ ] Estrogen: Oral Premarin
    - [ ] Premarin (Blue)
    - [ ] Premarin (Pink)
    - [ ] Prempro (Pink)
    - [ ] Prempro (Blue)
    - [ ] Ogen
    - [ ] Estrace
    - [ ] Estratest
    - [ ] Other estrogen (specify in box below)

    **Progestosterone/Progestin:***

    - [ ] Provera/Cyclic
    - [ ] Provera/Cyclic/MPA
    - [ ] Vaginal
    - [ ] Microized (e.g., Premtrin)

    **Other type of hormones used, please specify:**

    - [ ] Other progesterone

    **d) If you used oral conjugated estrogen (e.g., Premarin) what dose did you usually take?**

    - [ ] .3 mg/day or less (Green)
    - [ ] .625 mg/day (Brown)
    - [ ] .9 mg/day (White)
    - [ ] 1.25 mg/day (Yellow)
    - [ ] More than 1.25 mg/day
    - [ ] More than 1 mg/day
    - [ ] Not used

    **e) If you used oral medroxyprogesterone (e.g., Provera, Cycrin) what dose did you usually take?**

    - [ ] 2.5 mg or less
    - [ ] 5-9 mg
    - [ ] 10 mg
    - [ ] More than 10 mg
    - [ ] Not used

    **f) What was your pattern of hormone use (Days per Month)?**

    - [ ] Oral or Patch Estrogen: Days per Month
    - [ ] Not used
    - [ ] 1-8 days
    - [ ] 9-18
    - [ ] 19-26
    - [ ] 27+ days/mo.

    - [ ] Progesterone: Days per Month
    - [ ] Not used
    - [ ] 1-8 days
    - [ ] 9-18
    - [ ] 19-26
    - [ ] 27+ days/mo.
11. If you have had any pregnancies since June 1993, including miscarriages, were you working as a nurse during any of these pregnancies?  
- Yes, have been pregnant since June 1993 AND worked as a nurse during that pregnancy  
- No, was pregnant after June 1993 but was NOT working as a nurse during that pregnancy  
- Since June 1993, have you had any of these physician-diagnosed illnesses?  
- Yes  
- No  

13. Do you feel that your sleep duration is adequate?  
- Yes  
- No  
- What is the major reason that your sleep duration is inadequate? (Mark one answer.)  
- Work/family activities or schedule  
- Medical problem (e.g., pain, breathing difficulties)  
- Leisure/social activities: reading/TV/computer, etc.  
- Just can’t get to or stay asleep (worrying or insomnia)  

14. Do you work?  
- Yes  
- No  
- If yes, what kind of work do you do?  
- If no, please describe why you are not working.  

15. On average, over a 24 hour period, do you sleep:  
- 6 hours  
- 8 hours  
- 10 hours  

16. On average, over a 24 hour period, do you work:  
- 6 hours  
- 8 hours  
- 10 hours  

17. Did you have symptoms?  
- Yes  
- No  

18. Have you ever been diagnosed with any of the following conditions?  
- Yes  
- No  

19. Have you ever had any of these physician-diagnosed illnesses?  
- Yes  
- No  

20. Have you ever been diagnosed with any of these physician-diagnosed illnesses?  
- Yes  
- No  

---

### Year of Diagnosis

**Before June 1999**  
- Yes  
- No  

**Between June 1999 and May 2001**  
- Yes  
- No  

**After May 2001**  
- Yes  
- No

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**Year of First Diagnosis**

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</tbody>
</table>
21. Regular Medication (Mark if used regularly in past 2 years.)
- Acetaminophen (e.g., Tylenol)
  - Days/week: 1 2–3 4–5 6+ days
  - Total tabs/wk: 1–2 3–5 6–14 15+ tab
- "Baby" or low dose aspirin
  - Days/week: 1 2–3 4–5 6+ days
  - Total tabs/wk: 1–2 3–5 6–14 15+ tab
- Aspirin or aspirin-containing products (325mg/tablet or more)
  - Days/week: 1 2–3 4–5 6+ days
  - Total tabs/wk: 1–2 3–5 6–14 15+ tab
- Ibuprofen (e.g., Advil, Motrin, Nuprin)
  - Days/week: 1 2–3 4–5 6+ days
  - Total tabs/wk: 1–2 3–5 6–14 15+ tab
- Celebrex or Vioxx (COX-2 inhibitors)
  - Days/week: 1 2–3 4–5 6+ days
  - Total tabs/wk: 1–2 3–5 6–14 15+ tab
- Other anti-inflammatory analgesics, 2+ times/week
  - Days/week: 1 2–3 4–5 6+ days
  - Total tabs/wk: 1–2 3–5 6–14 15+ tab

