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.

We are excited to offer you the choice of completing either an on-line questionnaire or the attached traditional form. The on-line questionnaire is available at www.NHS2.org and can be accessed with your ID number shown above. We hope that this option will make participating in the study more convenient.

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. The questionnaire is being sent to each of the 116,671 members of NHS II and should take about 10 minutes to complete.

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 Nutrition

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 the Nurses’ Health Study II. Example: NHS2@channing.harvard.edu

We will not release your e-mail address to anyone!
**INTRODUCTION**

**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 online.

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

11. **Since June 2001, have you used female replacement hormones (other than oral contraceptives)?**

- Yes
- No
- Not sure (e.g., started hormones prior to or after June 1, 2001)

**Federal research regulations require us to include the following information:**
These are no direct benefits to you from participating in this study. Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty. You may skip any question you do not wish to answer. You will not receive monetary compensation for participating. If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Human Subjects Committee at the Harvard School of Public Health (617-384-5480).

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<table>
<thead>
<tr>
<th>NURSES’ HEALTH STUDY II</th>
<th>PAGE 1</th>
<th>HARVARD UNIVERSITY</th>
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</thead>
<tbody>
<tr>
<td>1. What is your current weight?</td>
<td></td>
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<tr>
<td>2. Do you currently smoke cigarettes?</td>
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<tr>
<td>3. Do you currently use any forms of contraception? (Mark all that apply.)</td>
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<tr>
<td>4. SINCE JUNE 2001, have you used oral contraceptives (OC’s)?</td>
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<tr>
<td>5. SINCE JUNE 2001, have you been pregnant?</td>
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<td>6. Have your menstrual periods ceased PERMANENTLY?</td>
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<tr>
<td>7. Have you EVER had surgery to remove your uterus or ovaries? (Mark all that apply.)</td>
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<tr>
<td>8. Are you currently using any over-the-counter (e.g., herbal, “natural” or soy based) preparations for hormone replacement or to treat post-menopausal symptoms? (Do NOT include food sources like tofu, soy milk, etc.)</td>
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<tr>
<td>9. SINCE JUNE 2001, have you used Evista (raloxifene) or tamoxifen (Nolvadex)?</td>
<td></td>
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<tr>
<td>10. SINCE JUNE 2001, have you used female replacement hormones (other than oral contraceptives)?</td>
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</tbody>
</table>

**For each beverage listed, fill in the circle indicating how often on average you have used the amount specified during the past year:**

<table>
<thead>
<tr>
<th>Beverage</th>
<th>1 day (or less)</th>
<th>2–4 day</th>
<th>5–6 day</th>
<th>7–9 day</th>
<th>10–14 day</th>
<th>15–24 day</th>
<th>25–30 day</th>
<th>31–35 day</th>
<th>36+ day</th>
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<tbody>
<tr>
<td>Beer, regular 11 glass, bottle, can</td>
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<tr>
<td>Light Beer, e.g., Bud Light (11 glass, bottle, can)</td>
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<td>Red wine (11 oz. glass)</td>
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<tr>
<td>White wine (14 oz. glass)</td>
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<tr>
<td>Liquor, e.g., vodka, gin, etc. (1 drink or over)</td>
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</table>

Please continue on the back of this form.
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### Example:
Mark “Yes” bubble and Year of Diagnosis bubble for each illness you have had diagnosed.

- **11.** Since June 2001, have you had any of these physician-diagnosed illnesses? Leave blank for NO, mark here for YES
  - Myocardial infarction (heart attack)
  - Angina pectoris
  - coronary bypass or angioplasty
  - Stroke (CVA) or TIA
  - Vasectomy
  - Oral contraceptive
  - Intrauterine device
  - Rhythm/NFP
  - Diaphragm/Cervical cap
  - Other

### Instructions

Please fill in the circles completely; do not mark this way. ✓ x

- 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 return it to us.
- Thank you for completing the 2003 Nurses’ Health Study II Questionnaire.

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**Federal research regulations require us to include the following information:**

There are no direct benefits to you from participating in this study.

The risk of breach of confidentiality associated with participation in this study is very small.

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