Dear Colleague:

In 1989, you and over 116,000 other RNs joined the Nurses’ Health Study II. As we celebrate our 20-year anniversary, we want to thank you for your continued enthusiastic participation. The fruits of your efforts are bountiful, as dozens of scientific papers continue to be published on important topics in women’s health.

In 2007, over 40,000 NHSII participants completed our biennial questionnaire on the web at www.NHS2.org. We would like to encourage you to use this convenient and secure website to answer this year’s survey. Responding this way makes the best use of precious research dollars and is the most environmentally friendly. Of course if you prefer a #2 pencil to a mouse and keyboard, completing the attached questionnaire is equally appreciated.

We are very pleased to tell you that the National Institutes of Health recently renewed the funding that supports this research for an additional five years. Our grant was given one of the highest possible ratings. This strong endorsement is a testament to the accomplishments of the NHS II and its potential to add further unique information about the cause and prevention of cancer and other chronic diseases. We humbly thank you for making this possible through your dedication 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 online questionnaire at www.NHS2.org. We hope that giving you options will make your continued involvement in the study more convenient. This questionnaire 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.

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.

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 1, ß vs O, 5 vs S). 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 A)  Mark “Yes” bubble and Year of Diagnosis bubble for each illness you have had diagnosed.

12. Since June 2007, have you had any of these clinician-diagnosed illnesses?

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)

YEAR OF DIAGNOSIS

Before June 1
June 1 to May 30
After June 1

Please fill in the circles completely; do not mark this way: ✓ / ✗ / ❌

EXAMPLE B)  Print numbers neatly within boxes. Your writing will be read by our scanner.

AGE natural periods ceased: 46

Print numbers neatly within boxes. You writing will be read by our scanner.

• 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 2009 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!

2. SINCE JUNE 2007, have you been pregnant?
   - Yes
   - No

3. Do you CURRENTLY use any of these forms of contraception? (Mark all that apply)
   - None
   - Oral contraceptive
   - Diaphragm/Cervical cap
   - Foam/Jelly/Sponge
   - Condom
   - IUD
   - Depo Provera
   - Other hormonal contraceptive
   - Natural progesterone cream or wild yam cream
   - Other progesterone (specify type)

4. SINCE JUNE 2007, have you used oral contraceptives (OCs)?
   - Yes
   - No

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)

6. Have you had your uterus removed?
   - Yes
   - No

7. Have you ever had either of your ovaries surgically removed?
   - Yes
   - No

8. SINCE JUNE 2007, have you used Evista (raloxifene) or Nolvadex (tamoxifen)?
   - Yes
   - No

9. Are you currently using any over-the-counter (e.g., “herbal,” “natural,” or soy-based) preparations for hormone replacement or to treat menopausal symptoms? (Do NOT include food sources like tofu, soy milk, etc.):
   - Yes
   - No

10. SINCE JUNE 2007, have you used prescription female hormones? (Not including oral contraceptives.)
    - Yes
    - No

11. Have you ever had CLINICIAN DIAGNOSED . . . (mark all that apply)
    - Food allergies
    - Hayfever (allergic rhinitis)
    - Eczema (atopic dermatitis)
    - None of these
    - Peanut
    - Tree nut*
    - Shellfish
    - Milk
    - Eggs
    - Other

   *Tree nuts include walnuts, macadamia nuts, almonds, pistachios, cashews, pecans, hazelnuts, and Brazil nuts.
12. Since June 2007, have you had any of these clinician-diagnosed illnesses?
   Leave blank for NO, mark here for YES

