



HARVARD
MEDICAL
SCHOOL

NURSES' HEALTH STUDY II



HARVARD
SCHOOL of
PUBLIC HEALTH

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This is your ID →

Dear Colleague:

Thank you for your continued participation in the Nurses' Health Study II. We are excited that over 23,000 nurses completed the 2005 questionnaire on the web at www.NHS2.org. We would like to encourage you to use our convenient website to answer this year's survey. Of course if you prefer a #2 pencil to a mouse and keyboard, completing the attached questionnaire is also equally appreciated.

It has been 18 years since you and 116,670 other RNs enrolled in this study of women's health. The fruits of our collaboration are bountiful as dozens of scientific papers continue to be published from this extraordinary data set. We humbly thank you for making this possible through your dedication, enthusiasm and loyal participation.

To update your health status we ask that you complete the attached traditional form OR use your ID number (printed above) to log-in to our on-line questionnaire at www.NHS2.org. We hope that giving you options will make your continued involvement in the study more convenient. This questionnaire is being sent to each member of NHS II and should take about 30 minutes to complete.

As always, all information you provide is kept strictly confidential and is used for medical statistical purposes only. If you have any questions about the study or the questionnaire, you may contact us at the address shown above.

We value **each** member of the Nurses' Health Study II as an irreplaceable colleague in our research, regardless of your health, employment (or retirement) status. In short, **no matter what your circumstances, we would like to hear from you!**

It is with our deepest gratitude that we thank you again for the time and care that you have continued to offer to help us all learn more about women's health.

Sincerely,

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

Do you have 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**

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

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

3/8" spine
perf

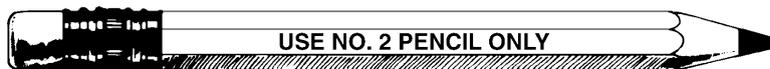
INSTRUCTIONS

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:

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

13. Since June 2005, have you had any of these clinician-diagnosed illnesses?

Leave blank for NO, mark here for YES →

	YEAR OF DIAGNOSIS			
	Before June 1 2005	June '05 to May '07	After June 1 2007	
Myocardial infarction (heart attack)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
Angina pectoris	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	2
Confirmed by angiography?	<input type="radio"/> No	<input checked="" type="radio"/> Yes		a
Coronary bypass, angioplasty, or stent	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	3
Transient ischemic attack (TIA)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	4

Please fill in the circles completely; do not mark this way:

- 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 2007 Nurses' Health Study II Questionnaire.

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. 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).

1. PLEASE USE PENCIL!

CURRENT WEIGHT		
POUNDS		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
	7	7
	8	8
	9	9

2. SINCE JUNE 2005, have you been pregnant?

No-Go to Question 3. Yes (continue)

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, 2005, 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
6/1/05 - 12/31/2005	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2006	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2007	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2008+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- None
- Oral contraceptive
- Condom
- Depo Provera
- Vasectomy
- Foam/Jelly/Sponge
- Rhythm/NFP
- Other hormonal contraceptive
- Tubal Ligation
- Diaphragm/Cervical cap
- IUD
- Other

4. SINCE JUNE 2005, have you used oral contraceptives (OCs)?

Yes No

a) How many months did you use OCs during the 24-month period between June 2005 and June 2007?

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
- 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

b) For what reason did your periods cease?

- Natural
- Surgical
- Radiation or chemotherapy

6. Have you had your uterus removed?

No Yes Date of surgery: Before June 1, 2005 After June 1, 2005

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

No Yes How many ovaries do you have remaining? None One

0	1	2	3	4	5	6	7	8	9
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8. Since June 2005, have you used Evista (raloxifene) or Nolvadex (tamoxifen)?

Yes No a) How many months have you used each drug during the 24 month period between June 2005 and June 2007?

Evista Not Used 1-4 months 5-9 10-14 15-19 20-24 months Used only after 6/07

Nolvadex Not Used 1-4 months 5-9 10-14 15-19 20-24 months Used only after 6/07

b) Are you currently using Evista or Nolvadex? No, not currently Yes, Evista Yes, Nolvadex

9. 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.)

