



Please reply to:
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1996

Dear Colleague:

The Nurses' Health Study is celebrating its 20th anniversary this year! We have all grown a little older, but thanks to your continuing collaboration, we are much wiser about the factors that influence women's health. Whether or not you are still active in nursing, your on-going participation is as important as ever in the quest for greater understanding of the choices that lead to a healthy life.

Over the past year we have published numerous research articles reporting major findings from the Nurses' Health Study. A synopsis of several of these is included in the latest newsletter. Reflecting the growing national awareness of the study, several popular magazines have printed feature stories regarding our work. This again reflects the outstanding contribution that you have made through your 20 years of participation.

We know that you will give the attached questionnaire the same careful consideration as you have given our forms since the study began, in 1976. As always, all information is kept strictly confidential and is used for medical statistical purposes only. It is with our deepest gratitude that we thank you again for the time and care which you have continued to offer in furthering the study of women's health.

Sincerely,

Frank E. Speizer, M.D.
Principal Investigator

PLEASE USE PENCIL!

1. What is your current weight?

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
	7	7
	8	8
	9	9

2. What is the difference between your highest and lowest weight during the last two years?

- No change
- 2-4 lbs.
- 5-9 lbs.
- 10-14 lbs.
- 15-29 lbs.
- 30-49 lbs.
- 50 or more lbs.

3. Have your menstrual periods ceased permanently?

- Yes: No menstrual periods
- Yes: Had menopause but now have periods induced by hormones
- No: Premenopausal
- Not sure

a. What year did your natural periods cease?

- Before 1990
- 1990
- 1991
- 1992
- 1993
- 1994
- 1995
- 1996
- 1997

b. For what reason did your periods cease?

- Surgery
- Radiation/Chemotherapy
- Natural

4. Have you had your uterus removed?

- No
- Yes → Date of surgery: Before June 1, 1994 After June 1, 1994

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

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

6. Since June 1994, have you used female hormones?

- No
- Yes → a) How many months have you used them during the 24-month period between June 1994 and June 1996? 1-4 months 5-9 10-14 15-19 20-24 months Used only after June 1996

b) Are you currently using them (within the last month)? Yes, currently No, not currently

c) Mark the types of hormones you have used the longest during this period.

- Estrogen: Oral Premarin Estrace Ogen
 Patch Estrogen Vaginal Estrogen Other Estrogen
- Progesterone/Progestin (e.g., Provera): Oral Vaginal Other (specify below)

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

Other type of hormones used, please specify: _____

d) If you used oral conjugated estrogen (e.g., Premarin) what dose did you usually take?

- .30 mg/day or less (Green)
- .625 mg/day (Brown)
- .9 mg/day (White)
- 1.25 mg/day (Yellow)
- More than 1.25 mg/day
- Dose unknown
- Did not take oral conjugated estrogen

e) If you used oral Medroxy Progesterone (e.g., Provera, Cycrin), what dose did you usually take?

- <5 mg
- 5-9 mg
- 10 mg
- More than 10 mg
- Dose unknown
- Not used

f) What was your pattern of hormone use (Days per Month)?

- Oral or Patch Estrogen: Days per Month Not used <1 day/mo. 1-8 days 9-18 19-26 27+ days/mo.
- Progesterone: Days per Month Not used <1 day/mo. 1-8 days 9-18 19-26 27+ days/mo.

