



HARVARD  
MEDICAL  
SCHOOL

# NURSES' HEALTH STUDY

## *Mother's Questionnaire*



HARVARD  
SCHOOL of  
PUBLIC HEALTH

Dear Mother of Nurses' Health Study Participant:

As you may know, your nurse daughter, whose name is printed to the left, is a participant in the Nurses' Health Study conducted by the Harvard Medical School and the Harvard School of Public Health. From this long term study of women, we have gained important insights into the relationship between lifestyle and health. Your daughter has given us your address so that we might contact you.

We are asking you to participate in an extension of the Nurses' Health Study. We are interested in your experiences during your pregnancy leading to the birth of your daughter and events during the early years of her life.

Participation in the study only involves completing this questionnaire and returning it in the prepaid enclosed envelope. Any information you provide will be held in strictest confidence and used solely for statistical purposes. Your participation in this study is entirely voluntary; whether you choose to respond to this request will not affect your daughter's ongoing participation in the Nurses' Health Study.

We hope that you will collaborate with us and thank you for your time and consideration. The results will provide important information that may lead to ways of maintaining optimal health.

Sincerely,

*Frank E. Speizer, M.D.*

Frank E. Speizer, M.D.  
Principal Investigator  
Nurses' Health Study

*Walter Willett*

Walter C. Willett, M.D., Dr.P.H.  
Principal Investigator  
Nurses' Health Study II

**Please reply to:** Channing Laboratory  
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# INSTRUCTIONS

Please use an ordinary pencil to answer all questions. Fill in the appropriate response circles completely, or write the requested information in the boxes provided. The form is designed to be read by optical-scanning equipment, so it is important that you make **NO STRAY MARKS** and keep any write-in responses **within** the spaces provided. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.



## EXAMPLE 1

What was your daughter's **length** at birth?

Inches	
2	2

← Write your daughter's length in the boxes.

## EXAMPLE 2

Did you receive **prenatal** care from a physician or other health practitioner during this pregnancy?

No     Yes

→ When did you **first** see this care provider?  
(Mark one)

- During the first three months of pregnancy
- During the second three months of pregnancy
- During the last three months of pregnancy

If you mark the "No" bubble, continue with question 9.

Please tear off the cover letter (to preserve confidentiality) and return the booklet in the enclosed postage-paid envelope.

# THANK YOU





# MOTHER'S QUESTIONNAIRE

Please use pencil if available.

## SECTION I YOUR PREGNANCY *(Please fill in or mark answer)*

All of the following questions relate to your pregnancy with your nurse daughter, who is a participant in the Nurses' Health Study.

1 a. Was your nurse daughter adopted?

No

Yes

***(If yes, please stop and return this questionnaire in the enclosed envelope.)***



b. Where was your daughter born?

at home

hospital or birthing clinic

2 a. What was the birth weight of your nurse daughter?

Pounds

--	--

Ounces

--	--

Don't remember

b. Are you recalling her birth weight from: *(Mark all that apply)*

Memory

Birth certificate

Baby book or family records

Your nurse daughter

0	0	0	0
1	10	1	10
2	11	2	11
3	12	3	12
4	13	4	13
5	14	5	14
6	15	6	15
7	16	7	16
8	17	8	
9		9	

3 a. What was your daughter's length at birth?

Don't remember

Inches

--	--

b. Are you recalling her birth length from: *(Mark all that apply)*

Memory

Birth certificate

Baby book or family records

Your nurse daughter

1	5	9	13	17	21	25
2	6	10	14	18	22	26
3	7	11	15	19	23	
4	8	12	16	20	24	

4 a. What was the due date for the birth of your daughter?

Month

--	--

Day

--	--

Year

1	9		
---	---	--	--

b. If you do not recall the exact due date for your daughter, was your daughter born: *(Mark one)*

More than 8 weeks early?

4-8 weeks early?

2-4 weeks early?

Less than 2 weeks **before** your due date?

Less than 2 weeks **after** your due date?

More than 2 weeks past your date?

Do not recall due date.

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

1	1	1	1	1	1
2	2	2	2	2	2
4	4	4	4	4	4
8	8	8	8	8	8
P	P	P	P	P	P





5 Was this a twin pregnancy?

No

Yes →

a. Was the other twin a boy or a girl?  Boy  Girl

b. Were they identical twins?  Yes  No  Don't know

c. What was your nurse daughter's birth order?  1st  2nd

d. What was the **birth weight** of the twin?

