NURSES' HEALTH STUDY



- Harvard Medical School
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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. Do you currently smoke cigarettes?

○ Yes → **How many per day?** ○ 1–4 ○ 5–14 ○ 15–24 ○ 25–34 ○ 35–44 ○ 45+

○ No

3. Have you had your uterus removed (with or without removal of Fallopian tubes)?

○ No ○ Yes, uterus and Fallopian tubes ○ Yes, uterus only

Date of surgery: ○ Before June 1, 2019 ○ After June 1, 2019

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

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

5. Since June 2019, have you used prescription female hormones? (Not including oral contraceptives.)

○ Yes → **a) How many months did you use hormones since June 2019?**

○ 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 6.**

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

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

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: ○ Oral Provera/Cycrin/MPA ○ Oral Micronized progesterone or oral Prometrium ○ Vaginal progesterone ○ Other progesterone (specify type)

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

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

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

	Y	YEAR OF FIRST DIAGNOSIS: BEFORE 2004	2004–2010	2011–2016	2017–2018	2019+
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 →	○	○	○	○	○
Shingles	Y →	○	○	○	○	○
Vaccine for Shingles	Y →	○	○	○	○	○
Wrist or Colles fracture	Y →	○	○	○	○	○
Polymyalgia rheumatica	Y →	○	○	○	○	○

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7. Since June 2019, have you had any of these clinician-diagnosed illnesses?

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

		YEAR OF DIAGNOSIS: Before June 1 2019	June '19 to May '21	After June 1 2021	
Myocardial infarction (heart attack)	Y	○	○	○	1
Hospitalized for MI?	○ No ○ Yes				a
Angina pectoris	Y	○	○	○	2
Confirmed by angiography?	○ No ○ Yes				a
Coronary bypass, angioplasty or stent	Y	○	○	○	3
Congestive heart failure	Y	○	○	○	4
Transient ischemic attack (TIA)	Y	○	○	○	5
Stroke (CVA)	Y	○	○	○	6
Pulmonary embolus	Y	○	○	○	7
Atrial fibrillation	Y	○	○	○	8
Carotid surgery (Endarterectomy)	Y	○	○	○	9
Fibrocystic/other benign breast disease	Y	○	○	○	10
Confirmed by breast biopsy?	○ No ○ Yes				a
Breast cancer	Y	○	○	○	11
Cancer of the ovary	Y	○	○	○	12
Leukemia or Lymphoma	Y	○	○	○	13
Colon or rectal polyp (benign)	Y	○	○	○	14
Cancer of the colon or rectum	Y	○	○	○	15
Melanoma	Y	○	○	○	16
Basal cell skin cancer	Y	○	○	○	17
Squamous cell skin cancer	Y	○	○	○	18
Other cancer	Y	○	○	○	19
Specify site of other cancer → (e.g., uterus, pancreas, lung, etc.)					
Crohn's/Ulcerative or Microscopic colitis	Y	○	○	○	20
Gastric or duodenal ulcer	Y	○	○	○	21
Barrett's esophagus	Y	○	○	○	22
Cholecystectomy	Y	○	○	○	23
Diabetes mellitus	Y	○	○	○	24
Elevated cholesterol	Y	○	○	○	25
High blood pressure	Y	○	○	○	26
Kidney stones	Y	○	○	○	27
Multiple Sclerosis	Y	○	○	○	28
Sarcoidosis	Y	○	○	○	29
Chronic viral hepatitis (B or C)	Y	○	○	○	30
Hyperparathyroidism	Y	○	○	○	31
Gout	Y	○	○	○	32
Glaucoma	Y	○	○	○	33
Cataract extraction	Y	○	○	○	34
Rheumatoid arthritis or Systemic lupus	Y	○	○	○	35
Celiac disease	Y	○	○	○	36
Depression, Clinician diagnosed	Y	○	○	○	37
Alzheimer's or other dementia	Y	○	○	○	38
Parkinson's disease	Y	○	○	○	39
ALS (Amyotrophic Lat. Sclerosis)	Y	○	○	○	40
Peripheral artery disease	Y	○	○	○	41
Vertebral (spine) fracture	Y	○	○	○	42
Hip fracture	Y	○	○	○	43
Hip replacement	Y	○	○	○	44
Knee replacement	Y	○	○	○	45
Osteoporosis	Y	○	○	○	46
Osteoarthritis	Y	○	○	○	47
Other major illness or surgery since June 2019	Y	○	○	○	48

Please specify: Date:

(e.g., deep vein thrombosis, GERD, COVID/Long COVID etc.)

8. 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		
Cologuard (fecal DNA)?	N No	Y Yes		
Fecal occult blood/immunochemical (FIT) test?	N No	Y Yes		
Colonoscopy or Sigmoidoscopy?	N No	Y Yes		

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

○ Visible blood ○ Fecal blood test ○ 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

9. 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)

10. 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