7. What is your normal walking pace outdoors?

- Easy (less than 2 mph)
- Normal, average (2 to 2.9 mph)
- Brisk pace (3 to 3.9 mph)
- Very brisk, striding (4 mph or faster)
- Unable to walk

8. Do you have difficulty with your balance? No Yes

9. How many flights of stairs (not steps) do you climb daily?

- No flights
- 1-2 flights
- 3-4 flights
- 5-9 flights
- 10-14 flights
- 15 or more flights

10. DURING THE PAST YEAR, what was your average time PER WEEK spent at each of the following recreational activities?

	TIME PER WEEK									
	Zero	1-4 Min.	5-19 Min.	20-59 Min.	One Hour	1-1.5 Hrs.	2-3 Hrs.	4-6 Hrs.	7-10 Hrs.	11+ Hrs.
Walking for exercise or walking to work	<input type="radio"/>									
Jogging (slower than 10 minutes/mile)	<input type="radio"/>									
Running (10 minutes/mile or faster)	<input type="radio"/>									
Bicycling (include stationary machine)	<input type="radio"/>									
Tennis, squash, racquetball	<input type="radio"/>									
Lap swimming	<input type="radio"/>									
Other aerobic exercise (aerobic dance, ski or stair machine, etc.)	<input type="radio"/>									
Lower intensity exercise (yoga, stretching, toning)	<input type="radio"/>									
Other vigorous activities (e.g., lawn mowing)	<input type="radio"/>									

11. Did you have a colonoscopy or sigmoidoscopy since June 1, 1994?

- No
- Yes → Why did you have the colonoscopy or sigmoidoscopy (mark all that apply)?
 - Bleeding in stool
 - Family history of colon cancer
 - Positive test for occult fecal blood
 - Abdominal pain
 - Diarrhea or constipation
 - Routine or follow-up screening (no symptoms)

1	1	1	1	1	1	1	1	6	96		
2	2	2	2	2	2	2	2	7	97		
4	4	4	4	4	4	4	4	3	8	98	
8	8	8	8	8	8	8	8	4	9	11	A
P	P	P	P	P	P	P	P	5	10	12	B

← THIS IS YOUR ID#

12. What is your current work status? (Mark all that apply)

- Retired
- Full-time non-nursing employment
- Part-time non-nursing employment
- Homemaker
- Nursing full-time
- Nursing part-time

13. During the last six months, have you worked rotating night shifts (at least 3 nights/month in addition to days or evenings in that month)?

- No
- Yes

14. Is this your correct date of birth? →

- Yes
- No

If no, please write correct date.

MONTH / DAY / YEAR

15. What is your marital status?

- Married
- Widowed
- Divorced
- Never married
- Separated

16. Your living arrangement:

- Alone
- With other family
- With spouse or partner
- Nursing home
- Other

17. 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)
Exam by eye doctor?	(N)	(Y)	(Y)
Bimanual pelvic exam?	(N)	(Y)	(Y)
Breast exam by clinician?	(N)	(Y)	(Y)
Mammogram?	(N)	(Y)	(Y)

18. Have you ever had any of these physician-diagnosed illnesses?

	LEAVE BLANK FOR "NO", MARK HERE FOR "YES"	YEAR OF FIRST DIAGNOSIS				
		Before 1980	1980-1991	1992-1993	1994-1995	1996+
SLE (systemic lupus)	(Y)					
Osteoarthritis	(Y)					
Rheumatoid arthritis, Dr. Dx	(Y)					
Rheumatoid factor						
Increased intraocular pressure (over 25 mm/Hg)	(Y)					

19a. During the last month, how often did you have pain or discomfort in or around the knee(s)?

- Never
- One day/week
- Less than once/week
- 2-6 days/week
- Daily

b. When did this knee pain first begin?

- <1980
- '80-'84
- '85-'90
- '91-'95
- 1996+

c. During the last year, did you have any knee pain or knee discomfort when doing the following activities?