Don't remember

Pounds	

Ounces	

e. What was the **birth length** of the twin?

Don't remember

Inches	

0	0
1	10
2	11
3	12
4	13
5	14
6	15
7	16
8	17
9	18

1	5	9	13	17	21	25
2	6	10	14	18	22	26
3	7	11	15	19	23	
4	8	12	16	20	24	

6 What was your usual weight **before** you became pregnant with the nurse daughter? (Please give your best estimate.)

Pounds	

Don't remember

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

7 Approximately, how much weight did you gain during this pregnancy? (Mark one)

- Less than 10 pounds
- 10-14 pounds
- 15-19 pounds
- 20-29 pounds
- 30-40 pounds
- More than 40 pounds
- Don't remember

8 Did you receive **prenatal** care from a physician or other health practitioner during this pregnancy?

No  Yes →

When did you **first** see this health care provider? (Mark one)

- During the first three months of pregnancy
- During the second three months of pregnancy
- During the last three months of pregnancy

9 Was the birth (delivery) of your daughter a vaginal delivery or a Caesarian section (C-section)?

Vaginal delivery  Caesarian section

10 During the birth (delivery) of your daughter, were forceps used to deliver the baby?

No  Yes  Don't know

11 Did you have morning sickness (nausea) during this pregnancy?

No  Yes →

a. Which response best describes the nausea? (Mark one)

- Mild (no vomiting)
- Moderate (some vomiting)
- Severe (excessive vomiting)

b. When did you experience nausea? (Mark all that apply)

- During the first three months of pregnancy
- During the second three months of pregnancy
- During the last three months of pregnancy

c. Did you see your health care provider about the nausea?

Yes  No



12 During this pregnancy, did your physician prescribe any of the following medication(s)?

- a. Any medications for sleeping?  No  Yes
- b. Any medications for nausea?  No  Yes
- c. DES (diethylstilbestrol)?  No  Yes

13 At any time during your pregnancy with your nurse daughter, did your physician or health care provider diagnose you **for the first time** with any of the following conditions?

- a. Anemia  Yes  No **→ If yes, did you take iron supplements?**  
 Yes  No
- b. Diabetes  Yes  No **→ If yes, did you take insulin?**  
 Yes  No
- c. High blood pressure  Yes  No
- d. Pre-eclampsia or eclampsia (toxemia)  Yes  No
- e. Proteinuria (protein in the urine)  Yes  No
- f. Infection (kidneys, respiratory, etc.)  Yes  No

14 During your pregnancy with your nurse daughter, did you take a multiple or prenatal vitamin?

- No  Yes **→ Did you take this vitamin regularly?**  No  Yes



15 Were you ever hospitalized during the pregnancy with your nurse daughter (other than the time of delivery)?

- No  Yes **→**
- a. What trimester? (Mark all that apply)
- First trimester  Second trimester  Third trimester
- b. For what reason were you hospitalized?
- An illness related to the pregnancy
- An illness unrelated to the pregnancy
- An injury (e.g., car accident)

16 When you were pregnant with your nurse daughter, how would you classify your physical activity patterns at work (outside the home)? Would you say that they were: (Mark one)

- Not applicable/Not working  Mostly walking with some sitting and standing
- Mostly sitting and standing  Mostly heavy labor with some walking and standing and little sitting

17 When you were pregnant with your nurse daughter, how would you classify your physical activity patterns **at home**? Would you say that they were: (Mark one)

- Mostly sitting  Active housework most of the time with little sitting
- Mostly walking and standing with some sitting  Heavy manual work at home

18 When you were pregnant with your nurse daughter, aside from housework and any job-related activities, which of the following best describes your physical activity (e.g., walking and recreation)? (Mark one)

- Highly active (equivalent to walking about 3 or more miles every day)
- Somewhat active (equivalent to walking about 2 miles every day)
- Active (equivalent to walking about 1 mile every day)
- Mostly inactive (equivalent to walking about half a mile or less every day)
- Inactive (no walking or other regular exercise)



19 During the second half of your pregnancy, did your overall physical activity:

- Stay about the same?     Substantially increase?     Substantially decrease?

20 Did you ever smoke cigarettes during the pregnancy with this nurse daughter?

- No     Yes →

a. Please specify the number of cigarettes that you smoked per day.  
(1 pack = 20 cigarettes) (Mark one)

- 1–14 cigarettes per day  
 15–24 cigarettes per day  
 25–34 cigarettes per day  
 35 or more cigarettes per day

b. Did you stop smoking during the pregnancy with this daughter?