<table>
<thead>
<tr>
<th>Illness</th>
<th>Before June 1, 2007</th>
<th>June 1, 2007 to May 30, 2008</th>
<th>After June 1, 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myocardial infarction (heart attack)</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Angina pectoris</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Coronary bypass, angioplasty, or stent</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Transient ischemic attack (TIA)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Stroke (CVA)</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Deep vein thrombosis/Pul. embolism</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Melanoma</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Basal cell skin cancer</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Squamous cell skin cancer</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Fibrocystic/other benign breast disease</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Confirmed by biopsy</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Confirmed by aspiration</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other cancer</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Specify site of other cancer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colon or rectal polyp (benign)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Ulcerative colitis/Crohn’s</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Gastric or duodenal ulcer</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Barrett’s Esophagus</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Gallstones</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Did you have symptoms?</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>How diagnosed?</td>
<td>X-ray or ultrasound</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Diabetes melitus</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Elevated cholesterol</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Endometriosis—1st diagnosis</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Confirmed by laparoscopy?</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Uterine fibroids—1st diagnosis</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Confirmed by ultrasound/hysterectomy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Premenstrual syndrome (PMS)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Kidney stones</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Multiple sclerosis</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Asthma, doctor diagnosed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Emphysema/Chronic Bronchitis Dx</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Pneumonia, x-ray confirmed</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Graves’ Disease/Hyperthyroidism</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Hypothyroidism</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Hyperparathyroidism</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Thyroid nodule (benign)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Gout</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>SLE (systemic lupus)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Rheumatoid arthritis, clinician Dx</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other arthritis</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Depression, clinician Dx</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Other major illness or surgery since June 2007</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

13. Have you ever had any of these clinician-diagnosed illnesses?
   Leave blank for NO, mark here for YES

<table>
<thead>
<tr>
<th>Illness</th>
<th>Before June 1, 2007</th>
<th>June 1, 2007 to May 30, 2008</th>
<th>After June 1, 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meningioma</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Seizure (1 or more)/epilepsy</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Low bone density</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Psoriasis</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Fractures: What or Collar Fracture</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Hip Fracture</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Physical exam?</th>
<th>Yes, for screening</th>
<th>Yes, for symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammogram (or other breast imaging)?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Fasting blood sugar?

(Virtual) CT 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. 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?

16. Resting pulse rate: (take after sitting for 5 min.)

17. Blood Cholesterol (most recent, within last 5 years):

18. Current usual blood pressure (if checked within 2 years):

- Systolic:
- Diastolic:

19. Is this your correct date of birth?

20. In a typical week during the past year, on how many days did you consume an alcoholic beverage of any type?

21. In a typical month during the past year, what was the largest number of drinks of beer, wine and/or liquor you may have had in one day?

22a. What is your blood type?

b. What is your RH factor?

23. Whether or not you are currently sexually active, what is your sexual orientation or identity?

- Heterosexual
- Lesbian, gay, or homosexual
- Bisexual
- None of these

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24. Regular Medication (Mark if used regularly in past 2 years.)

- Acetaminophen (e.g., Tylenol)
  - Days/week: 1
  - Total tabs/wk: 1–2
- "Baby" or low dose aspirin (100 mg or less/tablet)
  - Days/week: 1
  - Total tabs/wk: 1–2
- Aspirin or aspirin-containing products (325 mg or more/tablet)
  - Days/week: 1
  - Total tabs/wk: 1–2
- Ibuprofen (e.g., Advil, Motrin, Nuprin)
  - Days/week: 1
  - Total tabs/wk: 1–2
- COX-2 inhibitors (Celebrex)
  - Days/week: 1
  - Total tabs/wk: 1–2
- Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)
- Thiazide diuretic
  - Lasix
  - Potassium
- Calcium blocker (e.g., Calan, Procardia, Cardizem, Norvasc)
- 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)]
  - Lisinopril
  - Ramipril
- Other anti-hypertensive (e.g., clonidine, doxazosin)
- Coumadin (Warfarin)
  - Plavix
- "Statin" cholesterol-lowering drug:
  - Mevacor (Iovastatin)
  - Zocor (Simvastatin)
  - Crestor
  - Pravachol (Pravastatin)
  - Lipitor (Atorvastatin)
- Other cholesterol-lowering drug [e.g., niacin, Lopid (gemfibrozil), Tricor (fenofoibrate), Questran (cholestyramine), Colestid, Zetia]
  - Other regular medications (no need to specify)
- Insulin
  - Metformin
  - Other oral hypoglycemic medication
- Thyroid hormone (e.g., Synthroid, Levothroid, extract)
- Triptans (e.g., Imritt, Maxalt, Zomig, Amerge, Replax)
- Bisphosphonates (e.g., Fosamax, Boniva, Actonel)
- SSRI (e.g., Fluoxetine, Prozac, Paroxetine, Celexa)
- Other antidepressants (e.g., Elavil, Tofranil, Pamelor)
- Bilateral oophorectomy
- Other regular medications (no need to specify)

