



HARVARD
MEDICAL
SCHOOL

NURSES' HEALTH STUDY II



HARVARD
SCHOOL of
PUBLIC HEALTH

• Channing Laboratory • 181 Longwood Avenue • Boston, Massachusetts 02115-5804 •
Telephone (617) 525-2279 • Fax (617) 525-2008 • E-Mail NHS2@channing.harvard.edu

This is your ID →

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, ø vs O, 5 vs S)

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

3/8" spine
perf

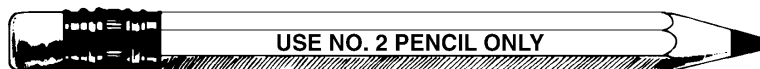
INSTRUCTIONS

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

17. Since June 2009, have you had any of these clinician-diagnosed illnesses?

Leave blank for NO, mark here for YES →

	YEAR OF DIAGNOSIS			
	Before June 1 2009	June '09 to May '11	After June 1 2011	
Myocardial infarction (heart attack)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	1
Angina pectoris	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" 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:

EXAMPLE B)

AGE natural periods ceased:

AGE
4 6

Print numbers neatly within boxes. Your 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 2011 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	7
8	8	8
9	9	9

2. Do you currently smoke cigarettes?
 No Yes → How many/day? 1-4 5-14 15-24 25-34 35-44 45+
3. Have you had your uterus removed?
 No Yes → Date of surgery: Before June 1, 2009 After June 1, 2009
4. Have you ever had either of your ovaries surgically removed?
 No Yes → a) How many ovaries do you have remaining? None One
5. Have your natural menstrual periods ceased PERMANENTLY?
 No: Premenopausal
 Yes: No menstrual periods → a) AGE natural periods ceased:

AGE	

 Yes: Had menopause but now have periods induced by hormones
 Not sure (e.g., perimenopausal)
 b) For what reason did your periods cease?
 Natural Surgery
 Endometrial ablation
 Radiation or Chemo.
6. Are you currently using oral contraceptives for any reason?
 No Yes

7. Have any of your biological children been diagnosed with the following diseases? I have no children
- Schizophrenia: Year(s) of birth _____ Multiple sclerosis: Year(s) of birth _____ Type 1 diabetes (insulin dependent): Year(s) of birth _____

8. Since June 2009, have you used prescription female hormones? (Not including oral contraceptives.)
 Yes → a) How many months did you use hormones since June 2009?
 No
- 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 (beige) Prempro (gold) Prempro (peach) Prempro (light blue)
 Premphase Combipatch FemHRT
 Estrogen: Oral Premarin or conjugated estrogens Patch Estrogen Vaginal Estrogen Estrace
 Estrogen gels, creams, or sprays on skin Estratest Ogen
 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 2009, 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.

9. Are you currently using any of these over-the-counter (OTC) preparations for hormone replacement?
 Soy estrogen products Black cohosh (e.g., Remifemin) Natural progesterone cream/wild yam Other OTC

10. Which best describes your current employment status?
 ER OR ICU Other inpatient nurse Nursing education or admin
 Outpatient or community Other hospital nursing Nursing outside hospital
 Non-nursing employment F/T homemaker Disabled Retired Other

11. From June 2009 to June 2011, how many months have you worked ROTATING night shifts (at least 3 nights/month in addition to other days and evenings in that month)?
 None 1-4 months 5-9 10-14 15-19 20+ months

12. In your current job, on how many days per week, on average, do you use spray or aerosol products?
 Never
 <1 day/week
 1-3 days/week
 4-7 days/week
- Mark each task at work where you use a spray or aerosol product at least once per week:
 Patient care Instrument cleaning or disinfection Surface cleaning or disinfection
 Air-refreshing Other None

13. Thinking about your current job and the use of disinfectants (such as ethylene oxide, hydrogen peroxide, ortho-phthaldehyde, formaldehyde, glutaraldehyde and bleach):
 a.) On how many days per week, on average, do you clean medical instruments with disinfectants?
 Never <1 day/week 1-3 days/week 4-7 days/week
 b.) On how many days per week, on average, do you clean surfaces (like floors, tables) at work with disinfectants?
 Never <1 day/week 1-3 days/week 4-7 days/week

14. On average, how often in the past year have you experienced any amount of accidental bowel leakage?
 a.) Liquid stool: Never Less than 1/month 1-3/month About once/wk Several times/wk Nearly daily
 b.) Solid stool: Never Less than 1/month 1-3/month About once/wk Several times/wk Nearly daily

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? No Yes

16. In the past two years, have you had gastrointestinal bleeding that required hospitalization or a transfusion? No Yes

3/8" spine part

17. Since June 2009, have you had any of these clinician-diagnosed illnesses?

YEAR OF DIAGNOSIS

Leave blank for NO, mark here for YES

Table with columns for illness types (e.g., Myocardial infarction, Angina pectoris, Cancer of various types, Diabetes, etc.) and rows for diagnosis years (Before June 1 2009, June '09 to May '11, After June 1 2011).