- Yes     No (Skip to question #21)



1. Please specify when. (Mark one)

- During the first three months of pregnancy  
 During the second three months of pregnancy  
 During the last three months of pregnancy

21 At the time of your nurse daughter's birth, how many years of education had you completed? (Mark one)

- Less than 8 years of school     1–3 years of high school     1–3 years of college  
 8 years of school     4 years of high school     4 or more years of college

22 Did you own a home at the time of your nurse daughter's birth?     Yes     No

23 a. The following refers to your main work occupation during your pregnancy with your nurse daughter. Please mark the response which best describes your job at that time.

- Teacher, librarian, medical doctor, lawyer  
 Nurse  
 Executive manager, administrator  
 Sales, clerical worker or secretary  
 Craftwork (e.g., seamstress, artist)  
 Machine operator, assembler, inspector, bus/cab driver  
 Service worker (e.g., housekeeper, janitor, waitress, equipment cleaner)  
 Laborer, handler  
 Farming  
 Homemaker  
 Did not work

b. The following refers to your main work occupation during the infancy and childhood of your nurse daughter. Please mark the response which best describes your job at that time.

- Teacher, librarian, medical doctor, lawyer  
 Nurse  
 Executive manager, administrator  
 Sales, clerical worker or secretary  
 Craftwork (e.g., seamstress, artist)  
 Machine operator, assembler, inspector, bus/cab driver  
 Service worker (e.g., housekeeper, janitor, waitress, equipment cleaner)  
 Laborer, handler  
 Farming  
 Homemaker  
 Did not work



- 24 At the time of your nurse daughter's birth, were you living with her biological father or a partner?

No  Yes →



- a. At the time of your nurse daughter's birth, how many years of education had he completed? (Mark one)

Less than 8 years of school       4 years of high school  
 8 years of school                       1-3 years of college  
 1-3 years of high school               4 or more years of college

- b. The following refers to his work history. Please mark the response which best describes his job during her infancy and childhood.

Lawyer, medical doctor, college professor, teacher  
 Executive, manager, administrator  
 Sales or clerical worker  
 Mechanic, electrician, repairer or craft worker (e.g., carpenter)  
 Machine operator, assembler, inspector, bus/cab driver  
 Service worker (e.g., janitor, guard)  
 Laborer, handler, equipment cleaner, helper  
 Farming  
 Military  
 Did not work

- 25 a. Did the nurse's father/your partner ever smoke **cigarettes** during the pregnancy or the early childhood of your nurse daughter?

No  Yes →



1. Please specify when he smoked. (Mark one)

During your pregnancy with your nurse daughter  
 During the early childhood of your nurse daughter  
 Both

2. Please specify the number of cigarettes that he smoked per day. (Mark one)

1-14 cigarettes per day  
 15-24 cigarettes per day  
 25-34 cigarettes per day  
 35 or more cigarettes per day

- b. Did your husband smoke a pipe and/or cigars daily?  No  Yes

## SECTION II YOUR DIET DURING PREGNANCY (Mark one for each food)

In this section, we ask you what you ate and drank while you were pregnant with your nurse daughter. For each question, indicate how often you ate or drank the following item(s) on average across the trimesters of this pregnancy. Remember to include foods/ingredients that you cooked with. These questions are not intended to describe all the foods you ate.

- 26 Whole or skim milk

Never  
 1-3 glasses per month  
 1-4 glasses per week  
 5-6 glasses per week  
 1 glass per day  
 2-3 glasses per day  
 4 or more glasses per day

- 27 Other Dairy foods (e.g., hard cheese, ice cream, yogurt)

Never  
 Less than once a week  
 1-6 times per week  
 Once per day  
 Twice or more per day

- 28 Margarine (oleo)

Never  
 1-3 pats per month  
 1 pat per week  
 2-6 pats per week  
 1 pat per day  
 2-4 pats per day  
 5 or more pats per day



