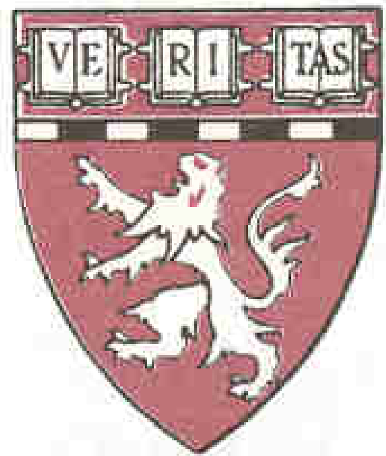
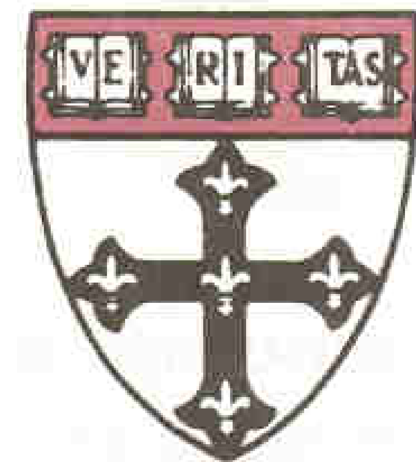


HARVARD
MEDICAL
SCHOOL

# Nurses' Health Study II



HARVARD
SCHOOL of
PUBLIC HEALTH

• Harvard School of Public Health • 677 Huntington Avenue • Boston, Massachusetts 02115 • (617) 432-2279 •

Dear Colleague:

On behalf of our research group, I again want to express my gratitude for your participation in the Nurses' Health Study II. The enclosed **very brief** questionnaire continues our every-other-year follow-up.

We hope that you give this questionnaire the same attention and care that you did in completing the earlier forms. The validity of this major research undertaking depends directly on complete and accurate follow-up information for all study members. We know that some participants are no longer in active nursing. However, your continued participation is critical regardless of current employment status. As always, the information you provide is strictly confidential and will be used only for medical statistical purposes.

Thank you again for your invaluable participation in this study. We will be sending you the next edition of our newsletter in June of 1994 to update you on the progress of the study.

Sincerely,

Walter Willett

Walter Willett, M.D.
Professor of Epidemiology and
Nutrition

P.S. Your updated questionnaire information is needed to maintain the validity of this study. Your reply within the next two weeks would be greatly appreciated.

*Research Group*

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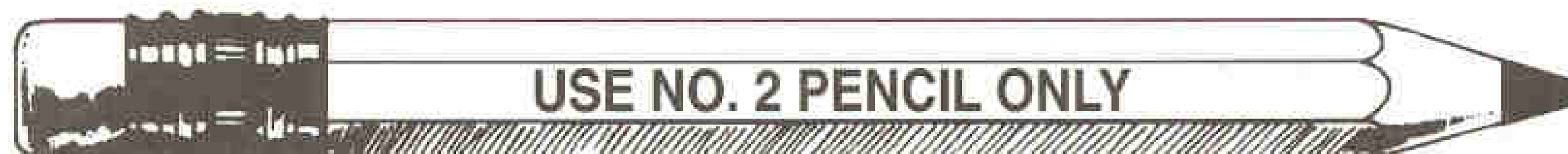
Lori Ward
Anne Wolf, M.S.

# INSTRUCTIONS

Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely, or write the requested information in the boxes provided. Note that some questions ask for information **since June 1991**, some ask for **current status**, and some ask about events over **longer periods**. The form is designed to be read by optical-scanning equipment, so it is important that you make **NO STRAY MARKS** and keep any write-in responses **within** the spaces provided. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.