	Never	Sometimes	Usually	Always	Can't do at all
Walking 2 to 3 blocks (1/4 mile)					
Bending your knee or squatting					
Getting up from chair without using your arms					

20. Have you ever had knee injury due to a traumatic event which was treated with a brace, cane, crutches, or surgery?

- Yes
- No

21. Have you ever noticed pain, stiffness, enlargement or swelling of the joints nearest to your fingernails?

- Yes
- No

22. Since June 1994, have you had any of these physician-diagnosed illnesses?

LEAVE BLANK FOR "NO". MARK HERE FOR "YES"

YEAR OF DIAGNOSIS

BEFORE JUNE 1 1994 TO JUNE 94 TO MAY 96 AFTER JUNE 1 1996

Diabetes mellitus	(Y)				
Elevated cholesterol	(Y)				
High blood pressure	(Y)				
Myocardial infarction (heart attack)	(Y)				
Hospitalized for MI?	(N)				
Angina pectoris	(Y)				
Confirmed by angiogram?	(N)				
Coronary bypass or angioplasty	(Y)				
Stroke (CVA)	(Y)				
TIA (Transient ischemic attack)	(Y)				
Carotid surgery (Endarterectomy)	(Y)				
Peripheral artery disease or claudication of legs (not varicose veins)	(Y)				
Confirmed by angiogram/surgery?	(N)				
Pulmonary embolus	(Y)				
Fibrocystic/other benign breast disease	(Y)				
Confirmed by breast biopsy?	(N)				
Breast cancer	(Y)				
Cancer of the cervix (include in-situ)	(Y)				
Cancer of the uterus (endometrium)	(Y)				
Cancer of the ovary	(Y)				
Colon or rectal polyp (benign)	(Y)				
Cancer of the colon or rectum	(Y)				
Cancer of the lung	(Y)				
Melanoma	(Y)				
Basal cell skin cancer	(Y)				
Squamous cell skin cancer	(Y)				
Other cancer	(Y)				
Specify site of other cancer					
Osteoporosis	(Y)				
Vertebral fracture, X-ray confirmed	(Y)				
Hip replacement	(Y)				
Fractures: Wrist or Colles' Fracture	(Y)				
Hip fracture	(Y)				
Please specify fracture date and circumstances on a separate sheet.					
Cholecystectomy	(Y)				
Gastric or duodenal ulcer	(Y)				
Glaucoma	(Y)				
Macular degeneration of retina	(Y)				
Cataract—1st Diagnosis (Dx)	(Y)				
Cataract extraction	(Y)				
Asthma, Doctor diagnosed	(Y)				
Emphysema or Chronic bronchitis, Dr. Dx	(Y)				
Multiple sclerosis	(Y)				
A.L.S. (Amyotrophic Lateral Sclerosis)	(Y)				
Parkinson's Disease	(Y)				
Diverticulitis/diverticulosis	(Y)				
Ulcerative colitis/Crohn's	(Y)				
Kidney stones	(Y)				
Interstitial Cystitis (Dx by cystoscopy)	(Y)				
Active TB (X-ray or culture Dx)	(Y)				
Other major illness or surgery since June 1994	(Y)				
Please specify:					

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

23. How many biological brothers and sisters do you have? (Include any deceased siblings. Do not count 1/2 siblings.)

- Brothers: Zero 1 2 3 4 5 or more
 Sisters: Zero 1 2 3 4 5 or more

24. Have any of the following biological relatives had...

Relative's Age at First Diagnosis

		Before age 50	Age 50 to 59	Age 60 to 69	Age 70+	Age Unknown
Myocardial Infarction?	Brother	<input type="radio"/>				
	Sister	<input type="radio"/>				
Stroke?	Brother	<input type="radio"/>				
	Sister	<input type="radio"/>				
Ovarian Cancer?	Mother	<input type="radio"/>				
	Sister	<input type="radio"/>				
Breast Cancer?	Mother	<input type="radio"/>				
	One Sister	<input type="radio"/>				
	Additional Sister	<input type="radio"/>				
Cancer of the Uterus? (exclude fibroids or Cervical Cancer)	Mother	<input type="radio"/>				
	Sister	<input type="radio"/>				
Colon or Rectal Cancer?	Parent	<input type="radio"/>				
	One Sibling	<input type="radio"/>				
	Additional Sibling	<input type="radio"/>				
Prostate Cancer?	Father	<input type="radio"/>				
	One Brother	<input type="radio"/>				
	Additional Brother	<input type="radio"/>				
Pancreas Cancer?	Parent	<input type="radio"/>				
	Sibling	<input type="radio"/>				
Melanoma?	Parent	<input type="radio"/>				
	Sibling	<input type="radio"/>				