## YOUR DIET DURING PREGNANCY *(Mark one for each food)*

- |  |  |  |
|--|--|--|
| <p><b>29 Butter</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> 1-3 pats per month</p> <p><input type="radio"/> 1 pat per week</p> <p><input type="radio"/> 2-6 pats per week</p> <p><input type="radio"/> 1 pat per day</p> <p><input type="radio"/> 2-4 pats per day</p> <p><input type="radio"/> 5 or more pats per day</p> | <p><b>30 Whole Eggs</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> 1-3 eggs per month</p> <p><input type="radio"/> 1 egg per week</p> <p><input type="radio"/> 2-4 eggs per week</p> <p><input type="radio"/> 5 or more eggs per week</p>   | <p><b>31 Carrots</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once a week</p> <p><input type="radio"/> 1-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> Twice or more per day</p>  |
| <p><b>32 Broccoli, cauliflower, cabbage, brussel sprouts</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once a week</p> <p><input type="radio"/> 1-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> Twice or more per day</p>  | <p><b>33 Dark green, leafy vegetables (e.g., spinach, romaine lettuce, kale, turnip greens, bok choy)</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once a week</p> <p><input type="radio"/> 1-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> Twice or more per day</p> | <p><b>34 Other vegetables (e.g., peas, corn, green beans, tomatoes, squash)</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once a week</p> <p><input type="radio"/> 1-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> Twice or more per day</p>             |
| <p><b>35 Citrus fruits and juices (e.g., oranges, orange juice, grapefruits)</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once a week</p> <p><input type="radio"/> 1-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> Twice or more per day</p>                            | <p><b>36 Other fruits (e.g., fresh or canned apples or pears, bananas, grapes, melons)</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once a week</p> <p><input type="radio"/> 1-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> Twice or more per day</p>                | <p><b>37 White bread and white rice</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once a week</p> <p><input type="radio"/> 1-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> Twice or more per day</p>   |
| <p><b>38 Whole grain foods (e.g., whole wheat breads, brown rice)</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once a week</p> <p><input type="radio"/> 1-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> Twice or more per day</p>                                       | <p><b>39 Pasta and noodles</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once a week</p> <p><input type="radio"/> 1-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> Twice or more per day</p>  | <p><b>40 Bakery products (e.g., donuts, cookies, muffins, cakes, rolls, pastries, pies)</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once a week</p> <p><input type="radio"/> 1-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> Twice or more per day</p> |
| <p><b>41 Crackers</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once a week</p> <p><input type="radio"/> 1-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> Twice or more per day</p>   | <p><b>42 Beef, pork or lamb (e.g., roast, steaks, stews)</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once a week</p> <p><input type="radio"/> 1-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> Twice or more per day</p>  | <p><b>43 Processed meats (e.g., Spam, sausages, salami, bologna, hot dogs, bacon)</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once a week</p> <p><input type="radio"/> 1-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> Twice or more per day</p>       |
| <p><b>44 Fish/seafood (e.g., fresh or canned, fried, baked, broiled)</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once a week</p> <p><input type="radio"/> 1-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> Twice or more per day</p>                                    | <p><b>45 Chicken or turkey</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once a week</p> <p><input type="radio"/> 1-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> Twice or more per day</p>  | <p><b>46 Liver</b></p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Less than once a week</p> <p><input type="radio"/> 1-6 times per week</p> <p><input type="radio"/> Once per day</p> <p><input type="radio"/> Twice or more per day</p>  |



YOUR DIET DURING PREGNANCY (Mark one for each food)

47 How much coffee did you drink per day during this pregnancy? (Do not include Sanka or decaffeinated coffee)

- None, Less than one cup per day, 1-2 cups per day, 3-4 cups per day, 5 or more cups per day, Don't recall

48 How much tea did you drink per day during this pregnancy? (Do not include herbal or decaffeinated teas)

- None, Less than one cup per day, 1-2 cups per day, 3-4 cups per day, 5 or more cups per day, Don't recall

49 How often did you drink alcoholic beverages during this pregnancy?

- None, Less than one drink per week, 1-2 drinks per week, 3-6 drinks per week, 1 drink per day, 2-3 drinks per day, 4 or more drinks per day, Don't recall

SECTION III YOUR DAUGHTER'S INFANCY

This section asks you about your nurse daughter's infancy.

50 During the first few days of your daughter's life, did you ever notice any blood in her diaper (or vaginal bleeding)?

- No, Yes

51 Many babies have white secretions from their nipples within the first few days of life. After your nurse daughter was one month old, did you notice any white secretions from her nipples?

- No, Yes

52 Did your daughter ever have a breast abscess (red swelling on her breast) in early infancy? Was it surgically removed?