## EXAMPLE 1: Keep handwriting within the borders of the response box.

| | YEAR OF DIAGNOSIS | | |
|---|---|---|---|
| | Before June 1991 | June 91 to May 93 | After June 1 1993 |
| Other major illness or surgery since June 1991 ● | ○ | ● | ○ |
| Please specify other major illness or surgery: APPENDICITIS W/APPENDECTOMY | | | |

## EXAMPLE 2: Mark "Yes" bubble and Year of Diagnosis bubble for each illness you have had diagnosed.

**10.** Since June 1991, have you had any of these physician-diagnosed illnesses?
LEAVE BLANK FOR "NO". MARK HERE FOR "YES"

| | YEAR OF DIAGNOSIS | | |
|---|---|---|---|
| | Before June 1991 | June 91 to May 93 | After June 1 1993 |
| Myocardial infarction (heart attack) ● | ○ | ○ | ● |
| Angina pectoris (Y) | ○ | ○ | ○ |
| Confirmed by angiogram? (N) No (Y) Yes | | | |
| Stroke (CVA) or TIA ● | ○ | ● | ○ |

**Thank you for completing the 1993 Nurses' Health Study II Short Form**

**Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage-paid envelope.**

**1.** Current weight: ______ lbs.

**2.** What is your date of birth? Month / Day / Year

**3.** Are you CURRENTLY pregnant? ◯ No ◯ Yes

**4.** Do you currently smoke cigarettes? ◯ No ◯ Yes

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

◯ Yes → a) SINCE SEPT. 1989: number of pregnancies lasting 6+ months ◯ Zero ◯ 1 ◯ 2 ◯ 3 ◯ 4+
◯ No b) SINCE SEPT. 1989: number of pregnancies lasting <6 months ◯ Zero ◯ 1 ◯ 2 ◯ 3 ◯ 4+

**6.** Have you tried to become pregnant for more than one year without success SINCE JUNE 1, 1991?
◯ Yes → What was the cause? (Mark all that apply.) ◯ Tubal blockage ◯ Ovulatory disorder ◯ Endometriosis ◯ Cervical mucous factors ◯ Spouse/Partner ◯ Not investigated ◯ Not found ◯ Other
◯ No

**7.** Have your menstrual periods ceased PERMANENTLY? ◯ No: Premenopausal ◯ Yes: Had menopause but now have periods induced by hormones ◯ Yes: No menstrual periods ◯ Not sure

**8.** Do you CURRENTLY use any form(s) of contraception (mark all that apply)? ◯ None ◯ Oral contraceptive ◯ Other (please specify types): ______ ◯ Vasectomy ◯ Tubal ligation

**9.** SINCE JUNE 1991, have you used oral contraceptives (OCs)?
◯ No ◯ Yes → How many months have you used OCs since June 1991? ◯ ≤1 month ◯ 2–4 ◯ 5–9 ◯ 10–14 ◯ 15–19 ◯ 20+

**10.** Since June 1991, have you had any of these physician-diagnosed illnesses?
LEAVE BLANK FOR "NO". MARK HERE FOR "YES"