25. On average, how frequently do you take aspirin?

- 0 days/month 1-3 days/month 1-2 days/week
 3-4 days/week 5-6 days/week Daily

26. On average, how many aspirin tablets do you take per week? (4 baby aspirin = 1 tablet) Include regular Anacin, Bufferin, etc., but not aspirin-free products or Tylenol.

- 0/wk. 0.5-2/wk. 3-5/wk. 6-14/wk. 15+/wk.

27. Regular Medication (mark if used regularly in past 2 years)

- No regular medications
- Acetaminophen, 2+ times/week (e.g., Tylenol)
 - Other anti-inflammatory (e.g., Advil, Motrin, Indocin)
 - Coumadin Tamoxifen
 - Thiazide diuretic Lasix
 - Calcium blocker (e.g., Calan, Procardia, Cardizem)
 - Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)
 - ACE Inhibitors (e.g., Capoten, Vasotec, Zestril)
 - Other antihypertensive (e.g., Aldomet, Apresoline)
 - Steroids taken orally (e.g., Prednisone, Decadron, Medrol)
 - Inhaled Steroids Inhaled Bronchodilator
 - Digoxin Antiarrhythmic
 - Cholesterol-lowering drug (e.g., Questran, Mevacor, Lopid)
 - Antidepressant (e.g., Elavil, Prozac)
 - Cimetidine (Tagamet)
 - Other H2 blocker (e.g., Zantac, Pepcid, Axid)
 - Insulin Oral Hypoglycemic medication
 - Other regular medications (no need to specify)

28a. How many living children do you have?

- None 1 or 2 3-5 6 or more

28b. How many of your children do you see at least once a month?

- None 1 or 2 3-5 6 or more

29a. Apart from your children, how many relatives do you have with whom you feel close?

- None 1 or 2 3-5 6-9 10 or more

29b. How many close relatives do you see at least once a month?

- None 1 or 2 3-5 6-9 10 or more

30a. How many close friends do you have?

- None 1 or 2 3-5 6-9 10 or more

30b. How many of these friends do you see at least once a month?

- None 1 or 2 3-5 6-9 10 or more

31. How often do you go to religious meetings or services?

- More than once a week Once a week
 Twice a month to once a year Never or almost never

32. How many hours each week do you participate in any church, volunteer, or other community group?

- None 1 to 2 hours 3 to 5 hours
 6 to 10 11 to 15 16 or more

33. Is your biological mother still living?

- Yes No → At what age did she die?

- <50 50-59 60-69
 70-79 80-89 90+

Was this due to:

- Heart Disease Stroke Cancer
 Trauma/Accident/Suicide Other

34. Is your biological father still living?

- Yes No → At what age did he die?

- <50 50-59 60-69
 70-79 80-89 90+

Was this due to:

- Heart Disease Stroke Cancer
 Trauma/Accident/Suicide Other

35. In a typical week during the past year, on how many days did you consume an alcoholic beverage of any type?

- No days 1 day 2 days 3 days 4 days
 5 days 6 days 7 days

36. In a typical month during the past year, what was the largest number of drinks of beer, wine and/or liquor you may have had in one day?

- None 1-2 3-5 6-9 10-14 15 or more

37a. What is your blood type?

- A B AB O Unknown

b. What is your RH factor? Pos Neg Unknown

38. Your TB skin test since 1992:

- Pos Neg Not done BCG prior to 1992

39. How many teeth have you lost in the last two years?

- None 1 2 3 4 5-9 10+

40. Do you currently smoke cigarettes?

- Yes → How many/day? 1-4 5-14 15-24
 No 25-34 35-44 45+

41. 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: _____

42. To update our records regarding your lifetime pregnancy history, please mark a bubble corresponding to EACH year in which you gave birth (include both live births and stillbirths for pregnancies lasting at least 6 months). Do not report miscarriages before the 6th month.