25. During the past 4 years, what is the TOTAL amount of time you used antibiotics? (Exclude skin creams, mouthwash or isoniazid.)

- None
- Less than 15 days
- 15 days to 2 months
- 2 to 4 months
- 4 months to 2 years
- 2 to 3 years
- Over 3 years

  a) What was the most common reason that you used an antibiotic?
  - Respiratory infection
  - UTI
  - Acne/Rosacea
  - Chronic bronchitis
  - Dental
  - Other

26. Do you currently smoke cigarettes?

- No
- Yes

27. What is your current status?

- Married
- Divorced
- Widowed
- Domestic Partnership
- Separated
- Never married

28. Your living arrangement: (Mark all that apply.)

- Alone
- With minor children
- With spouse or partner
- Other
- With other adult family

29. Have any of the following biological relatives had... (Mark all that apply.)

- Relative's Age at First Diagnosis

  a) Ovarian Cancer?
  - Yes
  - No
  - Mother
  - Sister
  - Other

  b) Breast Cancer?
  - Yes
  - No
  - Mother
  - Sister
  - Other

  c) Colon or Rectal Cancer?
  - Yes
  - No
  - Parent
  - Sibling
  - Other

  d) Melanoma?
  - Yes
  - No
  - Parent
  - Sibling
  - Other

  e) Diabetes?
  - Yes
  - No
  - Parent
  - Sibling
  - Other

  f) Parkinson's Disease?
  - Yes
  - No
  - Parent
  - Sibling
  - Other

  g) Multiple Sclerosis?
  - Yes
  - No
  - Parent
  - Sibling
  - Other

30. Have you ever had gastrointestinal bleeding that required hospitalization or a transfusion?

- Yes
- No

  a) What was the site of the bleeding?
  - Esophagus
  - Stomach
  - Duodenum
  - Colon/rectum
  - Other
  - Site unknown

  b) What year(s) did this happen? (Mark all that apply.)

  Before 1991
  '91–'94
  '95–'98
  '99–'00
  '01–'02
  '03–'04
  '05–'06
  2007+

31. In the last year, how often have you had heartburn or acid-reflux?

- Yes
- No

  a) None in the past year
  - Less than once a month
  - About once a month
  - About once/week
  - Several times/week
  - Daily

32. Do you have a hearing problem?

- Yes
- No

  a) Mild
  - Moderate
  - Severe

  At what age did you first notice a change in your hearing?

  Before 1991
  '91–'94
  '95–'98
  '99–'00
  '01–'02
  '03–'04
  '05–'06
  2007+

33. In the past 12 months, have you been ringing, roaring, or buzzing in your ears?

- Yes
- No

  a) Never
  - Once/week or less
  - A few days/week
  - Daily

34. In the past 2 years, have you had migraine headaches?

- Yes
- No

  a) Did you sometimes have an aura?
  - Yes
  - No
  - Sometimes

  b) On average, on how many days per month do you get migraine headaches?

  1–7 days
  8–14 days
  15–29 days

35. Do you have unpleasant sensations (like crawling, paresthesia, or pain) in your legs combined with an urge or need to move your legs?

