NURSES' HEALTH STUDY

- Harvard Medical School
- Harvard TH Chan School of Public Health

Channing Division of Network Medicine
181 Longwood Avenue • Boston, Massachusetts 02115-5804

• Tel (617) 525-2279
• Fax (617) 525-4597
• E-Mail NHS@channing.harvard.edu

To report name or address changes, update your information here and return this letter with your questionnaire.

This is your ID ➡

CENTER PERF

Your e-mail:

Please print your e-mail address in the box as this is the most efficient way to contact you about the questionnaire and study updates. Over 70,000 NHS participants complete a web questionnaire – please join us online!

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!

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 and complete the survey online.

PAPER FORM:



Please use an ordinary No. 2 pencil to answer all questions. Fill response circles completely. If you have comments, please write them on a separate piece of paper.

- **Please return the questionnaire in the enclosed postage-paid envelope.**
- **If your name and address as printed on this letter 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.**

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.
We are required by the Health Insurance Portability and Accountability Act (HIPAA) to protect the privacy of health information obtained for research. This is an abbreviated notice, and does not describe all details of this requirement. During this study, identifiable information about you or your health will be collected and shared with the researchers conducting the research. In general, under federal law, identifiable health information is private. However, there are exceptions to this rule. In some cases, others may see your identifiable health information for purposes of research oversight, quality control, public health and safety, or law enforcement. We share your health information only when we must, and we ask anyone who receives it from us to protect your privacy.
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 Brigham and Women's Hospital (857-282-1900).

Thank you for completing the Nurses' Health Study Questionnaire.

PLEASE USE PENCIL!

1. Your current weight?

POUNDS

2. What is your *current* status?

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

3. Do you currently smoke cigarettes?

○ Yes → **How many per day?** ○ 1–4 ○ 5–14 ○ 15–24 ○ 25–34 ○ 35–44 ○ 45+
○ No

4. Have you had your uterus removed?

○ No ○ Yes → **Date of surgery:** ○ Before June 1, 2017 ○ After June 1, 2017

5. Have you ever had either of your ovaries surgically removed?

○ No ○ Yes → **a) How many ovaries do you have remaining?** ○ None ○ One

6. Have you ever had both of your fallopian tubes removed? (bilateral salpingectomy)

○ No ○ Not sure ○ Yes → **Date of surgery:** ○ Before 2000 ○ 2000–2005 ○ 2006–2010 ○ 2011+

7. Since June 2017, have you used prescription female hormones? (Not including oral contraceptives.)

○ Yes → **a) How many months did you use hormones since June 2017?**
○ 1–4 months ○ 5–9 ○ 10–14 ○ 15–19 ○ 20–25 ○ 26–30 ○ 31–35 ○ 36+ months

○ No

b) Are you *currently* using them (within the last month)? ○ Yes ○ No **If No, skip to question 8.**

c) Mark the type(s) of hormones you are *CURRENTLY* using:

Combined: ○ Prempro ○ Premphase ○ Combipatch ○ FemHRT ○ Climara Pro

Estrogen: ○ Oral Premarin or conjugated estrogen ○ Oral Estrace or oral estradiol
○ Vaginal estrogen ○ Patch estrogen ○ Estrogen gels, creams, sprays on skin
○ Estrogen + testosterone ○ Other estrogen (specify below)

Progesterone/Progestin: ○ Provera/Cycrin/MPA ○ Vaginal ○ Micronized (e.g., Prometrium)
○ Other progesterone (specify type) →

Other hormones: ○ Compounded bioidentical Estrogen ○ Testosterone
○ Compounded bioidentical Progesterone ○ Other (specify here)

d) If you used oral conjugated estrogen (e.g., Premarin) since June 2017, 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

8. Have you *ever* had any of these clinician-diagnosed illnesses?

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

		YEAR OF FIRST DIAGNOSIS				
		BEFORE 2002	2002–2008	2009–2014	2015–2016	2017+
Asthma, clinician diagnosed	Y →	○	○	○	○	○
COPD/Emphysema/Chronic bronchitis	Y →	○	○	○	○	○
Sleep apnea	Y →	○	○	○	○	○
Pre-diabetes (Glucose intolerance)	Y →	○	○	○	○	○
Gastric banding, bypass, or sleeve	Y →	○	○	○	○	○
Endometriosis (confirmed by laparoscopy)	Y →	○	○	○	○	○
Liver cirrhosis	Y →	○	○	○	○	○
Fatty liver Confirmed by liver biopsy? ○ No ○ Yes	Y →	○	○	○	○	○

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9. Since June 2017, have you had any of these clinician-diagnosed illnesses?