If you never had a pregnancy lasting 6 months or more, mark here

<input type="radio"/> 1930	<input type="radio"/> 1931	<input type="radio"/> 1932	<input type="radio"/> 1933	<input type="radio"/> 1934	<input type="radio"/> 1935	<input type="radio"/> 1936	<input type="radio"/> 1937	<input type="radio"/> 1938	<input type="radio"/> 1939
<input type="radio"/> 1940	<input type="radio"/> 1941	<input type="radio"/> 1942	<input type="radio"/> 1943	<input type="radio"/> 1944	<input type="radio"/> 1945	<input type="radio"/> 1946	<input type="radio"/> 1947	<input type="radio"/> 1948	<input type="radio"/> 1949
<input type="radio"/> 1950	<input type="radio"/> 1951	<input type="radio"/> 1952	<input type="radio"/> 1953	<input type="radio"/> 1954	<input type="radio"/> 1955	<input type="radio"/> 1956	<input type="radio"/> 1957	<input type="radio"/> 1958	<input type="radio"/> 1959
<input type="radio"/> 1960	<input type="radio"/> 1961	<input type="radio"/> 1962	<input type="radio"/> 1963	<input type="radio"/> 1964	<input type="radio"/> 1965	<input type="radio"/> 1966	<input type="radio"/> 1967	<input type="radio"/> 1968	<input type="radio"/> 1969
<input type="radio"/> 1970	<input type="radio"/> 1971	<input type="radio"/> 1972	<input type="radio"/> 1973	<input type="radio"/> 1974	<input type="radio"/> 1975	<input type="radio"/> 1976	<input type="radio"/> 1977	<input type="radio"/> 1978	<input type="radio"/> 1979
<input type="radio"/> 1980	<input type="radio"/> 1981	<input type="radio"/> 1982	<input type="radio"/> 1983	<input type="radio"/> 1984	<input type="radio"/> 1985	<input type="radio"/> 1986	<input type="radio"/> 1987	<input type="radio"/> 1988	<input type="radio"/> 1989
<input type="radio"/> 1990	<input type="radio"/> 1991	<input type="radio"/> 1992	<input type="radio"/> 1993	<input type="radio"/> 1994	<input type="radio"/> 1995	<input type="radio"/> 1996			

If in any year you gave birth twice, (count twins as ONE birth) write that year here