- Yes
- No

  a) Do these symptoms occur only at rest?
  - Yes
  - No

  b) Does moving improve them?
  - Yes
  - No

  c) Are these feelings/symptoms worse in the evening/night than in the morning?
  - Yes
  - No
36. What is your usual walking pace outdoors?  
- Unable to walk  
- Easy, casual (less than 2 mph)  
- Normal, average (2–2.9 mph)  
- Brisk pace (3–3.9 mph)  
- Very brisk/striding (4 mph or faster)

37. How many flights of stairs (not individual steps) do you climb daily?  
- 0  
- 1–2 flights  
- 3–4 flights  
- 5–9 flights  
- 10–14 flights  
- 15 or more flights

38. DURING THE PAST YEAR, what was your average time PER WEEK spent at each of the following recreational activities?  
- Walking for exercise or walking to work  
- Jogging (slower than 10 minutes/mile)  
- Running (10 minutes/mile or faster)  
- Bicycling (include stationary machine)  
- Tennis, squash, racquetball  
- Lap swimming  
- Other aerobic exercise (aerobic, dance, ski or stair machine, etc.)  
- Lower intensity exercise (yoga, stretching, toning)  
- Other vigorous activities (e.g., lawn mowing)  
- Weight training or resistance exercises

39. DURING THE PAST YEAR, on average, how many HOURS PER WEEK did you spend:  
- Standing or walking around at work or away from home? (hrs./week)  
- Standing or walking around at home? (hrs./week)  
- Sitting at work or away from home or while driving? (hrs./week)  
- Sitting at home while watching TV/VCR/DVD? (hrs./week)  
- Other sitting at home (e.g., reading, meal times, at desk)? (hrs./week)  
- Standing or walking around at home? (hrs./week)

40. In an average week, how many days do you usually exercise (include brisk walking or more strenuous activity)?  
- None  
- 1 day  
- 2 days  
- 3 days  
- 4 days  
- 5 days  
- 6 days  
- 7 days

41. Since JUNE 2005, have you tried to become pregnant for more than one year without success?  
- Yes  
- No

42. Since JUNE 2005, have you taken Clomiphene (e.g., Clomid) or Gonadotropin injections (e.g., Gonal-f, Metrodin, Follistim) to induce ovulation?  
- Yes  
- No

43. Have you EVER received Gonadotropin injections to treat infertility?  
- Yes  
- No

44. During the last 12 months, how often have you leaked or lost control of your urine?  
- Never  
- Less than once/month  
- Once/month  
- 2–3 times/month  
- About once/week  
- Almost every day

45. During the past 4 weeks, have you had any hot flashes or night sweats?  
- Yes  
- No

46. At the beginning of menopause, did you have hot flashes or night sweats? (If you took estrogen, consider the time period before starting treatment.)  
- Yes  
- No

47. Is your biological mother still living?  
- Yes  
- No

48. Is your biological father still living?  
- Yes  
- No

49. Please indicate the name of someone at a DIFFERENT PERMANENT ADDRESS to whom we might write in the event we are unable to contact you:  
- Name:  
- Address/Telephone: 

II
50. Use the codes below to indicate the occupation you held the longest during each time period. Write the 2-digit code in the boxes for each age range.

<table>
<thead>
<tr>
<th>Age</th>
<th>Code</th>
<th>Code</th>
<th>Code</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-25</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>26-35</td>
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<tr>
<td>36-45</td>
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<td></td>
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<tr>
<td>46+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of years you worked in that occupation:
- None
- 1-2 yrs
- 3-4 yrs
- 5-6 yrs
- 7 yrs or more

Average hours of sleep over a 24-hour period, during each age range?
- None
- 5-6 hrs
- 7-8 hrs
- 9 hrs or more

Your primary work schedule during each age range:
- Days/Eves Only
- Nights Only
- Early morns only
- Rotating w/nights
- Rotating no nights
- Other/didn’t work

On average, how many days per week did you work per month?
- None
- 1-2
- 3-4
- 5-6
- 7-8
- 9-10
- 11-15
- 16-20
- 21+

For each time period, what was the total # of years that your schedule was “rotating with nights” (do not count permanent nights)
- None
- 1-2 yrs
- 3-4 yrs
- 5-6 yrs
- 7-8 yrs
- 9-10 yrs
- 11 yrs or more

51. What year did you begin your current job? (Include “retired” or “full-time homemaker”)

52. Thinking about your current job and the use of disinfectants (such as ethylene oxide, hydrogen peroxide, ortho-phthalaldehyde, formaldehyde, glutaraldehyde and bleach):

a) On how many days per week, on average, do you clean medical instruments with disinfectants? never

<table>
<thead>
<tr>
<th>Never</th>
<th>More than once per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

b) On how many days per week, on average, do you clean surfaces (like floors, tables) at work with disinfectants?