- No, Yes, No, Yes

53 Did your daughter ever have enlarged breasts before she was two years old?

- No, Yes

54 Did you ever breast-feed this daughter? If yes, at what age did you stop? (Mark one)

- No, Yes, Less than one week, 1 week-3 months, 3-6 months, 6-9 months, 9-12 months, One year or more

55 Did you feed this daughter canned evaporated milk mixed with maltose/dextrose (e.g., Karo Syrup) and water (not a commercial formula like Similac or Enfamil) on a daily basis?

No, Yes -> a. At what age did you start to give this to her? (Mark one)

- Before 3 months of age, 3-6 months of age, 6-9 months of age, 9 months of age or older

b. At what age did you stop feeding her canned evaporated milk mixture on a daily basis? (Mark one)

- Less than one week, 1 week-3 months, 3-6 months, 6-9 months, 9-12 months, One year or more



- 56 Did you feed this daughter **commercial infant formula** (e.g., like Similac, Enfamil, SMA, etc.) on a daily basis?

 No

 Yes →

a. At what age did you start to give this to her? (Mark one)

- Before 3 months of age     6–9 months of age  
 3–6 months of age         9 months of age or older

b. At what age did you stop? (Mark one)

- Less than one week     3–6 months         9–12 months  
 1 week–3 months       6–9 months         One year or more

- 57 Did you feed this daughter a **soy-based infant formula** on a daily basis?

 No

 Yes →

a. At what age did you start to give this to her? (Mark one)

- Before 3 months of age     6–9 months of age  
 3–6 months of age         9 months of age or older

b. At what age did you stop? (Mark one)

- Less than one week     3–6 months         9–12 months  
 1 week–3 months       6–9 months         One year or more

- 58 At what age did you start feeding this daughter **regular cow's milk** (e.g., bottle or carton)?

- Never gave cow's milk     3–6 months of age     9 months of age or older  
 Before 3 months of age     6–9 months of age

- 59 At what age did you start feeding this daughter **solid food**? (Mark one)

- Before 3 months of age     3–6 months of age     6–9 months of age     9 months of age or older

- 60 What was this daughter's first **solid food**? (Mark one)

- Cereals     Fruits     Vegetables     Breads, cracker or cookies

## SECTION IV YOUR NURSE DAUGHTER'S PRESCHOOL DIET

This section asks you about your nurse daughter's preschool diet. Please try to remember when your daughter was of **preschool age (3 to 5 years)**. For each question, indicate how often she ate or drank an average serving of the following item(s). Remember to include foods/ingredients that you cooked with. These questions are not intended to describe all of the foods she ate.

- 61 a. Identify which **type of milk** your nurse daughter consumed the most. (Mark one)

- Whole cow's milk  
 Low-fat cow's milk  
 Skim cow's milk  
 Soy milk  
 Goat's milk

- b. How frequently did she drink this type of milk? (Mark one)

- Never  
 1–3 glasses per month  
 1–4 glasses per week  
 5–6 glasses per week  
 1 glass per day  
 2–3 glasses per day  
 4 or more glasses per day

- 62 Ice Cream (Mark one)

- Never  
 1–3 times per month  
 Once a week  
 2–4 times per week  
 5 or more times per week



YOUR DAUGHTER'S PRESCHOOL DIET (Mark one for each food)

63 Cheese (hard, soft or creamed cheese)

- Never
- 1-3 slices per month
- 1 slice per week
- 2-4 slices per week
- 5-6 slices per week
- 1 slice per day
- 2 or more slices per day

64 Margarine (oleo)

- Never
- 1-3 pats per month
- 1 pat per week
- 2-6 pats per week
- 1 pat per day
- 2-4 pats per day
- 5 or more pats per day

65 Butter

- Never
- 1-3 pats per month
- 1 pat per week
- 2-6 pats per week
- 1 pat per day
- 2-4 pats per day
- 5 or more pats per day

66 Peanut butter

- Never
- 1-3 times per month
- Once a week
- 2-4 times per week
- 5 or more times per week

67 Mayonnaise

- Never
- 1-3 times per month
- Once a week
- 2-4 times per week
- 5 or more times per week

68 Apples (raw or sauce)

- Never
- 1-3 per month
- One a week
- 2-4 per week
- 5-6 per week
- 1 or more per day

69 Bananas

- Never
- 1-3 per month
- One a week
- 2-4 per week
- 5-6 per week
- 1 or more per day