Please specify:

Date:

Grid of numbers for date entry (0-9).

FOR OFFICE USE ONLY grid with letters A-C and numbers 1-12.

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

Yes, for screening Yes, for symptoms

Table with columns for 'No', 'Yes, for screening', and 'Yes, for symptoms' and rows for medical tests (Physical exam, Mammogram, Fasting blood sugar, etc.).

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

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

- Acetaminophen (e.g., Tylenol), Aspirin or aspirin-containing products, Ibuprofen (e.g., Advil, Motrin, Nuprin), Celebrex (COX-2 inhibitors), Other anti-inflammatory analgesics, Thiazide diuretic, Calcium blocker, Beta-blocker, ACE Inhibitors, Angiotensin receptor blocker, Other anti-hypertensive, Coumadin (Warfarin), Digoxin, Antiarrhythmic, "Statin" cholesterol-lowering drug, Mevacor (lovastatin), Zocor (simvastatin), Crestor, Pravachol (pravastatin), Lipitor (atorvastatin), Other, Other cholesterol-lowering drug, Steroids taken orally, Insulin, Metformin, Glyburide/Gilizide/Glimeperide, Actos, Other oral hypoglycemic agents, Thyroid hormone, Triptans, Bisphosphonates, Evista (raloxifene), Nolvadex (tamoxifen), SSRIs, Other antidepressants, Minor tranquilizers, Prilosec, Nexium, Prevacid, Protonix, Aciphex, H2 blocker

20. Is this your correct date of birth?

Form for date of birth with 'Yes/No' options and a date entry field (MONTH / DAY / YEAR).

3/8" spine perf

21. 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., I-Caps Lutein & Zeaxanthin formula

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

- a) Vitamin A b) Potassium c) Vitamin C d) Vitamin B6 e) Vitamin E f) Calcium g) Selenium h) Vitamin D i) Zinc
Dose per day: Less than 10,000 to 16,000 to 23,000 IU
Dose per day: 2.5 mEq (100 mg) 9 mEq 19 mEq or more
Dose per day: 400 mg 700 mg 1250 mg or more
Dose per day: 50 mg 99 mg 149 mg or more
Dose per day: 100 IU 250 IU 500 IU or more
Dose per day: 600 mg 900 mg 1500 mg or more
Dose per day: 80 mcg 130 mcg 250 mcg or more
Dose per day: 600 IU 900 IU 1900 IU or more
Dose per day: 31 mg 74 mg 100 mg or more

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

- Metamucil/Citrucel Beta-carotene Chromium Folic Acid Glucosamine/Chondroitin
Cod Liver Oil Resveratrol Vitamin Water B-Complex Iron Magnesium
Fish Oil Melatonin Coenzyme Q10 Ginkgo Biloba
Flax Seed Oil Vitamin B12 Niacin Lycopene Other

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

- Zero 1 tsp. 2 tsp. 3 tsp. 4 tsp. 5 tsp. 6 tsp. 7 tsp. 8 tsp. 9 tsp. 10 tsp. More than 10? Write number here

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

- Don't eat cold breakfast cereal. Specify cereal brand & type (e.g., Kellogg's Raisin Bran)

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

- None 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)

26. 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

Ch rb cf sw gn t k w

Table with columns for food types (DAIRY FOODS) and frequency of use (AVERAGE USE LAST YEAR). Rows include Milk (8 oz. glass), Cream, Frozen yogurt, Spreads added to food or bread, Yogurt, Cottage or ricotta cheese, Cream cheese, and Other cheese.

Grid of circles for data entry, organized into rows and columns with letters (V, S, M, P) and numbers (0-9) above them.

3/8" spine part

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

Please try to average your seasonal use of foods over the entire year. For example, if a food such as cantaloupe is eaten 4 times a week during the approximate 3 months that it is in season, then the average use would be once per week.