43. During the past year, how often did you eat the following: (Do not include other meats or cooking methods.)

Pan-fried chicken	<input type="radio"/> Never	<input type="radio"/> <1/mo.	<input type="radio"/> 1/mo.	<input type="radio"/> 2-3/mo.	<input type="radio"/> 1/wk.	<input type="radio"/> 2-3/wk.	<input type="radio"/> 4+/wk.
usual outside appearance	<input type="radio"/> Lightly browned	<input type="radio"/> Medium browned	<input type="radio"/> Well browned	<input type="radio"/> Blackened/charred			
Broiled chicken	<input type="radio"/> Never	<input type="radio"/> <1/mo.	<input type="radio"/> 1/mo.	<input type="radio"/> 2-3/mo.	<input type="radio"/> 1/wk.	<input type="radio"/> 2-3/wk.	<input type="radio"/> 4+/wk.
usual outside appearance	<input type="radio"/> Lightly browned	<input type="radio"/> Medium browned	<input type="radio"/> Well browned	<input type="radio"/> Blackened/charred			
Grilled/BBQ chicken	<input type="radio"/> Never	<input type="radio"/> <1/mo.	<input type="radio"/> 1/mo.	<input type="radio"/> 2-3/mo.	<input type="radio"/> 1/wk.	<input type="radio"/> 2-3/wk.	<input type="radio"/> 4+/wk.
usual outside appearance	<input type="radio"/> Lightly browned	<input type="radio"/> Medium browned	<input type="radio"/> Well browned	<input type="radio"/> Blackened/charred			
When you eat chicken, how often is it cooked with the skin on?							
	<input type="radio"/> Always	<input type="radio"/> Most of the time	<input type="radio"/> Sometimes	<input type="radio"/> Never			
How often do you eat the skin?	<input type="radio"/> Always	<input type="radio"/> Most of the time	<input type="radio"/> Sometimes	<input type="radio"/> Never			
Broiled fish	<input type="radio"/> Never	<input type="radio"/> <1/mo.	<input type="radio"/> 1/mo.	<input type="radio"/> 2-3/mo.	<input type="radio"/> 1/wk.	<input type="radio"/> 2-3/wk.	<input type="radio"/> 4+/wk.
usual outside appearance	<input type="radio"/> Lightly browned	<input type="radio"/> Medium browned	<input type="radio"/> Well browned	<input type="radio"/> Blackened/charred			
Roast beef	<input type="radio"/> Never	<input type="radio"/> <1/mo.	<input type="radio"/> 1/mo.	<input type="radio"/> 2-3/mo.	<input type="radio"/> 1/wk.	<input type="radio"/> 2-3/wk.	<input type="radio"/> 4+/wk.
usual outside appearance	<input type="radio"/> Lightly browned	<input type="radio"/> Medium browned	<input type="radio"/> Well browned	<input type="radio"/> Blackened/charred			
Pan-fried steak	<input type="radio"/> Never	<input type="radio"/> <1/mo.	<input type="radio"/> 1/mo.	<input type="radio"/> 2-3/mo.	<input type="radio"/> 1/wk.	<input type="radio"/> 2-3/wk.	<input type="radio"/> 4+/wk.
usual outside appearance	<input type="radio"/> Lightly browned	<input type="radio"/> Medium browned	<input type="radio"/> Well browned	<input type="radio"/> Blackened/charred			
Grilled/BBQ steak	<input type="radio"/> Never	<input type="radio"/> <1/mo.	<input type="radio"/> 1/mo.	<input type="radio"/> 2-3/mo.	<input type="radio"/> 1/wk.	<input type="radio"/> 2-3/wk.	<input type="radio"/> 4+/wk.
usual outside appearance	<input type="radio"/> Lightly browned	<input type="radio"/> Medium browned	<input type="radio"/> Well browned	<input type="radio"/> Blackened/charred			
Homemade beef gravy	<input type="radio"/> Never	<input type="radio"/> <1/mo.	<input type="radio"/> 1/mo.	<input type="radio"/> 2-3/mo.	<input type="radio"/> 1/wk.	<input type="radio"/> 2-3/wk.	<input type="radio"/> 4+/wk.
usual appearance of drippings	<input type="radio"/> Lightly browned	<input type="radio"/> Medium browned	<input type="radio"/> Well browned				

44. Do you currently take a multi-vitamin? (Please report additional individual vitamins in question 45.)

No Yes

a) How many do you take per week? 2 or fewer 3-5 6-9 10 or more

b) What specific brand do you usually use?

(Please specify exact Brand and Type.)