22. In the past two years have you had:
- A physical exam?
- Yes No
- Yes for screening
- No for symptoms
- Mammogram?
- Yes No
- Bimanual pelvic exam?
- Yes No
- Fasting blood sugar?
- Yes No

23. Did you have a colonoscopy or sigmoidoscopy since June 1, 1999?
- Yes
- Why did you have the colonoscopy or sigmoidoscopy?
- Mark all that apply:
  - Bleeding in stool
  - Barium Enema
  - Diarrhea or constipation
  - Abdominal pain
  - Positive test for occult fecal blood
  - Family history of colon cancer
  - Routine or follow-up screening (no symptoms)

24. 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

25. How many biological brothers and sisters do you have?
- (Include any deceased siblings. Do not count half-siblings)
- Brothers: 0 Zero 1 2 3 4 5 or more
- Sisters: 0 Zero 1 2 3 4 5 or more

26. Have any of the following biological relatives had... Relative's Age at First Diagnosis
- Ovarian Cancer?
  - No
  - Yes, for
  - Age 50 to 59
  - Age 60 to 69
  - Age 70+ or Age Unknown
  - Mother
  - Father
  - Sister
  - Brother

- Breast Cancer?
  - No
  - Yes, for
  - Age 50 to 59
  - Age 60 to 69
  - Age 70+ or Age Unknown
  - Mother
  - Father
  - Sister
  - Brother

- Colon or Rectal Cancer?
  - No
  - Yes, for
  - Age 50 to 59
  - Age 60 to 69
  - Age 70+ or Age Unknown
  - Mother
  - Father
  - Sister
  - Brother

- Uterine Cancer?
  - No
  - Yes, for
  - Age 50 to 59
  - Age 60 to 69
  - Age 70+ or Age Unknown
  - Mother
  - Father
  - Sister
  - Brother

- Prostate Cancer?
  - No
  - Yes, for
  - Age 50 to 59
  - Age 60 to 69
  - Age 70+ or Age Unknown
  - Mother
  - Father
  - Sister
  - Brother

- Breast Cancer?
  - No
  - Yes, for
  - Age 50 to 59
  - Age 60 to 69
  - Age 70+ or Age Unknown
  - Mother
  - Father
  - Sister
  - Brother

- Uterine Cancer?
  - No
  - Yes, for
  - Age 50 to 59
  - Age 60 to 69
  - Age 70+ or Age Unknown
  - Mother
  - Father
  - Sister
  - Brother

- Prostate Cancer?
  - No
  - Yes, for
  - Age 50 to 59
  - Age 60 to 69
  - Age 70+ or Age Unknown
  - Mother
  - Father
  - Sister
  - Brother

- Pancreatic Cancer?
  - No
  - Yes, for
  - Age 50 to 59
  - Age 60 to 69
  - Age 70+ or Age Unknown
  - Mother
  - Father
  - Sister
  - Brother

- Melanoma?
  - No
  - Yes, for
  - Age 50 to 59
  - Age 60 to 69
  - Age 70+ or Age Unknown
  - Mother
  - Father
  - Sister
  - Brother

- Myocardial Infarction?
  - No
  - Yes, for
  - Age 50 to 59
  - Age 60 to 69
  - Age 70+ or Age Unknown
  - Mother
  - Father
  - Sister
  - Brother

- Diabetes?
  - No
  - Yes, for
  - Age 50 to 59
  - Age 60 to 69
  - Age 70+ or Age Unknown
  - Mother
  - Father
  - Sister
  - Brother

- Asthma?
  - No
  - Yes, for
  - Age 50 to 59
  - Age 60 to 69
  - Age 70+ or Age Unknown
  - Mother
  - Father
  - Sister
  - Brother

27. What is your current marital status?
- Married
- Widowed
- Divorced
- Separated

28. Your living arrangement: (Mark all that apply.)
- Alone
- With minor children
- With minor children but not living together
- With other adult family
- Other

29. Do you currently smoke cigarettes?
- Yes
- No
- How many per day?
  - 1–4
  - 5–14
  - 15+ per day

30. Since age 18, how many years have you lived with someone who smoked regularly inside your home?
- None or <1 year
- 1–4 years
- 5–9 years
- 10–19 years
- 20–29 years
- 30+ years

31. 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:
32. What is your usual walking pace outdoors?  
- □ Unable to walk  
- □ Easy, casual (less than 2 mph)  
- □ Normal, average (2–2.9 mph)  
- □ Brisk pace (3–3.9 mph)  
- □ Very brisk/strolling (4 mph or faster)

