Dear Colleague:

Thank you for your participation in one of the preeminent studies of women's health, the Nurses' Health Study. Your responses, beginning 27 years ago, have helped women everywhere to live longer, healthier lives. Your continued involvement is extremely valuable as we continue to examine how lifestyle and family history interact to affect women's health.

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It is with our deepest gratitude that we thank you for the time and care which you have continued to offer to further the study of women's health. Thanks again.

Sincerely,
Frank E. Speizer, M.D.
Principal Investigator

P.S. Your prompt reply will help us continue to examine the many unresolved questions concerning the health of women. Please take just a moment to complete this short form!

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.

Please print neatly and differentiate numbers and letters (e.g., 1 vs l or 1, Ø vs O, 5 vs S).

We will not release your e-mail address to anyone!
1. What is your date of birth? [ ] [ ] [ ]
2. Current Weight: _____ lbs.
3. Have your menstrual periods ceased permanently? [Yes] [No] [Not sure]
4. Have you had your uterus or ovaries removed? [Yes] [No]
5. Do you currently use female hormones (e.g., Premarin)? [Estrogen & Progesterone] [Estrogen only] [Other]
6. Do you currently smoke cigarettes? [No] [Yes]

**Cardiovascular**
- Elevated Cholesterol
- High Blood Pressure
- Myocardial Infarction (heart attack)
  - Were you hospitalized for this MI?
  - Confirmed by angiogram?
- Angina
- Coronary Artery Bypass or Coronary Angioplasty
- Stroke (CVA)
- Transient Ischemic Attack (TIA)
- Carotid Artery Surgery (Endarterectomy)
- Peripheral Artery Disease (not varicose veins)
- Pulmonary Embolus
- Congestive Heart Failure
- Atrial Fibrillation, Dr. Dx

**Eye Diseases**
- Glaucoma
- Macular Degeneration of Retina
- Cataract (1st diagnosis)
- Cataract Extraction

**Musculoskeletal**
- Hip or Wrist Fracture
- Hip Replacement
- Osteoporosis
- Rheumatoid Arthritis, Dr. Dx
- SLE (systemic lupus)

**Cancer/Other Diseases**
- Cancer of the Uterus (endometrium)
- Fibrocystic or other Benign Breast Disease
- Confirmed by breast biopsy?
- Breast Cancer
- Melanoma
- Squamous Cell Skin Cancer
- Basal Cell Skin Cancer
- Colon or Rectal Polyps (benign)
- Colon or Rectal Cancer
- Other Cancer (e.g., Lung, Ovary, etc.)

Specify other cancer site:

**Specify other major illness or surgery:**
- Diabetes Mellitus
- Alzheimer’s Disease
- Parkinson’s Disease
- Multiple Sclerosis
- Depression, Dr. Dx
- Kidney Stones
- Cholecystectomy
- Asthma (Doctor Diagnosed)
- Emphysema or Chronic Bronchitis
- Other Major Illness or Surgery

Include for example: Ulcerative colitis/Crohn’s, Epilepsy, Gout, Hypothyroidism, Hyperthyroidism, Restless leg syndrome, Chronic renal failure, etc.
1. What is your date of birth? [ ] [ ] [ ]

2. Current Weight: ______ lbs.

3. Have your menstrual periods ceased permanently? [ ] Yes [ ] No [ ] Not sure

4. Have you had your uterus or ovaries removed? [ ] No [ ] Yes

5. Do you currently use female hormones (e.g., Premarin)? [ ] No [ ] Yes [ ] Estrogen only [ ] Estrogen & Progesterone [ ] Other

6. Do you currently smoke cigarettes? [ ] No [ ] Yes

7. Since June 2000, have you had any of these physician-diagnosed illnesses?

### Cardiovascular

<table>
<thead>
<tr>
<th>Illness</th>
<th>Before June 1, 2000</th>
<th>June 1999 to May 2002</th>
<th>After June 1, 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated Cholesterol</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Myocardial Infarction (heart attack)</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Angina</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Coronary Artery Bypass or Coronary Angioplasty</td>
<td>Y</td>
<td>N</td>
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<td>N</td>
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<td>N</td>
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<tr>
<td>Transient Ischemic Attack (TIA)</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Carotid Artery Surgery (Endarterectomy)</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Peripheral Artery Disease (not varicose veins)</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Pulmonary Embolus</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Atrial Fibrillation, Dr. Dx</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

### Cancer/Other Diseases

<table>
<thead>
<tr>
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<th>Before June 1, 2000</th>
<th>June 1999 to May 2002</th>
<th>After June 1, 2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer of the Uterus (endometrium)</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Fibrocystic or other Breast Disease</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Basal Cell Skin Cancer</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Squamous Cell Skin Cancer</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Colon or Rectal Polyps (benign)</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Colon or Rectal Cancer</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Other Cancer (e.g., Lung, Ovary, etc.)</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

Specify other cancer site:

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Mellitus</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Parkinson’s Disease</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Multiple Sclerosis</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Depression, Dr. Dx</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Kidney Stones</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>Y</td>
<td>N</td>
<td>N</td>
</tr>
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<td>Asthma (Doctor Diagnosed)</td>
<td>Y</td>
<td>N</td>
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<td>N</td>
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Continue on Back
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