NURSES' HEALTH STUDY II — HARVARD UNIVERSITY

1. Current weight: _____ **lbs.** **2. What is your date of birth?** MONTH / DAY / YEAR

3. Do you currently smoke cigarettes? ○ No ○ Yes

4. Are you CURRENTLY pregnant? ○ No ○ Yes

5. SINCE SEPTEMBER 1989, have you been pregnant? (Do not include current pregnancy or pregnancies ending before SEPTEMBER 1, 1989.)

○ No ○ Yes → a) **SINCE SEPT. 1989, number of pregnancies lasting 6 months or more** ○ Zero ○ 1 ○ 2 ○ 3

6. Have you tried to become pregnant for more than one year without success SINCE SEPTEMBER 1, 1989?

○ No ○ Yes → a) **What was the cause? (Mark all that apply.)** ○ Tubal blockage ○ Ovulatory disorder ○ Endometriosis ○ Spouse ○ Not found ○ Other

7. Have your menstrual periods ceased PERMANENTLY?

○ No: Premenopausal ○ Yes: No menstrual periods ○ Yes: Had menopause but now have periods induced by hormones ○ Other

8. Do you CURRENTLY use any of these forms of contraception? (Mark all that apply.)

○ None ○ Oral contraceptive ○ Norplant ○ Diaphragm/Cervical cap ○ Tubal ligation ○ Foam or jelly
○ Condom ○ Intrauterine device ○ Rhythm/NFP ○ Vasectomy ○ Sponge ○ Other

9. Have you EVER used oral contraceptives for 2 months or more for any reason (contraception, acne, etc.)?

○ No; go to Question 11 ○ Yes

10. SINCE SEPTEMBER 1989, have you used oral contraceptives?

○ No ○ Yes → a) **How many months have you used oral contraceptives since September 1989?**
○ 1 or less months ○ 2-4 ○ 5-9 ○ 10-14 ○ 15-19 ○ 20 or more months

11. Since SEPTEMBER 1989, have you had any of these physician-diagnosed illnesses?
LEAVE BLANK FOR "NO", MARK HERE FOR "YES" →

		YEAR OF DIAGNOSIS: Before Sept 1989	Sept 89 to May 91	After June 1 1991
Myocardial infarction (heart attack)	Y →	○	○	○
Angina pectoris	Y →	○	○	○
Confirmed by angiogram?	N No Y Yes			
Stroke (CVA) or TIA	Y →	○	○	○
Melanoma	Y →	○	○	○
Basal cell skin cancer	Y →	○	○	○
Squamous cell skin cancer	Y →	○	○	○
Fibrocystic/other benign breast dis.	Y →	○	○	○
Confirmed by breast biopsy?	N No Y Yes			
Confirmed by aspiration?	N No Y Yes			
Breast cancer	Y →	○	○	○
Other cancer	Y →	○	○	○
SPECIFY SITE OF OTHER CANCER:				
High blood pressure (excluding during pregnancy)	Y →	○	○	○
Diabetes: Gestational	Y →	○	○	○
Diabetes: Not pregnancy-related	Y →	○	○	○
Elevated cholesterol	Y →	○	○	○
Deep vein thrombosis/Pul. embolism	Y →	○	○	○
Colon or rectal polyp (benign)	Y →	○	○	○
Cholecystectomy	Y →	○	○	○
Toxemia/Pre-eclampsia of pregnancy (raised blood pressure and proteinuria)	Y →	○	○	○
Other major illness or surgery since Sept. 1989	Y →	○	○	○
PLEASE SPECIFY OTHER MAJOR ILLNESS OR SURGERY:				

12. Have you EVER had any of these physician-diagnosed illnesses?
LEAVE BLANK FOR "NO", MARK HERE FOR "YES" →

		YEAR OF DIAGNOSIS: Before Sept 1989	Sept 89 to May 91	After June 1 1991
Kidney stones	Y →	○	○	○
Hirsutism (excess facial hair)	Y →	○	○	○
Multiple sclerosis–1st Dx	Y →	○	○	○
Hydatidiform mole (of preg.)	Y →	○	○	○
Ulcerative colitis/Crohn's	Y →	○	○	○

13. Please indicate the name of someone at a DIFFERENT PERMANENT ADDRESS to whom we might write in the event we are unable to contact you:

NAME: _____

ADDRESS: _____

_____

STATE/ZIP: _____

THANK YOU!
Please return the questionnaire in the enclosed postage-paid envelope to:

Walter Willett, M.D.
Nurses' Health Study II
Harvard School of Public Health
677 Huntington Avenue
Boston, MA 02115-9906

PLEASE GO TO QUESTION #12.

NURSES' HEALTH STUDY II

NHS II 91S

HARVARD UNIVERSITY

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