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

		YEAR OF DIAGNOSIS: Before June 1 2017	June '17 to May '19	After June 1 2019
Myocardial infarction (heart attack)	1			
Hospitalized for MI? ○ No ○ Yes	1a			
Angina pectoris	2			
Confirmed by angiography? ○ No ○ Yes	2a			
Coronary bypass, angioplasty or stent	3			
Congestive heart failure	4			
Transient ischemic attack (TIA)	5			
Stroke (CVA)	6			
Pulmonary embolus or Deep vein thrombosis	7			
Atrial fibrillation	8			
Carotid surgery (Endarterectomy)	9			
Fibrocystic/other benign breast disease	10			
Confirmed by breast biopsy? ○ No ○ Yes	10a			
Breast cancer	11			
Cancer of the ovary	12			
Leukemia or Lymphoma	13			
Colon or rectal polyp (benign)	14			
Cancer of the colon or rectum	15			
Melanoma	16			
Basal cell skin cancer	17			
Squamous cell skin cancer	18			
Other cancer	19			
Specify site of other cancer (e.g., uterus, pancreas, lung, etc.)				
Crohn's/Ulcerative or Microscopic colitis	20			
Gastric or duodenal ulcer	21			
Barrett's esophagus	22			
Cholecystectomy	23			
Diabetes mellitus	24			
Elevated cholesterol	25			
High blood pressure	26			
Kidney stones	27			
Multiple Sclerosis	28			
Sarcoidosis	29			
Chronic viral hepatitis (B or C)	30			
Hyperparathyroidism	31			
Gout	32			
Glaucoma	33			
Cataract extraction	34			
Rheumatoid arthritis or Systemic lupus	35			
Celiac disease	36			
Depression, Clinician diagnosed	37			
Alzheimer's or other dementia	38			
Parkinson's disease	39			
ALS (Amyotrophic Lat. Sclerosis)	40			
Peripheral artery disease	41			
Vertebral (spine) fracture	42			
Hip fracture	43			
Hip replacement	44			
Knee replacement	45			
Osteoporosis	46			
Osteoarthritis	47			
Other major illness or surgery since June 2017	48			

Please specify: Date:

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

		No	Yes, for screening	Yes, for symptoms
A physical exam?		N	Y	Y
Eye exam by doctor?		N	Y	Y
Mammogram?		N	Y	Y
Fasting blood sugar?		N	Y	Y
Upper endoscopy?		N No	Y Yes	
(Virtual) CT Colonoscopy?		N No	Y Yes	
Colonoscopy?		N No	Y Yes	
Sigmoidoscopy?		N No	Y Yes	

Initial reason(s) you had Colonoscopy/Sigmoidoscopy? (10a)

○ Visible blood ○ Occult fecal blood ○ Abdominal pain
○ Diarrhea/constipation ○ Family history of colon cancer
○ Fecal/stool DNA testing ○ Follow-up of (virtual) CT colonoscopy
○ Prior polyps ○ Asymptomatic or routine screening

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

○ Acetaminophen (e.g., Tylenol)
Days/week: ○ 1 ○ 2–3 ○ 4–5 ○ 6+ days
Tablets/wk: ○ 1–2 ○ 3–5 ○ 6–14 ○ 15+ tablets

○ Low dose aspirin (100 mg or less/tablet)
Days/week: ○ 1 ○ 2–3 ○ 4–5 ○ 6+ days
Tablets/wk: ○ 1–2 ○ 3–5 ○ 6–14 ○ 15+ tablets

○ Aspirin or aspirin-containing products (325 mg or more/tablet)
Days/week: ○ 1 ○ 2–3 ○ 4–5 ○ 6+ days
Tablets/wk: ○ 1–2 ○ 3–5 ○ 6–14 ○ 15+ tablets

○ Ibuprofen (e.g., Advil, Motrin, Nuprin)
Days/week: ○ 1 ○ 2–3 ○ 4–5 ○ 6+ days
Tablets/wk: ○ 1–2 ○ 3–5 ○ 6–14 ○ 15+ tablets

○ Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Clinoril, Relafen, Indocin, Celebrex)
Days/week: ○ 1 ○ 2–3 ○ 4–5 ○ 6+ days

○ Thiazide diuretic ○ Calcium blocker ○ Beta-blocker
○ ACE inhibitors ○ Angiotensin receptor blocker
○ Other anti-hypertensive (e.g., clonidine, doxazosin, Lasix)
○ Coumadin ○ Pradaxa/Xarelto/Eliquis ○ Plavix
○ Prasugrel (Effient) ○ Digoxin ○ Antiarrhythmic
○ "Statin" cholesterol-lowering drug (e.g., Mevacor, Zocor, Lipitor)
○ Other lipid-lowering drug [e.g., Lopid (gemfibrozil), Colestid, Tricor (fenofibrate), Questran (cholestyramine), Zetia]
○ Steroids taken orally (e.g., Prednisone, Decadron, Medrol)

Diabetes drugs: (Mark all that apply)
○ Insulin ○ Non-insulin injections (e.g., Byetta, Victoza, Trulicity)
○ Metformin (Glucophage) ○ Jardiance ○ Invokana
○ Farxiga ○ Januvia ○ Other oral hypoglycemic agent

○ Thyroid hormone (e.g., Synthroid, Levothroid, Levoxyl)
○ Triptans (e.g., Imitrex, Maxalt, Zomig, Amerge, Replax)
○ Bisphosphonates (e.g., Fosamax, Boniva, Actonel)
○ Evista (raloxifene) ○ Tamoxifen (Nolvadex)
○ Anticholinergics (e.g., Detrol, Ditropan, Vesicare)
○ Antidepressant medications (e.g., SSRIs, SNRIs, Tricyclics)
○ Minor tranquilizers (e.g., Valium, alprazolam, lorazepam)
○ ß-agonist inhaler (e.g., albuterol [Ventolin], Maxair)
○ Prescription sleep medications (e.g., Ambien, Sonata, Lunesta)
○ Over-the-counter sleep medications
○ Prilosec, Nexium, Prevacid, Protonix, Aciphex, Dexilant
○ H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)
○ Other regular medications (no need to specify)

12. Is this your correct date of birth?

○ Yes
○ No → If no, please write correct date. MONTH / DAY / YEAR

Thank you! NHS, 181 Longwood Ave., Boston MA 02115