Dear Colleague:

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The attached very brief questionnaire asks for the most important information necessary for maintaining our records. We have made it as short as possible in the hope that you will take just a few minutes to complete the form. As always, your answers will be kept strictly confidential and used for medical statistical purposes only. Your prompt reply is helpful and greatly appreciated.

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Best Regards,

Susan Hankinson, RN, Sc.D.

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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.

Please print neatly and differentiate numbers and letters (e.g., 1 vs I or 0 vs O, S vs 5)
1. What is your date of birth? 
2. Current Weight: ___ lbs.
3. Have you had your uterus or ovaries removed? 
   - Yes
   - No
   - Both ovaries removed
   - One ovary removed
4. Do you currently use female hormones (e.g., Premarin)? 
   - Yes
   - No
   - Estrogen only
   - Estrogen & Progesterone
   - Other
5. Do you currently smoke cigarettes? 
   - Yes
   - No
6. Since June 2006, have you had any of these clinician-diagnosed illnesses?

### Cardiovascular

<table>
<thead>
<tr>
<th>Condition</th>
<th>Year of Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevated Cholesterol</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Myocardial Infarction (heart attack)</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Angina</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Coronary Artery Bypass, Angioplasty, or Stent</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Stroke (CVA)</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Transient Ischemic Attack (TIA)</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Carotid Artery Surgery (Endarterectomy)</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Peripheral Artery Disease (not vascular veins)</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Pulmonary Embolus</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Congestive Heart Failure</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Atrial Fibrillation, Dr. Dx</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>ICD-Implantable Cardiac Defibrillator</td>
<td>Before June 1, 2006</td>
</tr>
</tbody>
</table>

### Cancer/Other Diseases

<table>
<thead>
<tr>
<th>Condition</th>
<th>Year of Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer of the Uterus (endometrium)</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Fibrocystic or other Benign Breast Disease</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Breast Cancer</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Melanoma</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Squamous Cell Skin Cancer</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Basal Cell Skin Cancer</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Colon or Rectal Cancer</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Chronic Lymphocytic Leukemia</td>
<td>Before June 1, 2006</td>
</tr>
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<td>Chronic Lymphocytic Leukemia</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Colon or Rectal Cancer</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Other Cancer (e.g., Lung, Ovary, etc.)</td>
<td>Before June 1, 2006</td>
</tr>
</tbody>
</table>

### Eye Diseases

<table>
<thead>
<tr>
<th>Condition</th>
<th>Year of Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glaucoma</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Macular Degeneration of Retina</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Cataract (1st diagnosis)</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Cataract Extraction</td>
<td>Before June 1, 2006</td>
</tr>
</tbody>
</table>

### Musculoskeletal

<table>
<thead>
<tr>
<th>Condition</th>
<th>Year of Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hip Fracture</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Hip Replacement</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Rheumatoid Arthritis, Dr. Dx</td>
<td>Before June 1, 2006</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>Before June 1, 2006</td>
</tr>
</tbody>
</table>

### Other Major Illness or Surgery Since June 2006

Include for example: Shingles, Gastric/Duodenal ulcer, Asthma, COPD, Emphysema, Thyroid disease, Hyperparathyroidism, MS, etc.

Specify other major illness or surgery:
1. What is your date of birth? [ ] [ ] [ ]

2. Current Weight: [ ] lbs.

3. Have you had your uterus or ovaries removed?  
   [ ] Uterus removed  
   [ ] Both ovaries removed  
   [ ] One ovary removed

4. Do you currently use female hormones (e.g., Premarin)?  
   [ ] Yes  
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   [ ] No  
   [ ] Yes

6. Since June 2006, have you had any of these clinician-diagnosed illnesses?

   **Cardiovascular**
   - Elevated Cholesterol
   - High Blood Pressure
   - Myocardial Infarction (heart attack)  
     [ ] Yes  
     [ ] No
   - Angina
     [ ] Yes  
     [ ] No
   - Coronary Artery Bypass, Angioplasty, or Stent
   - Stroke (CVA)
   - Transient Ischemic Attack (TIA)
   - Carotid Artery Surgery (Endarterectomy)
   - Peripheral Artery Disease (not vascular vein)
   - Pulmonary Embolus
   - Congestive Heart Failure
   - Atrial Fibrillation, Dr. Dx
   - ICD-Implantable Cardiac Defibrillator

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

   **Musculoskeletal**
   - Hip Fracture
     [ ] Before June 1, 2006  
     [ ] June 1, 2006 to May 1, 2008  
     [ ] After June 1, 2008
   - Circumstances on reverse side of this form
     - Hip Replacement
     - Osteoporosis
     - Rheumatoid Arthritis, Dr. Dx
     - Osteoarthritis

   **Cancer/Other Diseases**
   - Cancer of the Uterus (endometrium)
   - Fibrocystic or other Benign Breast Disease
     - [ ] Yes  
     - [ ] No
   - Breast Cancer
   - Melanoma
   - Squamous Cell Skin Cancer
   - Basal Cell Skin Cancer
   - Chronic Lymphocytic Leukemia
   - Colon or Rectal Polyps (benign)
   - Colon or Rectal Cancer
   - Other Cancer (e.g., Lung, Ovary, etc.)
   - Specify other cancer site:

   **Other Major Illness or Surgery Since June 2006**
   Include for example: Shingles, Gastric/Duodenal ulcer, Asthma, COPD, Emphysema, Thyroid disease, Hyperparathyroidism, MS, etc.
   Specify other major illness or surgery:
   Continue on Back
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Note: Please be specific regarding circumstances (e.g., “Fell from chair I was standing on”)