No Yes What type(s)? Soy estrogen products Natural progesterone cream or wild yam cream Dong quai (e.g., Rejuvex) Black cohosh (e.g., Remifemin) Other

10. Since June 2005, have you used prescription female hormones?

Yes No a) How many months did you use hormones since June 2005? 1-4 months 5-9 10-14 15-19 20-25 26-30 31-35 36+ months

b) Are you currently using them (within the last month)? Yes No If No, skip to Part d.

c) Mark the type(s) of hormones you are CURRENTLY using:

Combined: Prempro (cream) Prempro (gold) Prempro (peach) Prempro (light blue) Premphase Combipatch FemHRT

Estrogen: Oral Premarin Patch Estrogen Vaginal Estrogen Ogen Estrace Estratest Other Estrogen (specify in box below)

Progesterone/Progestin: Provera/Cycrin/MPA Vaginal Micronized (e.g., Prometrium) Other progesterone (specify type)

Other hormones CURRENTLY used (e.g., Tri-est), Specify: _____

d) If you used oral conjugated estrogen (e.g., Premarin) since June 2005, what dose did you usually take?

.30 mg/day or less .45 mg/day .625 mg/day .9 mg/day 1.25 mg/day or higher Unsure Did not take oral conjugated estrogen

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

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

11. Do you currently smoke cigarettes?

No Yes How many per day? 1-4 5-14 15-24 25-34 35-44 45+ per day

12. Have you ever had a migraine headache?

No Yes If Yes: Did you have an aura? No Yes

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13. Since June 2005, have you had any of these clinician-diagnosed illnesses?

YEAR OF DIAGNOSIS

Before June 1 2005 June '05 to May '07 After June 1 2007

Leave blank for NO, mark here for YES

Myocardial infarction (heart attack)
Angina pectoris
Confirmed by angiography?
Coronary bypass, angioplasty, or stent
Transient ischemic attack (TIA)
Stroke (CVA)
Deep vein thrombosis/Pul. embolism
Melanoma
Basal cell skin cancer
Squamous cell skin cancer
Fibrocystic/other benign breast disease
Confirmed by breast biopsy?
Confirmed by aspiration?
Breast cancer
Other cancer
Specify site of other cancer:
Colon or rectal polyp (benign)
Ulcerative colitis/Crohn's
Gastric or duodenal ulcer
Barrett's Esophagus
Gallstones
Did you have symptoms?
How diagnosed?
Cholecystectomy
Diabetes mellitus
Elevated cholesterol
High blood pressure
Endometriosis—1st diagnosis
Confirmed by laparoscopy?
Uterine fibroids—1st diagnosis
Confirmed by pelvic exam?
Confirmed by ultrasound/hysterectomy?
Kidney stones
Multiple Sclerosis
Asthma, doctor diagnosed
Emphysema/Chronic Bronchitis DrDx
Pneumonia, x-ray confirmed
Graves' Disease/Hyperthyroidism
Hypothyroidism
Hyperparathyroidism
Thyroid nodule (benign)
Gout
SLE (systemic lupus)
Rheumatoid arthritis, Doctor Dx
Other arthritis
Depression, clinician Dx
Other major illness or surgery since June 2005

Please specify:

Date:

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

FOR OFFICE USE ONLY

1 1 1 1 1 1
2 2 2 2 2 2
4 4 4 4 4 4
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CA
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 6 07 A
2 7 08 B
3 8 09 C
4 9 10
5 10 12 E

14. In the past two years have you had: (If yes, mark all that apply)

Yes, for screening Yes, for symptoms

A physical exam?
Mammogram (or other breast imaging)?
Fasting blood sugar?
Upper endoscopy?
(Virtual) CT Colonoscopy?
Colonoscopy?
Sigmoidoscopy?

Initial reason(s) you had Colonoscopy/Sigmoidoscopy?