70 Raisins

- Never
- 1-3 times per month
- 1 time per week
- 2-4 times per week
- 5-6 times per week
- 1 or more times per day

71 Oranges

- Never
- 1-3 per month
- One a week
- 2-4 per week
- 5-6 per week
- 1 or more per day

72 Orange juice

- Never
- 1-3 glasses per month
- 1-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

73 Apple Juice

- Never
- 1-3 glasses per month
- 1-4 glasses per week
- 5-6 glasses per week
- 1 glass per day
- 2-3 glasses per day
- 4 or more glasses per day

74 Broccoli

- Never
- 1-3 times per month
- Once a week
- 2-4 times per week
- 5 or more times per week

75 Carrots

- Never
- 1-3 times per month
- Once a week
- 2-4 times per week
- 5 or more times per week

76 String Beans

- Never
- 1-3 times per month
- Once a week
- 2-4 times per week
- 5 or more times per week

77 Peas

- Never
- 1-3 times per month
- Once a week
- 2-4 times per week
- 5 or more times per week

78 Corn

- Never
- 1-3 times per month
- Once a week
- 2-4 times per week
- 5 or more times per week

79 Spinach

- Never
- 1-3 times per month
- Once a week
- 2-4 times per week
- 5 or more times per week

80 Eggs

- Never
- 1-3 eggs per month
- 1 egg per week
- 2-4 eggs per week
- 5 or more eggs per week

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## YOUR DAUGHTER'S PRESCHOOL DIET (Mark one for each food)

- 81** Hot dogs
- Never  
 1-3 times per month  
 Once a week  
 2-4 times per week  
 5 or more times per week
- 82** Other processed meats (e.g., Spam, sausage, salami, bologna, bacon)
- Never  
 1-3 times per month  
 Once a week  
 2-4 times per week  
 5 or more times per week
- 83** Ground beef (e.g., hamburgers, meatloaf)
- Never  
 1-3 times per month  
 Once a week  
 2-4 times per week  
 5 or more times per week
- 84** Beef, pork or lamb (e.g., roast, steaks, stews)
- Never  
 1-3 times per month  
 Once a week  
 2-4 times per week  
 5 or more times per week
- 85** Chicken or turkey
- Never  
 1-3 times per month  
 Once a week  
 2-4 times per week  
 5 or more times per week
- 86** Fish/seafood (e.g., fresh or canned, fried, baked, broiled)
- Never  
 1-3 times per month  
 Once a week  
 2-4 times per week  
 5 or more times per week
- 87** Liver
- Never  
 1-3 times per month  
 Once a week  
 2-4 times per week  
 5 or more times per week
- 88** Tomato or spaghetti sauce
- Never  
 1-3 times per month  
 Once a week  
 2-4 times per week  
 5 or more times per week
- 89** Pizza
- Never  
 1-3 times per month  
 Once a week  
 2-4 times per week  
 5 or more times per week
- 90** Pasta
- Never  
 1-3 times per month  
 Once a week  
 2-4 times per week  
 5 or more times per week
- 91** Bread
- Never  
 1 slice per week or less  
 2-4 slices per week  
 5-7 slices per week  
 2-3 slices per day  
 4 slices per day or more
- 92** Bakery products (e.g., donuts, cookies, muffins, crackers, cakes, rolls, pastries, pies)
- Never  
 1-3 times per month  
 Once a week  
 2-4 times per week  
 5 or more times per week
- 93** Rice
- Never  
 1-3 times per month  
 Once a week  
 2-4 times per week  
 5 or more times per week
- 94** Cold or hot breakfast cereal
- Never  
 1-3 bowls per month  
 1 bowl per week  
 2-4 bowls per week  
 5-7 bowls per week  
 2 or more bowls per day
- 95** Sweet potatoes or yams
- Never  
 1-3 times per month  
 Once a week  
 2-4 times per week  
 5 or more times per week
- 96** Potatoes (baked, boiled, mashed—NOT FRIED) (Mark one)
- Never  
 1-3 times per month  
 Once a week  
 2-4 times per week  
 5 or more times per week



## YOUR DAUGHTER'S PRESCHOOL DIET

97 When your daughter was a preschooler, did she eat **french fried potatoes or tater tots**?

No

Yes →

a. How often did she eat french fries or tater tots? (Mark one)

1-3 times per month

2-4 times per week

Once a week

5 or more times per week

b. Did she normally eat french fries or tater tots that were: (Mark one)

