HARVARD MEDICAL SCHOOL



NURSES' HEALTH STUDY

617-731-8909

Frank E. Speizer, M.D. Harvard Medical School Channing Laboratory PLEASE REPLY TO: 180 Longwood Ave. Boston, Mass. 02115

APPENDIX 3a 1976 Questionnaire

> Our research group at Harvard Medical School is conducting a study of a major public health issue - whether there are long term health effects of various forms of contraception. In this study, funded by the National Institutes of Health, we are sending questionnaires to a large sample of women selected from a roster of registered nurses supplied to us by the American Nurses' Association. We believe that registered

nurses--because of their knowledge, training, and interest in health issues--will provide a higher response rate as well as more complete and accurate information than other groups.

The success of this work rests on your willingness to answer the questions on the attached form. We would greatly appreciate your taking a few minutes to complete the questionnaire, detach it, and return it to us promptly in the enclosed prepaid envelope. Your responses will be identified by study number only and will be used only for medical statistical purposes. We intend to publish findings of this study in the American Journal of Nursing to provide the most current information about this public health issue to participants in the study.

We would like to stress that the validity of the findings will be crucially dependent on receiving completed questionnaires from all women who receive them, even those who have never used any contraceptive method or who may be postmenopausal.

Thank you for your help.

Very truly yours,

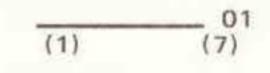
Charlene F. Belanger

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Frank E. Speizer, M.D.





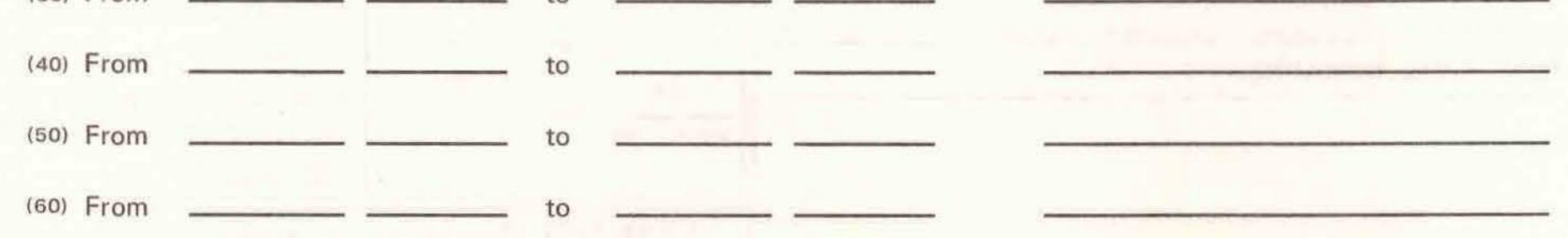
HARVARD MEDICAL SCHOOL

NURSES' HEALTH QUESTIONNAIRE

Please answer all 11 questions by filling in the appropriate box or writing in the information requested. You will find extra room on the back of the form for any additional remarks you may wish to add. All information will be regarded as strictly confidential and will be used only for medical statistical purposes.

1. What is your date of birth?	 Have you ever had a pregnancy lasting 6 months or more? YES (42)
2. What is your height?	How many pregnancies lasting 6 months or more have you had? (43)
What is your current weight?	(27) How old were you at the end of your first pregnancy lasting 6 months or more? (45) years of age
years of age (30)	Did any of your pregnancies lasting 6 months or more result in stillbirth?
Have your menstrual periods ceased permanently?	□ YES (47) _ □ NO
T At what age? $\frac{(32)}{\text{years of age}}$ (33)	How many? (48) NO or DON'T KNOW

Yours or age	IN NOV		
For what reason? (35)		Do you use any method of	of contraception CURRENTL'
naturally		YES (50)	
due to radiation		oral contraceptives (51)	foam or jelly? (56)
due to surgery		(birth control pills)?	🗆 tubal (57)
If due to surgery, were BOTH ovaries removed?		rhythm? (52)	ligation?
yes no don't know (:	36)	diaphragm? (53)	husband's (58)
After your menstrual periods ceased, did you tal	ke	□ condom? (54) □ intrauterine device (55)	vasectomy?
female hormones?		(loop or coil)?	U other? (59)
□ YES (37) □ NO		theop of could.	
For how long?		Have you EVER used ora	I contraceptives in the past?
years months (38) (40)		□ yes (60)	🗆 no
 IF YOU ARE NOW USING or HAVE E CONTRACEPTIVE use starting from first for stopping. 			
Interval of	of use	Reaso	n for stopping
month year	month	year	
(10) From to			
(20) From to			
			1
(30) From to			



PLEASE CONTINUE ON REVERSE SIDE

Questionnaire (continued)