<table>
<thead>
<tr>
<th>Never</th>
<th>More than once per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

53. One hears about morning and evening types of people. Which ONE of these types do you consider yourself to be?

<table>
<thead>
<tr>
<th>Definitely a morning type</th>
<th>More of a morning than an evening type</th>
<th>More of an evening than a morning type</th>
<th>Definitely an evening type</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

54. The following question asks about your eating habits in the past year. People sometimes have difficulty controlling their intake of certain foods such as sweets, starches, salty snacks, fatty foods, sugary drinks, and others.

In the past 12 MONTHS, how often were each of these statements true for you?

- Never
- Once per month
- 2-4 times per week
- 2-3 times per week
- 4+ times per week

<table>
<thead>
<tr>
<th>Statement</th>
<th>Never</th>
<th>Once per month</th>
<th>2-4 times per week</th>
<th>2-3 times per week</th>
<th>4+ times per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
55. Mark here if you have NEVER been pregnant.

Please complete one row of the chart for each of your pregnancies, including miscarriages and induced abortions. Start with your FIRST and continue to your most recent one. If you had twins or triplets, please count them as one pregnancy and mark more than one circle (if necessary) for birth weight and gender.

<table>
<thead>
<tr>
<th>Calendar year in which pregnancy ended?</th>
<th>How long did this pregnancy last? (Completed weeks)</th>
<th>Were you given progesterone injections or suppositories during this pregnancy?</th>
<th>Did you have any of these complications related to pregnancy or lactation? (Mark all that apply)</th>
<th>Birth Weight and Gender (Twins or triplets? Mark all that apply)</th>
<th>Type of delivery (Mark all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
<td>Please print neatly</td>
<td>No</td>
<td>Gestational diabetes</td>
<td>&lt;5 lbs</td>
<td>Spontaneous labor</td>
</tr>
<tr>
<td>Single live birth</td>
<td>8–11 wks</td>
<td>Yes</td>
<td>Pregnancy-related high blood pressure</td>
<td>5–5.4 lbs</td>
<td>Induced labor</td>
</tr>
<tr>
<td>Twins/Triplets+</td>
<td>12–19 wks</td>
<td>Injection(s)</td>
<td>Pre-eclampsia/Toxemia</td>
<td>5.5–6.9 lbs</td>
<td>C-section</td>
</tr>
<tr>
<td>Miscarriage/Stillbirth</td>
<td>20–27 wks</td>
<td>Suppositories</td>
<td>Mastitis/breast infection</td>
<td>7–8.4 lbs</td>
<td>Vaginal birth</td>
</tr>
<tr>
<td>Induced abortion</td>
<td>32–36 wks</td>
<td>Number of months:</td>
<td></td>
<td>8.5–9.9 lbs</td>
<td></td>
</tr>
<tr>
<td>Tubal or Ectopic</td>
<td>37–39 wks</td>
<td>&lt;1</td>
<td></td>
<td>10 lbs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>40–42 wks</td>
<td>1-3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>43+ weeks</td>
<td>4+</td>
<td></td>
<td></td>
<td></td>
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(For pregnancies lasting 20+ weeks...)

56. Have any of your children ever been diagnosed with an autism spectrum disorder?
   a) Mark the diagnosis/diagnoses that apply:
      - Autism
      - Asperger's
      - POD-NOS
      - Other
   b) Please mark the year(s) of birth of affected child(ren):
      - <=1988
      - 1989
      - 1990
      - 1991
      - 1992
      - 1993
      - 1994
      - 1995
      - 1996
      - 1997
      - 1998
      - 1999
      - 2000 or later

Thank you! Please return to: Walter Willett, MD, 181 Longwood Ave, Boston, MA, 02115