Frozen or baked in the oven (e.g., Ore-Ida)

Fried in a fast-food restaurant

Fried at home →

If french fries were fried at home, what type of fat was usually used for frying? (Mark one)

Lard

Chicken fat

Vegetable oil

Vegetable shortening (e.g., Crisco)

98 When your daughter was a preschooler, how often did she eat **other fried potatoes** (e.g., hash browns, home fries, cottage fries)? (Mark one)

Never

Once a week

5 or more times per week

1-3 times per month

2-4 times per week

99 What **type of fat** did you use most often to fry foods at home (e.g., fish, chicken)?

Butter

Bacon grease

Peanut oil

Margarine (oleo)

Chicken fat

Safflower oil

Vegetable shortening (e.g., Crisco)

Vegetable oil

Olive oil

Lard

Corn oil

None

100 When your daughter was a preschooler, did you give her **multiple vitamins**? (Mark one)

Never

Once a week

5 or more times per week

1-3 times per month

2-4 times per week

101 When your daughter was a preschooler, did you give her **cod liver oil**? (Mark one)

Never

Once a week

5 or more times per week

1-3 times per month

2-4 times per week

## SECTION V YOUR NURSE DAUGHTER'S ACTIVITY

This section asks you about your nurse daughter's activity.

102 Think about your nurse daughter's activity between the ages of **3 and 5 years**. How would you best describe her activity level compared to other girls of similar age? Was she: (Mark one)

Highly physically active (running or actively playing most of the time)

Active

Mostly inactive

Inactive (sitting or reading most of the time)



- 103** Between the ages of **3 and 5 years**, how many hours per day during the week did she watch TV? *(Mark one)*
- No TV  
 Up to 1/2 hour per day  
 About 1 hour per day  
 About 2 hours per day  
 About 3 hours per day  
 4 hours per day  
 5 or more hours per day

- 104** Think about your nurse daughter's activity between the ages of **5 and 10 years**. How would you best describe her activity level compared to other girls of similar age? Was she: *(Mark one)*
- Highly physically active (running or actively playing most of the time)  
 Active  
 Mostly inactive  
 Inactive (sitting or reading most of the time)

- 105** Between the ages of **5 and 10 years**, how many hours per day during the week did she watch TV? *(Mark one)*
- No TV  
 Up to 1/2 hour per day  
 About 1 hour per day  
 About 2 hours per day  
 About 3 hours per day  
 4 hours per day  
 5 or more hours per day

**SECTION VI SOME QUESTIONS ABOUT YOURSELF**

- 106** What is **your** date of birth?

Month	Day	Year
	1	9

- 107** What was your birth weight in pounds (lbs)?

Unknown	5.5–6.9 lbs	8.5–9.9 lbs
Less than 5.5 lbs	7–8.4 lbs	10 lbs or more

- 108** Were you born in the US?

Yes      No

- 109** How tall were you at about age 20–30?

Feet	Inches
------	--------

- 110** Which race(s) do you consider yourself to be? *(Mark all that apply)*

Caucasian/White (non-Hispanic/Latino)  
 African American/Black (non-Hispanic/Latino)  
 Hispanic or Latino  
 Asian/Pacific Islander  
 American Indian/Alaska Native  
 Other *(Specify):*

- 111** When you were 20 to 30 years old, what was the usual length of your menstrual cycle (interval from the first day of your period to the first day of your next period)? *(Mark one)*

<input type="radio"/> Less than 21 days	<input type="radio"/> 40 or more days
<input type="radio"/> 21–25 days	<input type="radio"/> Too irregular to estimate
<input type="radio"/> 26–31 days	<input type="radio"/> Had no periods
<input type="radio"/> 32–39 days	



112 a. YOUR CHILDBIRTH HISTORY. Include all pregnancies lasting 6 months or longer. Include your nurse daughter, as well as twins. Answer one line apiece for each twin.