33. How many flights of stairs (not individual steps) do you climb daily?  
- □ 2 flights or less  
- □ 3–4  
- □ 5–9  
- □ 10–14  
- □ 15 or more flights

34. 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>
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<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 (Include free weights or machines such as Nautilus)</td>
<td></td>
</tr>
</tbody>
</table>

35. DURING THE PAST YEAR, on average, how many HOURS PER WEEK did you spend:  

<table>
<thead>
<tr>
<th>Activity</th>
<th>Time PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing or walking around at work or away from home? (hrs./week)</td>
<td></td>
</tr>
<tr>
<td>Sitting at work or away from home or while driving? (hrs./week)</td>
<td></td>
</tr>
<tr>
<td>Sitting at home while watching TV/VCR? (hrs./week)</td>
<td></td>
</tr>
<tr>
<td>Other sitting at home (e.g., reading, meal times, at desk)? (hrs./week)</td>
<td></td>
</tr>
</tbody>
</table>

36. Since JUNE 1999, have you tried to become pregnant for more than one year without success?  
- □ Yes  What was the cause?  
- □ No □ Tubal blockage □ Ovulatory disorder □ Endometriosis □ Cervical mucous factors □ Spouse/Partner □ Not investigated □ Not found □ Other

37. Since JUNE 1999, have you taken Clomiphene (e.g. Clomid) or Gonadotropin injections (e.g., Pergonal, Metrodin, Follistim) to induce ovulation?  
- □ Yes □ In how many months were these used?  
- □ No □ a. Clomiphene □ Not used □ 1 □ 2–3 □ 4–6 □ 6–11 □ 12+mo.  
- □ b. Gonadotropins □ Not used □ 1 □ 2–3 □ 4–6 □ 6–11 □ 12+mo.

38. Do you currently take a multi-vitamin? (Please report other individual vitamins in question 39.)  
- □ No  
- □ Yes □ a) How many do you take per week?  
- □ 2 or less  
- □ 3–5  
- □ 6–9  
- □ 10 or more

39. Do you take any of the following separate preparations on a regular basis?  

- □ Vitamin C  
- □ Vitamin E  
- □ Calcium  
- □ Iron  
- □ Potassium  
- □ B-Complex  
- □ Vitamin A  
- □ Beta Carotene  
- □ Folic Acid  
- □ Niacin  
- □ Zinc  
- □ Selenium

40. During the past year, how often did you eat the following: (Do not include other meats or cooking methods.)  

<table>
<thead>
<tr>
<th>Food</th>
<th>Time PER WEEK</th>
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<tbody>
<tr>
<td>a) Pan-fried chicken</td>
<td>Lightly browned</td>
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<tr>
<td>usual outside appearance</td>
<td>Medium browned</td>
</tr>
<tr>
<td>Lightly browned</td>
<td>Well browned</td>
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<tr>
<td>Blackened/charred</td>
<td></td>
</tr>
<tr>
<td>b) Broiled chicken</td>
<td>Lightly browned</td>
</tr>
<tr>
<td>usual outside appearance</td>
<td>Medium browned</td>
</tr>
<tr>
<td>Lightly browned</td>
<td>Well browned</td>
</tr>
<tr>
<td>Blackened/charred</td>
<td></td>
</tr>
<tr>
<td>c) Grilled/BBQ chicken</td>
<td>Lightly browned</td>
</tr>
<tr>
<td>usual outside appearance</td>
<td>Medium browned</td>
</tr>
<tr>
<td>Lightly browned</td>
<td>Well browned</td>
</tr>
<tr>
<td>Blackened/charred</td>
<td></td>
</tr>
</tbody>
</table>
| d) When you eat chicken, how often is it cooked with the skin on?  
- □ Always  
- □ Most of the time  
- □ Sometimes  
- □ Never
| e) How often do you eat the skin?  
- □ Always  
- □ Most of the time  
- □ Sometimes  
- □ Never
| f) Broiled fish               | Lightly browned |  
| usual outside appearance      | Medium browned |  
| Blackened/charred            |                |
| g) Roast beef                 | Lightly browned |  
| usual outside appearance      | Medium browned |  
| Blackened/charred            |                |
| h) Pan-fried hamburger (4-6 oz. beef) | Lightly browned |  
| usual outside appearance      | Medium browned |  
| Blackened/charred            |                |
| i) Grilled/BBQ steak          | Lightly browned |  
| usual outside appearance      | Medium browned |  
| Blackened/charred            |                |
| j) Homemade beef gravy        | Lightly browned |  
| usual appearance of drippings | Medium browned |  
| Blackened/charred            |                |
41. 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.)

| Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports | Yes, Limited A Lot | Yes, Limited A Little | No, Not Limited At All |
| Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | Yes, Limited A Lot | Yes, Limited A Little | No, Not Limited At All |
| Lifting or carrying groceries | Yes, Limited A Lot | Yes, Limited A Little | No, Not Limited At All |
| Climbing several flights of stairs | Yes, Limited A Lot | Yes, Limited A Little | No, Not Limited At All |
| Climbing one flight of stairs | Yes, Limited A Lot | Yes, Limited A Little | No, Not Limited At All |
| Bending, kneeling, or stooping | Yes, Limited A Lot | Yes, Limited A Little | No, Not Limited At All |
| Walking more than a mile | Yes, Limited A Lot | Yes, Limited A Little | No, Not Limited At All |
| Walking several blocks | Yes, Limited A Lot | Yes, Limited A Little | No, Not Limited At All |
| Walking one block | Yes, Limited A Lot | Yes, Limited A Little | No, Not Limited At All |

42. 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.)

| Did you feel full of pep? | All of the Time | Most of the Time | A Good Bit of the Time | Some of the Time | A Little of the Time | None of the Time |
| Have you been a very nervous person? | All of the Time | Most of the Time | A Good Bit of the Time | Some of the Time | A Little of the Time | None of the Time |
| Have you felt so down in the dumps nothing could cheer you up? | All of the Time | Most of the Time | A Good Bit of the Time | Some of the Time | A Little of the Time | None of the Time |
| Have you felt calm and peaceful? | All of the Time | Most of the Time | A Good Bit of the Time | Some of the Time | A Little of the Time | None of the Time |
| Did you have a lot of energy? | All of the Time | Most of the Time | A Good Bit of the Time | Some of the Time | A Little of the Time | None of the Time |
| Have you felt downhearted and blue? | All of the Time | Most of the Time | A Good Bit of the Time | Some of the Time | A Little of the Time | None of the Time |
| Did you feel worn out? | All of the Time | Most of the Time | A Good Bit of the Time | Some of the Time | A Little of the Time | None of the Time |
| Have you been a happy person? | All of the Time | Most of the Time | A Good Bit of the Time | Some of the Time | A Little of the Time | None of the Time |
| Did you feel tired? | All of the Time | Most of the Time | A Good Bit of the Time | Some of the Time | A Little of the Time | None of the Time |
| Have you felt hopeless about the future? | All of the Time | Most of the Time | A Good Bit of the Time | Some of the Time | A Little of the Time | None of the Time |
| Have you thought about or wanted to commit suicide? | All of the Time | Most of the Time | A Good Bit of the Time | Some of the Time | A Little of the Time | None of the Time |
| Have you felt no interest in things? | All of the Time | Most of the Time | A Good Bit of the Time | Some of the Time | A Little of the Time | None of the Time |

43. 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.)?

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

44. 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 |

45. 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

46. 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?

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

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

None | Very mild | Mild | Moderate | Severe | Very severe

48. 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

49. In general, would you say your health is:

Excellent | Very Good | Good | Fair | Poor

PLEASE CONTINUE ON PAGE 6
50. 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 (Mark one response on each line.)
   b) Accomplished less than you would like (Mark one response on each line.)
   c) Didn’t do work or other activities as carefully as usual (Mark one response on each line.)

51. In your lifetime, have you ever had two weeks or longer when nearly every day you felt sad, blue, or depressed for most of the day?
   (Mark one response on each line.)

52. Did you ever tell a doctor or mental health specialist that you were feeling depressed?
   (Mark one response on each line.)

53. Which best describes your current employment status?
   (Mark one response on each line.)

54. How likely is it that during the next couple of years you will involuntarily lose your present job with your employer?
   (Mark one response on each line.)

55. During the following time periods, how many months have you worked rotating night shifts (at least 3 nights/month in addition to other days and evenings in that month)?
   (Mark one response on each line.)

56. Did you work permanent night shifts for 6 or more months during any of these time periods?
   (Mark one response on each line.)

57. The following question is optional. Please mark your pre-tax household income for the past year:
   (Mark one response on each line.)

58. Outside of your employment, do you provide regular care to any of the following? (Mark one response on each line.)
   (Mark one response on each line.)

59. How stressful would you say it is to provide care to the individuals mentioned above?
   (Mark one response on each line.)

60. How rewarding would you say it is to provide care to the individuals mentioned above?
   (Mark one response on each line.)

61. 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 are the worst off—those who have the least money, least education, and the least respected jobs or no job.
   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.

Thank you! Please return forms in the prepaid return envelope to:
Walter Willett, M.D., Nurses’ Health Study II, 181 Longwood Ave., Boston, MA 02115