FRUITS		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+
Raisins (1 oz. or small pack) or grapes (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prunes or dried plums (1/4 cup or 6 dried)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prune juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bananas (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cantaloupe (1/4 melon)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avocado (1/2 fruit or 1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fresh apples or pears (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apple juice or cider (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oranges (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orange juice (small glass)	Calcium or Vit. D fortified	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular (not calcium fortified)	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Grapefruit (1/2) or grapefruit juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fruit juices (e.g., cranberry, grape) (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Strawberries, fresh, frozen or canned (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blueberries, fresh, frozen or canned (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peaches or plums (1 fresh or 1/2 cup canned)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Apricots (1 fresh, 1/2 cup canned or 5 dried)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VEGETABLES		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+
Tomatoes (2 slices)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato or V-8 juice (small glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tomato sauce (1/2 cup) e.g., spaghetti sauce		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salsa, picante or taco sauce (1/4 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
String beans (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans or lentils, baked, dried (1/2 cup) or soup		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tofu, soy burger, soybeans, miso or other soy protein		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peas or lima beans (1/2 cup fresh, frz., canned) or soup		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Broccoli (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cauliflower (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cabbage or coleslaw (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brussels sprouts (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, raw (1/2 carrot or 2-4 sticks)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrots, cooked (1/2 cup) or carrot juice (2-3 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Corn (1 ear or 1/2 cup frozen or canned)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mixed or stir fry vegetables (1/2 cup) or soup		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yams or sweet potatoes (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark orange (winter) squash (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggplant, zucchini or other summer squash (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kale, mustard greens or chard (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, cooked (1/2 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spinach, raw as in salad (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Iceberg or head lettuce (1 serving)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Romaine or leaf lettuce (1 serving)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Celery (2-3 sticks)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peppers: green, yellow or red (2 rings or 1/4 small)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a garnish or in salad (1 slice)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Onions as a cooked vegetable or rings (1/2 cup) or soup		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EGGS, MEAT, ETC.		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+
Eggs (1)	Omega-3 fortified including yolk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular eggs including yolk	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef or pork hot dogs (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey hot dogs or sausage (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken/turkey sandwich or frozen dinner		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chicken or turkey, with skin (3 oz.)-including ground		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chicken or turkey, without skin (3 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bacon (2 slices)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

MEAT, FISH		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
Salami, bologna, or other processed meat sandwiches		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other processed meats, e.g., sausage, kielbasa, etc. (2 oz. or 2 small links)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hamburger (1 patty)	Lean or extra lean	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, frozen dinners, etc.		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pork as a main dish, e.g., ham or chops (4-6 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef or lamb as a main dish, e.g., steak, roast (4-6 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Canned tuna fish (3-4 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breaded fish cakes, pieces, or fish sticks (1 serving, store bought)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shrimp, lobster, scallops as a main dish		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark meat fish, e.g., tuna steak, mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fish, e.g., cod, haddock, halibut (3-5 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BREADS, CEREALS, STARCHES		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
Cold breakfast cereal (1 serving)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooked oatmeal/cooked oat bran (including instant) (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cooked breakfast cereal (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bread (1 slice)	White bread, including pita	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Rye/Pumpernickel	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Whole wheat, oatmeal, other whole grain	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crackers (6)	Whole grain/whole wheat	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Other crackers	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bagels, English muffins, or rolls (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Muffins or biscuits (1)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pancakes or waffles (2 small pieces)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brown rice (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White rice (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pasta, e.g., spaghetti, noodles, couscous, etc. (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tortillas: corn or flour (2)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
French Fries (6 oz. or 1 serving)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potatoes, baked, boiled (1) or mashed (1 cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potato chips or corn/tortilla chips (small bag or 1 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizza (2 slices)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BEVERAGES		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
CARBONATED BEVERAGES	Low-Calorie (sugar-free) types									
	Regular types (not sugar-free)									
Low-calorie beverage with caffeine, e.g., Diet Coke		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other low-cal bev. without caffeine, e.g., Diet 7-Up		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carbonated beverage with caffeine & sugar, e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other carbonated beverage with sugar, e.g., 7-Up, Root Beer, Ginger Ale, Caffeine-Free Coke		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OTHER BEVERAGES										
Other sugared beverages: Punch, lemonade, sports drinks, or sugared ice tea (1 glass, bottle, can)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beer, regular (1 glass, bottle, can)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Light Beer, e.g., Bud Light (1 glass, bottle, can)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red wine (5 oz. glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White wine (5 oz. glass)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquor, e.g., vodka, gin, etc. (1 drink or shot)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plain water: bottled, sparkling, or tap (8 oz. cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decaffeinated tea, exclude herbal (8 oz. cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tea with caffeine (8 oz. cup), including green tea		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decaffeinated coffee (8 oz. cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee with caffeine (8 oz. cup)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dairy coffee drink (hot/cold), e.g., Cappucino (16 oz.)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3/8" spine perf