0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9
0	1	2	3	4	5	6	7	8	9

45. Not counting multi-vitamins, do you regularly take any of the following preparations:

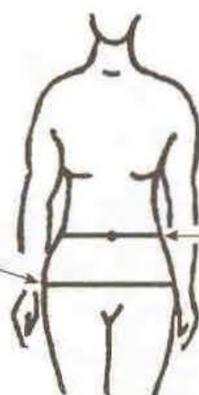
	AMOUNT PER DAY					
a) Beta-carotene?	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> Less than 8,000 IU	<input type="radio"/> 8,000 to 12,000 IU	<input type="radio"/> 13,000 to 22,000 IU	<input type="radio"/> 23,000 IU or more	<input type="radio"/> Don't know
b) Vitamin A? (excluding carotene)	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> Less than 8,000 IU	<input type="radio"/> 8,000 to 12,000 IU	<input type="radio"/> 13,000 to 22,000 IU	<input type="radio"/> 23,000 IU or more	<input type="radio"/> Don't know
c) Vitamin C?	<input type="radio"/> No <input checked="" type="radio"/> Yes, seasonal only <input type="radio"/> Yes, most months	<input type="radio"/> Less than 400 mg	<input type="radio"/> 400 to 700 mg	<input type="radio"/> 750 to 1250 mg	<input type="radio"/> 1300 mg or more	<input type="radio"/> Don't know
d) Vitamin E?	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> Less than 100 IU	<input type="radio"/> 100 to 250 IU	<input type="radio"/> 300 to 500 IU	<input type="radio"/> 600 IU or more	<input type="radio"/> Don't know
e) Folic acid?	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> Less than 100 mg	<input type="radio"/> 100 to 300 mg	<input type="radio"/> 301 to 500 mg	<input type="radio"/> 501 mg or more	<input type="radio"/> Don't know
f) Calcium?	<input type="radio"/> No <input checked="" type="radio"/> Yes	<input type="radio"/> Less than 400 mg	<input type="radio"/> 400 to 900 mg	<input type="radio"/> 901 to 1300 mg	<input type="radio"/> 1301 mg or more	<input type="radio"/> Don't know
Report as mg of elemental Ca. (e.g., 1 regular Tums = 500 mg Ca. Carbonate = 200 mg elemental)						

46. If a tape measure is convenient, please record your waist and hip measurements. This information will be more accurate if you follow these suggestions:

- ▶ Make measurements while standing
- ▶ Avoid measuring over bulky clothing
- ▶ Try to record answers to the nearest 1/4 inch (do not estimate)

If a tape measure is not available, please leave blank.

Hip: Measure the largest circumference around hips (including buttocks)



Waist: Measure at navel

HIP	Inches	Fraction	WAIST	Inches	Fraction
		<input checked="" type="radio"/> 4			<input checked="" type="radio"/> 4
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1/4	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1/4
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2/4	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2/4
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3/4	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3/4
<input type="radio"/> 4	<input type="radio"/> 4		<input type="radio"/> 4	<input type="radio"/> 4	
<input type="radio"/> 5	<input type="radio"/> 5		<input type="radio"/> 5	<input type="radio"/> 5	
<input type="radio"/> 6	<input type="radio"/> 6		<input type="radio"/> 6	<input type="radio"/> 6	
<input type="radio"/> 7			<input type="radio"/> 7		
<input type="radio"/> 8			<input type="radio"/> 8		
<input type="radio"/> 9			<input type="radio"/> 9		

Please continue with Page 5 and begin by writing your ID# from Page 2.

Please copy your ID from page 2 to here.

ID:

Grid for entering ID number

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47. The following items are about activities you might do during a typical day.

Does your health now limit you in these activities? If so, how much?

(Mark one response on each line.)

Table with 3 columns: Activity, Yes, Limited A Lot, Yes, Limited A Little, No, Not Limited At All

48. These questions are about how you feel and how things have been with you during the past 4 weeks.

For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks ...

(Mark one response on each line.)

Table with 7 columns: Question, All of the time, Most of the time, A Good Bit of the time, Some of the time, A Little of the time, None of the time

49. During the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

Options: All of the time, Most of the time, Some of the time, A little of the time, None of the time

50. Please choose the answer that best describes how true or false each of the following statements is for you. (Mark one response on each line.)

Table with 5 columns: Statement, Definitely True, Mostly True, Not Sure, Mostly False, Definitely False

51. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (Mark one response on each line.)

