



HARVARD
MEDICAL
SCHOOL

NURSES' HEALTH STUDY II



HARVARD
SCHOOL of
PUBLIC HEALTH

• Channing Laboratory • 181 Longwood Avenue • Boston, Massachusetts 02115-5804 •
Telephone (617) 525-2279 • Facsimile (617) 525-2008

This is your ID ➔

Dear Colleague:

The attached Nurses' Health Study II "short form" continues our follow-up of the information which you first provided in 1989. We have made this questionnaire as brief as possible, knowing how busy your life can be. We would be **extremely** grateful to receive your completed survey in the next few weeks.

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 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.

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

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

P.S. Your prompt reply helps avoid additional mailings.

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.

<p>Please print neatly and differentiate numbers and letters (e.g., 1 vs l or i, 0 vs O, 5 vs S)</p>
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We will not release your e-mail address to anyone!

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:

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

12. Since June 1999, have you had any of these physician-diagnosed illnesses?

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

	YEAR OF DIAGNOSIS		
	BEFORE JUNE 1 1999	JUNE 99 TO MAY 2001	AFTER JUNE 1 2001
Elevated cholesterol	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melanoma	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Basal cell skin cancer	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

EXAMPLE 2:

Keep handwriting within the borders of the response box.

	YEAR OF DIAGNOSIS		
	BEFORE JUNE 1 1999	JUNE 99 TO MAY 2001	AFTER JUNE 1 2001
Other major illness or surgery since June 1999:	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify: APPENDICITIS W/APPENDECTOMY

- 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.

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

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+

1	6	02	A
2	7	03	B
3	8	04	C
4	9	11	●
5	10	12	E

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

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

4. SINCE JUNE 1999, have you used oral contraceptives (OC's)?

Yes →

a. How many months did you use OC's during the 24-month period between June 1999 and June 2001?

- No 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 2001 and the present?

- 1 month or less 2-4 5-9 10-14 15-19 20+ months

5. SINCE JUNE 1999, 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, 1999, fill in a response bubble for the year during which each pregnancy ended.

Calendar Year	Pregnancies lasting 6 months or more		Pregnancies lasting less than 6 months	
	Single Births	Twins/Triplets	Miscarriages	Induced Abortions
6/1/99-12/31/99	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2000	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2001	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2002+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. SINCE JUNE 1999, 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
 No (Mark all that apply.) Spouse/Partner Not investigated Not found Other

7. 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:

AGE	
<input type="text"/>	<input type="text"/>

b. For what reason did your periods cease?

- Natural Surgical
 Radiation or chemotherapy

1	2	3	4	5	0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

8. Have you EVER had surgery to remove your uterus or ovaries? (Mark all that apply.)

- No Uterus removed Both ovaries removed One ovary removed

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 → a) Please mark the type(s) of preparations you have used at least once a week, for at least 6 months since June 1999.
 No Soy estrogen supplement (e.g., Estroven) or soy powder (e.g., Iso-Soy) Black cohosh (e.g., Remifemin)
 Natural progesterone cream or wild yam cream (e.g., Progest Cream) Dong quai (e.g., Rejuvex)
 Other, e.g., phytoestrogens

10. SINCE JUNE 1999, have you used Evista (raloxifene) or tamoxifen (Nolvadex)?

- No Yes → Are you currently using Evista or tamoxifen? No, not currently Yes, Evista Yes, tamoxifen

11. SINCE JUNE 1999, 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

12. Since June 1999, have you had any of these physician-diagnosed illnesses?

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

YEAR OF DIAGNOSIS		
BEFORE JUNE 1 1999	JUNE '99 TO MAY 2001	AFTER JUNE 1 2001

1	1	1	1	1	1	1
2	2	2	2	2	2	2
4	4	4	4	4	4	4
8	8	8	8	8	8	8
P	P	P	P	P	P	P

Myocardial infarction (heart attack)	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Angina pectoris	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	Confirmed by angiogram? <input type="radio"/> No <input type="radio"/> Yes
Coronary bypass/angioplasty	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Stroke (CVA) or TIA	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Deep vein thrombosis/Pul. embolism	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Elevated cholesterol	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Melanoma	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Basal cell skin cancer	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Squamous cell skin cancer	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Fibrocystic/other benign breast disease	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	Confirmed by breast biopsy? <input type="radio"/> No <input type="radio"/> Yes Confirmed by aspiration? <input type="radio"/> No <input type="radio"/> Yes
Breast cancer	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Other cancer	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	Specify site and date:
Colon or rectal polyp (benign)	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Ulcerative colitis/Crohn's disease	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Gastric or duodenal ulcer	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Gallstones	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	Did you have symptoms? <input type="radio"/> No <input type="radio"/> Yes How diagnosed? <input type="radio"/> X-ray or ultrasound <input type="radio"/> Other
Cholecystectomy	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
High blood pressure	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	<input type="radio"/> pregnancy-related <input type="radio"/> not pregnancy-related
Toxemia/Pre-eclampsia of pregnancy	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Diabetes	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	<input type="radio"/> gestational <input type="radio"/> not pregnancy-related
Hydatidiform mole of pregnancy	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Ectopic pregnancy	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Endometriosis, 1st diagnosis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	Confirmed by laparoscopy? <input type="radio"/> No <input type="radio"/> Yes
Uterine fibroids, 1st diagnosis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	Confirmed by pelvic exam? <input type="radio"/> No <input type="radio"/> Yes Confirmed by ultrasound or hysterectomy? <input type="radio"/> No <input type="radio"/> Yes
Polycystic ovarian syndrome	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Kidney stones	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Multiple sclerosis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Asthma, doctor-diagnosed	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Emphysema/Chronic Bronchitis DrDx	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Pneumonia, x-ray confirmed	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Graves' Disease/Hyperthyroidism	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Hypothyroidism	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Thyroid nodule (benign)	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Meningioma	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Seizure (1 or more) / epilepsy	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Gout	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Shingles	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
SLE (systemic lupus)	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Rheumatoid arthritis, doctor diagnosed	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	Rheumatoid factor <input type="radio"/> negative/unknown <input type="radio"/> positive
Other arthritis	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	
Other major illness or surgery since June 1999:	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> BEFORE JUNE 1 1999	<input type="radio"/> JUNE '99 TO MAY 2001	<input type="radio"/> AFTER JUNE 1 2001	Please specify:

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

13. Is this your correct date of birth?

Yes No **→ If no, please write correct date.**

Month	Day	Year
-------	-----	------

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

Name: _____
Address: _____