a
b
P
P

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

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

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

SWEETS, BAKED GOODS, MISCELLANEOUS		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	
Milk chocolate (bar or pack), e.g., Hershey's, M&M's				W			D				P
Dark chocolate, e.g., Hershey's Dark or Dove Dark				W			D				a
Candy bars, e.g., Snickers, Milky Way, Reeses				W			D				b
Candy without chocolate (1 oz.)				W			D				c
Cookies (1)	Fat free or reduced fat			W			D				
or	Other ready made or from mix or dough			W			D				
Brownies (1)	Home-baked, from scratch			W			D				
Doughnuts (1)				W			D				
Cake, homemade or ready made (slice)				W			D				
Pie, homemade or ready made (slice)				W			D				
Jams, jellies, preserves, syrup, or honey (1 Tbs)				W			D				
Peanut butter (1 Tbs)				W			D				
Popcorn (2-3 cups)	Fat free or light			W			D				
	Regular			W			D				
Sweet roll, coffee cake or other pastry (regular, fat free or reduced fat) (1)				W			D				
Snack bars, e.g., Nutrigrain, Kashi, granola, Planter's (1)				W			D				
Energy bars, e.g., Clif, Luna, Glucerna, Powerbar (1)				W			D				
High Protein bars, e.g., Atkins, Zone, South Beach (1)				W			D				
Diet nutrition drinks, e.g. Slimfast (1)				W			D				
Ensure, Boost or other meal replacement drinks (1)				W			D				
Pretzels (1 small bag or serving)				W			D				
Peanuts (small packet or 1 oz.)				W			D				
Walnuts (1 oz.)				W			D				
Other nuts (small packet or 1 oz.)				W			D				
Mixed dried fruit (1/4 cup)				W			D				
Oat bran, other bran (wheat, etc.), added to food (1 Tbs)				W			D				
Wheat germ (1 Tbs)				W			D				
Chowder or cream soup (1 cup)				W			D				
Tomato soup (1 cup)				W			D				
Ketchup or red chili sauce (1 Tbs)				W			D				
Flaxseed (1 Tbs)				W			D				
Garlic, fresh or powdered (1 clove or 4 shakes)				W			D				
Olive oil added to food or bread (1 Tbs)				W			D				
Low-fat or fat-free mayonnaise (1 Tbs)				W			D				
Regular mayonnaise (1 Tbs)				W			D				
Salad dressing (1-2 Tbs)	How often?			W			D				
	Type(s): <input type="radio"/> Nonfat <input type="radio"/> Low-fat <input type="radio"/> Olive oil <input type="radio"/> Other vegetable oil										
Artificial sweeteners (1 packet)	How often?			W			D				
	Type(s): <input type="radio"/> Splenda <input type="radio"/> Equal <input type="radio"/> NutraSweet <input type="radio"/> Sweet'N Low <input type="radio"/> Saccharin										
27. Liver: beef, calf or pork (4 oz.)	<input type="radio"/> Never <input type="radio"/> Less than 1/mo <input type="radio"/> 1/mo <input type="radio"/> 2-3/mo <input type="radio"/> 1/week or more										A 27
Liver: chicken or turkey (1 oz.)	<input type="radio"/> Never <input type="radio"/> Less than 1/mo <input type="radio"/> 1/mo <input type="radio"/> 2-3/mo <input type="radio"/> 1/week or more										B
28. How often do you eat fried or sautéed food at home? (Exclude "Pam"-type spray)	<input type="radio"/> Less than once a week <input type="radio"/> 1-3 times per week <input type="radio"/> 4-6 times per week <input type="radio"/> Daily										28
29. What kind of fat is usually used for frying and sautéing at home? (Exclude "Pam"-type spray)	<input type="radio"/> Real butter <input type="radio"/> Margarine <input type="radio"/> Olive oil <input type="radio"/> Vegetable oil <input type="radio"/> Veg. shortening <input type="radio"/> Lard <input type="radio"/> N/A										29
30. What kind of fat is usually used for baking COOKIES at home?	<input type="radio"/> Real butter <input type="radio"/> Margarine <input type="radio"/> Olive oil <input type="radio"/> Vegetable oil <input type="radio"/> Veg. shortening <input type="radio"/> Lard <input type="radio"/> N/A										30
31. What type of cooking oil is usually used at home? (e.g., Mazola Corn Oil)	Specify brand and type										31
32. How often do you eat deep fried chicken, fish, shrimp, clams or onion rings away from home?	<input type="radio"/> Less than once a week <input type="radio"/> 1-3 times per week <input type="radio"/> 4-6 times per week <input type="radio"/> Daily										32
33. How often do you eat toasted breads, bagel or English muffin (slice or 1 half bagel)?	<input type="radio"/> Less than once a week <input type="radio"/> 1-3 times per week <input type="radio"/> 4-6 times per week <input type="radio"/> Daily <input type="radio"/> 2+ times/day										33

0	0	
1	1	
1	2	2
9	3	3
	4	4
OLV		
CAN		
COR		
SOY		
VEG		
	8	8
	9	9

Thank you! Please return forms in prepaid return envelope to: Nurses' Health Study, 181 Longwood Ave, Boston, MA 02115.

3/8" spine perf