HARVARD MEDICAL SCHOOL

NURSES' HEALTH STUDY

PLEASE REPLY TO:
Channing Laboratory
180 Longwood Ave.
Boston, Mass. 02115
617-732-2279

APPENDIX 3b
1978 Questionnaire

You no doubt recall that last year we sent you a letter which reported preliminary findings of the Nurses' Health Study. Your response and those of over 120,000 of your professional colleagues have allowed us to establish a group of participants to provide answers to a number of important public health questions. We would now like to ask you to provide further information on your health status, contraceptive methods, and other health-related matters for the period since you last completed our questionnaire in 1976.

We would greatly appreciate your taking the few minutes necessary to complete both sides of the attached questionnaire and returning it in the enclosed pre-paid envelope. Your response will be held in strictest professional confidence, identified by study number only, and used solely for medical statistical purposes. Your continued participation in this study is crucial to its success since the validity of the findings remains dependent on our receiving a completed questionnaire from each of you.

We will continue to keep you informed of the progress of this study on an annual basis as we did last year, and ask you to complete a brief questionnaire every two years for the next several years. Our preliminary findings are published in the June 1978 issue of the American Journal of Nursing, and further results will be presented in this and other professional journals in the future.

Sincerely yours,

Frank E. Speizer

Frank E. Speizer, M.D.
Principal Investigator

_____ 05
(1) (7)

_____ –
(9) (14)

HARVARD MEDICAL SCHOOL

NURSES' HEALTH QUESTIONNAIRE

Please answer all questions by filling in the appropriate box or writing in the information requested. Please note that some questions ask for information **since June 1976,** some ask for **current status,** and some ask about events **over longer periods.** There is 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 research purposes.

1. What is your date of birth? _____ / _____ / _____
month (15) day (17) year (19)

2. What is your current weight? (21) _____ (pounds)

3. Have your menstrual periods ceased permanently? → (24) ☐ yes ☐ no or don't know

If yes, at what age? (25) _____ (years of age)

If yes, for what reason? (27) ☐ naturally ☐ radiation ☐ surgery

If due to surgery, were **both** ovaries removed? (28) ☐ yes ☐ no ☐ don't know

4. (a) Do you **currently** use female hormones? (29) ☐ yes ☐ no

(b) **Since June 1976** have you used female hormones at any time? (30) ☐ yes ☐ no

If yes, please state brand name (31) _____)

Duration of use **since June 1976** (33) _____ (months)

5. (a) Do you use any method of contraception **currently?** → (35) ☐ yes ☐ no

If yes, which method:

(36) ☐ oral contraceptives (birth control pills)
(37) ☐ rhythm
(38) ☐ diaphragm
(39) ☐ condom
(40) ☐ intrauterine devices (loop or coil)
(41) ☐ foam or jelly
(42) ☐ tubal ligation
(43) ☐ husband's vasectomy
(44) ☐ other (specify) _____

(b) Have you used oral contraceptives **at any time since June, 1976?** (45) ☐ yes ☐ no

(Please detach along perforated edge)

06
(7)

6. **If you are currently using or since June 1976 have used oral contraceptives at any time,** please indicate intervals of **oral contraceptive** use starting from **June 1976** and continuing until the present time. If applicable, please indicate reasons for stopping.

(9)

	Interval of use				Reason for stopping
	month	year	month	year	
(10) From	_____	_____	to _____	_____	_____
(20) From	_____	_____	to _____	_____	_____
(30) From	_____	_____	to _____	_____	_____

7. Do you smoke cigarettes **currently?** (40) ☐ yes ☐ no

If yes, how many cigarettes do you usually smoke per day?
(1 pack = 20 cigarettes) (41) _____ (cigarettes per day)

If yes, how deeply do you inhale? (43) ☐ deeply ☐ slightly ☐ moderately ☐ not at all

If yes, what brand do you smoke currently?
(Please be as specific as you can: e.g. "Marlboro Lights 100s") (44) _____ (brand)

Is it a filter cigarette? (47) ☐ yes ☐ no

How long have you smoked this brand? (48) _____ (years)

PLEASE CONTINUE ON REVERSE SIDE

07
(7)

8. Since June 1976 have you developed any of the following conditions? If yes, please specify date of diagnosis and whether you were admitted to hospital.

	Condition	Present? YES	Present? NO	Hospitalized YES	Hospitalized NO	Date of Diagnosis MONTH	Date of Diagnosis YEAR
(9)	High blood pressure (except while pregnant)	☐	☐	☐	☐		
(15)	Diabetes mellitus	☐	☐	☐	☐		
(21)	Elevated cholesterol	☐	☐	☐	☐		
(27)	Myocardial infarction (heart attack)	☐	☐	☐	☐		
(33)	Angina pectoris	☐	☐	☐	☐		
(39)	Fibrocystic breast disease	☐	☐	☐	☐		
(45)	Other benign breast disease	☐	☐	☐	☐		
(51)	Benign liver tumor	☐	☐	☐	☐		
(57)	Breast cancer	☐	☐	☐	☐		
(63)	Cancer of the cervix - in situ only	☐	☐	☐	☐		
(69)	Cancer of the cervix - all other	☐	☐	☐	☐		
(9)	Cancer of the uterus (endometrium)	☐	☐	☐	☐		
(15)	Cancer of the ovary	☐	☐	☐	☐		
(21)	Cancer of the colon (large bowel)	☐	☐	☐	☐		
(27)	Cancer of the rectum	☐	☐	☐	☐		
(33)	Cancer of the lung	☐	☐	☐	☐		
(39)	Cancer of the liver	☐	☐	☐	☐		
(45)	Other cancer (please specify site) _____	☐	☐	☐	☐		
(54)	Other illness (please specify) _____	☐	☐	☐	☐		

08
(7)

09
(7)

9. Have you visited a doctor or outpatient clinic for health reasons in the past year? (9) ☐ yes ☐ no

If yes, how many visits did you make? (10) _____ (number of visits)

10. Do you currently use artificial sweeteners regularly? (12) ☐ yes ☐ no

If yes, how often? (13) ☐ daily ☐ weekly ☐ monthly

If yes, for how long? (14) _____ (years)

11. Do you currently use permanent hair dyes? (16) ☐ yes ☐ no
(Please do not include temporary rinses)

If yes, how often? (17) Every _____ weeks

12. How many times do you usually eat meat (beef, pork, lamb) during an average week? (19) _____ (times/week)

For how long have you adhered to this diet? (21) _____ (years)

13. How many children have you had? (23) _____

Please state the current ages of living children. (25) _____

14. Optional It would be of great help to us in maintaining future contact with you, which is necessary for the successful completion of our follow-up (cohort) study, if you would provide the names and addresses of one or two persons who could give us your new address should you move. Please note this information will be used only if we cannot reach you through regular postal channels.

Name _____ Address _____
City _____ State _____ Zip _____

Name _____ Address _____
City _____ State _____ Zip _____

Additional Remarks

THANK YOU. Please return completed questionnaire in the pre-paid envelope to:

NURSES HEALTH STUDY
Frank E. Speizer, M.D.
Harvard Medical School
180 Longwood Avenue
Boston, Massachusetts 02115