Visible blood
Occult fecal blood
Abdominal pain
Diarrhea/constipation
Family history of colon cancer
Barium enema
Follow-up of (virtual) CT colonoscopy
Prior polyps
Asymptomatic or routine screening

15. Regular Medication (mark if used regularly in past 2 years)

Acetaminophen (e.g., Tylenol)
Days/week:
Total tabs/wk:
"Baby" or low dose aspirin (100 mg/tablet or less)
Days/week:
Total tabs/wk:
Aspirin or aspirin-containing products (325 mg/tablet or more)
Days/week:
Total tabs/wk:
Ibuprofen (e.g., Advil, Motrin, Nuprin)
Days/week:
Total tabs/wk:
Celebrex, Vioxx or Bextra (COX-2 inhibitors)
Days/week:
Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)
Thiazide diuretic
Lasix
Calcium blocker (e.g., Calan, Procardia, Cardizem)
Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)
ACE Inhibitors (e.g., Capoten, Vasotec, Zestril)
Angiotensin receptor blocker [e.g., valsartan (Diovan), losartan (Cozaar), irbesartan (Avapro)]
Other antihypertensive (e.g., clonidine, doxazosin)
"Statin" cholesterol-lowering drug:
Mevacor (lovastatin)
Zocor (simvastatin)
Crestor
Pravachol (pravastatin)
Lipitor (atorvastatin)
Lescol
Other cholesterol-lowering drug [e.g., niacin, Lipid (gemfibrozil), Tricor (fenofibrate), Questran (cholestyramine), Colestin, Zetia]
Steroids taken orally (e.g., Prednisone, Decadron, Medrol)
Insulin
Oral hypoglycemic medication
Thyroid hormone (e.g., Synthroid, Levothyroid, extract)
SSRI's (e.g., Prozac, Zoloft, Paxil, Celexa)
Other antidepressants (e.g., Elavil, Tofranil, Pamelor)
Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium)
Prilosec, Nexium, Prevacid (lansoprazole), Protonix, Aciphex
H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)
Fosamax, Actonel, or other bisphosphonate
No regular medication
Other regular medications (no need to specify)

16. Is this your correct date of birth?

Yes
No
If no, please write correct date.
MONTH / DAY / YEAR

17. In the past two years, have you had two weeks or longer when nearly every day you felt sad, blue or depressed for most of the day?

No Yes

18. Do you currently take multi-vitamins? (Please report other individual vitamins in the next section.)

No Yes a) How many do you take per week? 2 or less 3-5 6-9 10 or more

b) What specific brand (or equivalency) do you usually take?

- Centrum Silver Centrum Other Theragran M One-A-Day Essential

e.g., AARP Alphabet II Formula 643 Multivitamins and Minerals

Not counting multi-vitamins, do you take any of the following preparations?

Form for questions 18a-i regarding Vitamin A, Potassium, Vitamin C, Vitamin B6, Vitamin E, Calcium, Selenium, Vitamin D, and Zinc. Includes dosage and frequency options.

19. Are there other supplements that you take on a regular basis?

- Metamucil/Citrucel Beta-carotene Chromium Folic Acid DHEA Cod Liver Oil Magnesium Lecithin B-Complex Iron Other (Please specify) Vitamin B12 Melatonin Coenzyme Q10 Ginkgo Biloba Flax Seed Oil Fish oil Choline Lycopene Flax Seed Niacin Evening Primrose Glucosamine/Chondroitin

20. How many teaspoons of sugar do you add to your beverages or food each day?

tsp.

21. What brand and type of cold breakfast cereal do you usually eat?

Specify cereal brand & type (e.g., Kellogg's Raisin Bran)

Grid for entering brand and type information.

22. What form of margarine or spread do you usually use (exclude pure butter)?

- Form? Stick Tub Spray Squeeze (liquid) Type? Reg Light Nonfat

What specific brand & type of margarine (e.g., Shedd's Country Crock plus calcium and vitamins)

23. For each food listed, fill in the circle indicating how often on average you have used the amount specified during the past year.

AVERAGE USE LAST YEAR

Never, or less than once per month 1-3 per month 1 per week 2-4 per week 5-6 per week 1 per day 2-3 per day 4-5 per day 6+ per day

DAIRY FOODS

Table with columns for frequency and rows for various dairy products: Milk (8 oz. glass), Cream, Non-dairy coffee whitener, Frozen yogurt, Regular ice cream, Yogurt, Spreads added to food or bread, Cottage or ricotta cheese, Cream cheese, Other cheese.

What type of cheese do you usually eat? Regular Low fat or Lite Nonfat None

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