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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Please Specify Date, Site, and Circumstances of Hip Fracture Below:

- Date of hip fracture: Month __________ Year __________
- Circumstances:

Note: Please be specific regarding circumstances (e.g., “Fell from chair I was standing on”)

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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 l or i, 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 you had your uterus or ovaries removed? [ ] No [ ] Uterus removed [ ] Both ovaries removed [ ] One ovary removed

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

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

6. Since June 2008, have you had any of these clinician-diagnosed illnesses?

Cancer/Other Diseases

- Fibrocystic or other Benign Breast Disease
- 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. Uterus, Ovary, etc.)
- Colon or Rectal Cancer
- Other Major Illness or Surgery Since June 2008

Cardiovascular

- Elevated Cholesterol
- High Blood Pressure
- Myocardial Infarction (heart attack)
- Angina
- Coronary Artery Bypass, Angioplasty, or Stent
- Stroke (CVA)
- Transient Ischemic Attack (TIA)
- Coronary Artery Surgery (Endarterectomy)
- Peripheral Artery Disease (not varicose veins)
- Pulmonary Embolus
- Congestive Heart Failure
- Atrial Fibrillation, Dr. Dx
- ICD-Implantable Heart Defibrillator
- Eye Diseases
- Glaucoma
- Macular Degeneration of Retina
- Cataract (1st diagnosis)
- Cataract Extraction
- Musculoskeletal
- Hip Fracture
- Hip Replacement
- Osteoporosis
- Rheumatoid Arthritis, Dr. Dx
- Osteoarthritis

Specify other cancer site:

Specify other major illness or surgery:

Specify other cancer:

Continued on Back
1. What is your date of birth? [month / day / year]

2. Current Weight: [lbs.]

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

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

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

6. Since June 2008, have you had any of these clinician-diagnosed illnesses?

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LEAVE BLANK FOR "NO", MARK HERE FOR "YES".

YEAR OF DIAGNOSIS: [JUNE 1, 2008] [JUNE 1, 2010] [MAY 31, 2010] [JUNE 1, 2013]
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