- a) Cut down the amount of time you spent on work or other activities
b) Accomplished less than you would like
c) Didn't do work or other activities as carefully as usual

52. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Options: Not at all, Slightly, Moderately, Quite a bit, Extremely

53. How much bodily pain have you had during the past 4 weeks?

Options: None, Very mild, Mild, Moderate, Severe, Very severe

54. During the past 4 weeks, how much did bodily pain interfere with your normal work (including both work outside the home and housework)?

Options: Not at all, A little bit, Moderately, Quite a bit, Extremely

55. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Mark one response on each line.)

- a) Cut down the amount of time you spent on work or other activities
b) Accomplished less than you would like
c) Were limited in the kind of work or other activities
d) Had difficulty performing the work or other activities (for example, it took extra effort)

56. How often do you have difficulty holding your urine until you can get to a toilet?
 Never Hardly ever Some of the time Most of the time All of the time

57. During the last 12 months, how often have you leaked urine or lost control of your urine?
 Never Less than once/month Once/month 2-3 times/month About once/week Almost every day

a) When you lose your urine, how much usually leaks?
 A few drops Enough to wet your underwear Enough to wet your outer clothing Enough to wet the floor

58. If you are retired, at what age did you retire?
 Not retired < Age 50 50-54 55-59 60-64 65-69 Age 70+

a) Overall, how would you say the quality of retired life compares with life when you were working?
 Much worse Somewhat worse About the same Somewhat better Much better

59. If you have been employed within the past 2 years, the following questions relate to your most recent job:
 Not employed in last 2 years

Please choose the answer which best describes the degree to which you agree or disagree with each of the following statements.

	Strongly Disagree	Disagree	Agree	Strongly Agree
My job requires that I learn new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job involves a lot of repetitive work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job requires me to be creative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job allows me to make a lot of decisions on my own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job requires a high level of skill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On my job, I have very little freedom to decide how I do my work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get to do a variety of different things on my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a lot of say about what happens on my job	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have an opportunity to develop my own special abilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job requires working very fast	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job requires working very hard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job requires lots of physical effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not asked to do an excessive amount of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have enough time to get the job done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My job security is good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am free from conflicting demands that others make	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People I work with are competent in doing their jobs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People I work with take a personal interest in me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People I work with are friendly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People I work with are helpful in getting the job done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable
a) My supervisor is concerned about the welfare of those under her	<input type="radio"/>				
My supervisor pays attention to what I am saying	<input type="radio"/>				
My supervisor is helpful in getting the job done	<input type="radio"/>				
My supervisor is successful in getting people to work together	<input type="radio"/>				

b) How steady is your work?
 Regular and steady Seasonal Frequent layoffs Both seasonal and frequent layoffs Other

c) How likely is it that during the next couple of years you will involuntarily lose your present job with your employer?
 Not at all likely Not too likely Somewhat likely Very likely

60. Outside of your employment, do you provide regular care to any of the following? (Mark one response on each line. For people to whom you do not provide regular care, mark "Zero Hours.")

	HOURS PER WEEK					
	Zero Hrs.	1-8 Hrs.	9-20 Hrs.	21-35 Hrs.	36-72 Hrs.	73+ Hrs.
Your children	<input type="radio"/>					
Grandchildren	<input type="radio"/>					
Disabled or ill spouse	<input type="radio"/>					
Disabled or ill parent	<input type="radio"/>					
Disabled or ill other person	<input type="radio"/>					

61. How stressful would you say it is to provide care to the individuals mentioned above?
 Not applicable Not at all Just a little bit Moderately Extremely Don't know

62. How rewarding would you say it is to provide care to the individuals mentioned above?
 Not applicable Not at all Just a little bit Moderately Extremely Don't know

63. What is your religious heritage?
 Catholic Protestant Other Christian
 Ashkenazi Jewish Sephardic Jewish Eastern (e.g., Buddhist, Hindu) Muslim Other

Thank you! Please return forms in prepaid return envelope to:
 Frank Speizer, MD, Nurses' Health Study, 181 Longwood Ave., Boston, MA 02115