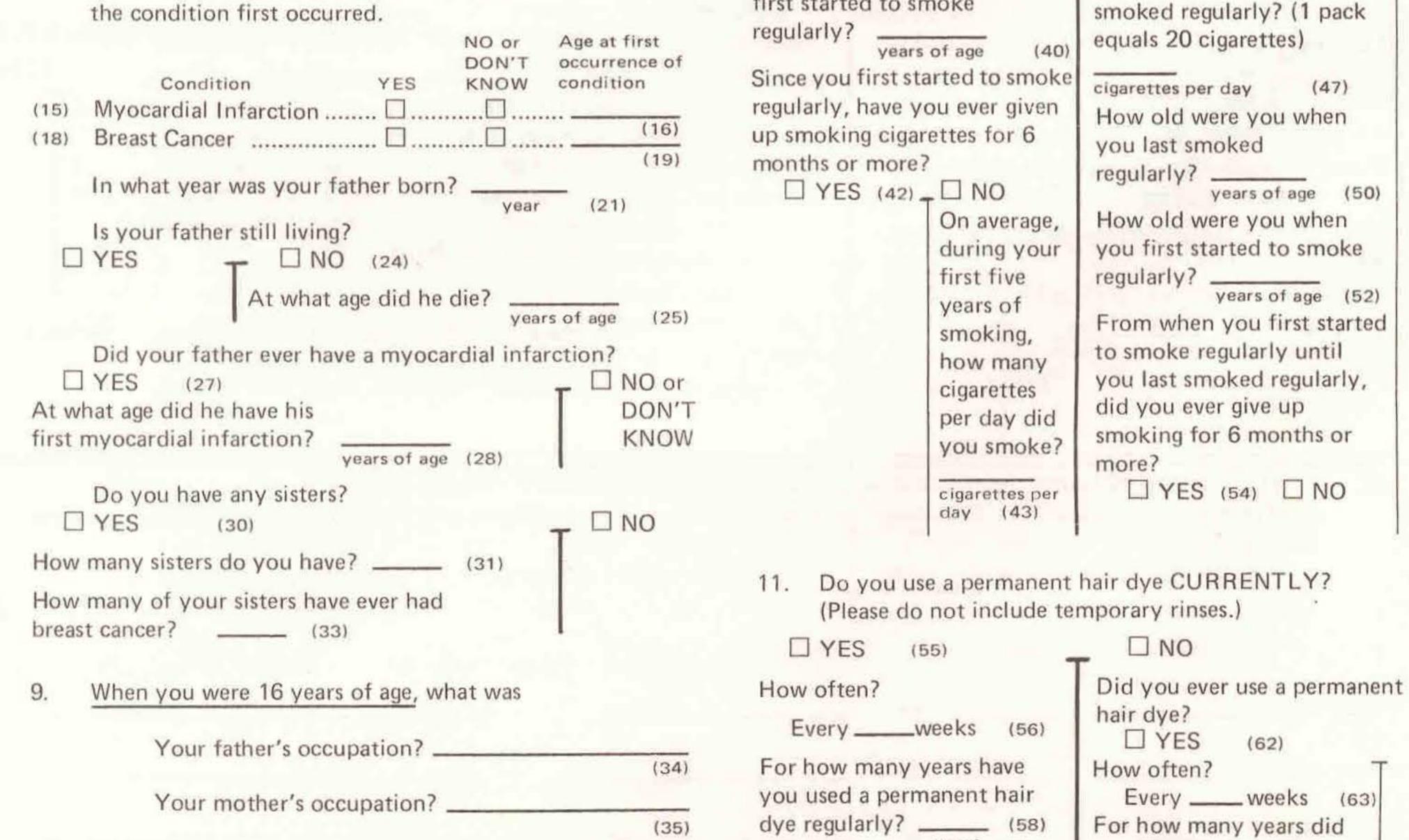
(7)

04

(7)

7. Have you ever had any of the following conditions? If yes, please specify date of diagnosis, and whether hospitalized.

				Date of diagnosi	s Were you hospitaliz	zed?
	Condition	YES	NO	month yea	r YES NO)
(33 (39 (49) (57)	when pregnant)					
(63	Breast cancer					
Is y PYE	what year was your mother born? year our mother still living? S I NO (12) At what age did she die? years of a years of a lyour mother ever have either of the following ditions? If YES, please specify her age at the t	ge (13)	YES On average, I do you smo day? (1 paci cigarettes)	(36) how many cigarette ke currently each k equals 20	regularly in the past?	is] NO



ADDITIONAL REMARKS: At what age did you first use a permanent hair dye? (60) years of age THANK YOU. Please return t the prepaid envelope to: FR HA 180 BO

you use a permanent hair dye regularly? $__{years}$ (65) At what age did you first use a permanent hair dye? $__{years of age}$ (67) **NC**

THANK YOU. Please return the completed questionnaire in the prepaid envelope to: FRANK F SPEIZER M.D.

FRANK E. SPEIZER, M.D. HARVARD MEDICAL SCHOOL 180 LONGWOOD AVE. BOSTON, MASS. 02115