| Illness | | YEAR OF DIAGNOSIS: Before June 1991 | June 91 to May 93 | After June 1 1993 |
|---|---|---|---|---|
| High blood pressure (excluding during pregnancy) | Ⓨ | ◯ | ◯ | ◯ |
| Diabetes: Gestational | Ⓨ | ◯ | ◯ | ◯ |
| Diabetes: Not pregnancy-related | Ⓨ | ◯ | ◯ | ◯ |
| Elevated cholesterol | Ⓨ | ◯ | ◯ | ◯ |
| Myocardial infarction (heart attack) | Ⓨ | ◯ | ◯ | ◯ |
| Angina pectoris | Ⓨ | ◯ | ◯ | ◯ |
| Confirmed by angiogram? Ⓝ No Ⓨ Yes | | | | |
| Stroke (CVA) or TIA | Ⓨ | ◯ | ◯ | ◯ |
| Deep vein thrombosis/Pul. embolism | Ⓨ | ◯ | ◯ | ◯ |
| Melanoma | Ⓨ | ◯ | ◯ | ◯ |
| Basal cell skin cancer | Ⓨ | ◯ | ◯ | ◯ |
| Squamous cell skin cancer | Ⓨ | ◯ | ◯ | ◯ |
| Fibrocystic/other benign breast dis. | Ⓨ | ◯ | ◯ | ◯ |
| Confirmed by breast biopsy? Ⓝ No Ⓨ Yes | | | | |
| Confirmed by aspiration? Ⓝ No Ⓨ Yes | | | | |
| Breast cancer | Ⓨ | ◯ | ◯ | ◯ |
| Other cancer: | Ⓨ | ◯ | ◯ | ◯ |
| Specify site of other cancer: ______ | | | | |
| Rheumatoid arthritis, doctor diagnosed | Ⓨ | ◯ | ◯ | ◯ |
| Rheumatoid factor ◯ Negative/Unknown ◯ Positive | | | | |
| Colon or rectal polyp (benign) | Ⓨ | ◯ | ◯ | ◯ |
| Gastric or duodenal ulcer | Ⓨ | ◯ | ◯ | ◯ |
| Cholecystectomy | Ⓨ | ◯ | ◯ | ◯ |
| Gall stones | Ⓨ | ◯ | ◯ | ◯ |
| a) Did you have symptoms? Ⓝ No Ⓨ Yes | | | | |
| b) How diagnosed? ◯ X-ray or ultrasound ◯ Other | | | | |
| Polycystic ovaries | Ⓨ | ◯ | ◯ | ◯ |
| Premenstrual syndrome (PMS) | Ⓨ | ◯ | ◯ | ◯ |
| Kidney stones | Ⓨ | ◯ | ◯ | ◯ |
| Pneumonia, X-ray confirmed | Ⓨ | ◯ | ◯ | ◯ |
| Multiple sclerosis | Ⓨ | ◯ | ◯ | ◯ |
| Hydatidiform mole (of pregnancy) | Ⓨ | ◯ | ◯ | ◯ |
| Asthma, Physician Dx | Ⓨ | ◯ | ◯ | ◯ |
| Ulcerative colitis/Crohn's | Ⓨ | ◯ | ◯ | ◯ |
| Other major illness or surgery since June 1991 | Ⓨ | ◯ | ◯ | ◯ |

Please specify other major illness or surgery: ______

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

| Illness | | YEAR OF DIAGNOSIS: Before Sept 1989 | Sept 89 to May 91 | June 91 to May 93 | After June 1 1993 |
|---|---|---|---|---|---|
| Ectopic pregnancy | Ⓨ | ◯ | ◯ | ◯ | ◯ |
| High blood pressure (pregnancy-related) | Ⓨ | ◯ | ◯ | ◯ | ◯ |
| Toxemia/Pre-eclampsia (of preg) | Ⓨ | ◯ | ◯ | ◯ | ◯ |
| Active TB (X-ray confirmed) | Ⓨ | ◯ | ◯ | ◯ | ◯ |
| Graves' Disease | Ⓨ | ◯ | ◯ | ◯ | ◯ |
| Other Hyperthyroidism | Ⓨ | ◯ | ◯ | ◯ | ◯ |
| Hypothyroidism | Ⓨ | ◯ | ◯ | ◯ | ◯ |
| SLE (systemic lupus) | Ⓨ | ◯ | ◯ | ◯ | ◯ |
| Mitral valve prolapse | Ⓨ | ◯ | ◯ | ◯ | ◯ |
| Confirmed by echocardiogram? Ⓝ No Ⓨ Yes | | | | | |
| Herniated lumbar disk | Ⓨ | ◯ | ◯ | ◯ | ◯ |
| Confirmed by CT or MRI? Ⓝ No Ⓨ Yes | | | | | |
| Other chronic back problem | Ⓨ | ◯ | ◯ | ◯ | ◯ |
| Endometriosis - 1st Dx | Ⓨ | ◯ | ◯ | ◯ | ◯ |
| Confirmed by laparoscopy? Ⓝ No Ⓨ Yes | | | | | |
| Uterine fibroid(s) - 1st Dx | Ⓨ | ◯ | ◯ | ◯ | ◯ |
| Confirmed by (mark all that apply): ◯ Pelvic exam ◯ Ultrasound ◯ Hysterectomy | | | | | |

**12.** When your mother was pregnant with you, did she take DES (Diethylstilbestrol) or other hormones?
◯ No ◯ Yes → ◯ DES ◯ Other hormones
◯ Don't know

**13.** Please indicate the name of someone at a DIFFERENT PERMANENT ADDRESS to whom we might write if 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*

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