First Born

Date of Birth			Outcome		Gender	
Month	Day	Year	<input type="radio"/> Stillbirth	<input type="radio"/> Live birth	<input type="radio"/> M	<input type="radio"/> F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

b. Did you ever have a miscarriage?  
 No     Yes    **→ If yes, how many?**  
 1     2     3     4     5 or more





113 Before you were age 40, did you ever try to become pregnant for more than one year without success? (Mark one)

No  Yes

114 Were you ever diagnosed with **hypertension** (high blood pressure) by a physician, **when you were not pregnant?**

No  Yes → **If yes, at what age were you diagnosed?**  
 Less than 45  45-49  50-55  56 or older

115 Have you ever been diagnosed with breast cancer?

No  Yes → **If yes, at what age were you diagnosed?**  
 Less than 45  45-49  50-55  56 or older

116 Did your biological mother have breast cancer?

No  Yes  Don't know

117 Do you have any **biological sisters?** (Include deceased; do not include half siblings)

No  Yes a. How many?  
 1  2  3  4 or more

b. Were any of them diagnosed with breast cancer?  
 No  Yes  Don't know (Skip to #118)

↳ 1. How many?  
 1  2  3  4 or more

2. Her age at cancer diagnosis:

Sister's age  Less than 45  45-49  50-55  56 or older

Sister's age  Less than 45  45-49  50-55  56 or older

Sister's age  Less than 45  45-49  50-55  56 or older

118 Have you ever had any of the following illnesses? (Mark Yes or No for each)

a. Diabetes mellitus  Yes  No

b. Osteoporosis  Yes  No

c. Hip fracture after 60  Yes  No

d. Myocardial infarction (MI) (heart attack)  Yes  No

e. Asthma (doctor diagnosed)  Yes  No

f. Fibrocystic/Other benign breast disease  Yes  No

g. Cancer of the cervix  Yes  No

h. Cancer of the uterus (endometrium)  Yes  No



118 (Continued) Have you ever had any of the following illnesses? (Mark Yes or No for each)

- i. Cancer of the ovary  Yes  No
- j. Colon or rectal polyp  Yes  No
- k. Cancer of the colon or rectum  Yes  No
- l. Cancer of the lung  Yes  No
- m. Other cancer  Yes  No

**SECTION VII** SOME QUESTIONS ABOUT YOUR DAUGHTER'S BIOLOGICAL FATHER

119 What is the date of birth of your nurse daughter's biological father?

Month	Day	Year
		1   9

OR  Don't know

0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
X	P		

120 Was he born in the US?

- Yes  No

121 Approximately, what was his weight when your nurse daughter was born?

Pounds

OR  Don't know

122 What was his adult height?

Feet	Inches

OR  Don't know

123 Which race(s) do you consider him to be? (Mark all that apply)

- Caucasian/White (non-Hispanic/Latino)
- African American/Black (non-Hispanic/Latino)
- Hispanic or Latino
- Asian/Pacific Islander
- American Indian/Alaska Native
- Other (Specify): \_\_\_\_\_

124 Did his biological mother have breast cancer?

- No  Yes  Don't know



125 Does/did he have any **biological sisters**? (Include deceased)

No  Yes  Don't know (Skip to question #126)

↳ a. How many?

1  2  3  4 or more

b. Were any of them diagnosed with breast cancer?

No  Yes  Don't know

↳ 1. How many?

1  2  3  4 or more

2. Her age at cancer diagnosis:

Sister's age  Less than 45  45-49  50-55  56 or older

Sister's age  Less than 45  45-49  50-55  56 or older

Sister's age  Less than 45  45-49  50-55  56 or older

126 Does/did he ever have prostate cancer?

No  Yes  Don't know (Skip to question #127)

↳ a. At what age was he diagnosed?

Less than 60  60 years or older  Don't know the age

127 Does/did he have diabetes?

No  Yes  Don't know (Skip to question #128)

↳ a. At what age was he diagnosed?

Less than 45  45-49  50-55  56 or older  Don't know the age

128 Is the father of the nurse daughter still alive?

Yes  No  Don't know (Skip to question #121)

↳ a. At what age did he die?

Less than 60  
 60 years or older  
 Don't know the age

b. What was the cause of death?

Heart disease or stroke  
 Cancer  
 Other  
 Don't know

129 Are **you** a member of the Nurses' Health Study?  No  Yes

130 Did you fill out this questionnaire: (Mark all that apply)

- On your own from memory  
 By referring to a source (e.g., birth certificate or baby book)  
 With help from your nurse daughter  
 With help from someone else (specify relationship—e.g., spouse, relative, friend): \_\_\_\_\_

# THANK YOU

Please check to make sure you have not accidentally skipped any pages.

Please return this questionnaire in the enclosed, prepaid envelope.

Nurses' Health Study  
181 Longwood Avenue  
Boston, MA 02115