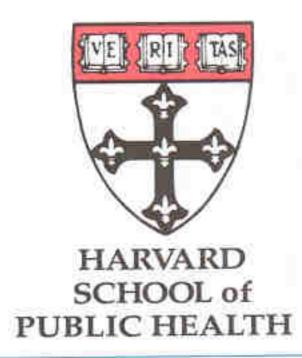


# NURSES' HEALTH STUDY II



Channing Laboratory • 181 Longwood Avenue • Boston, Massachusetts 02115 •
 Telephone (617) 525-2279 • Facsimile (617) 525-2008

### Dear Colleague:

Many thanks for your commitment to women's health research as a participant in the Nurses' Health Study II. The enclosed **brief** questionnaire continues our every-other-year follow-up.

The validity of this major research undertaking depends directly on complete and accurate follow-up information for all study members. Your continued participation is critical whether or not you are currently active in nursing. As always, the information you provide is strictly confidential and will be used only for medical statistical purposes.

We understand how busy you are; however, we would be **extremely** grateful if we could receive your reply to this questionnaire in the next two weeks. Thank you again for your valuable participation in this study.

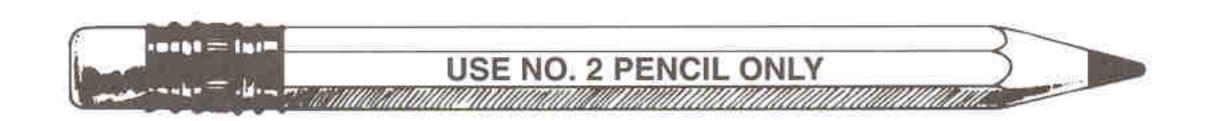
Sincerely,

Walter Willett

Professor of Epidemiology, Nutrition, and Medicine

## INSTRUCTIONS

Please use an ordinary No. 2 pencil to 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 1995**, 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 make **NO STRAY MARKS** and keep write-in responses **within** the spaces provided. If you change a response, erase the incorrect mark completely, and write any comments on a separate page.



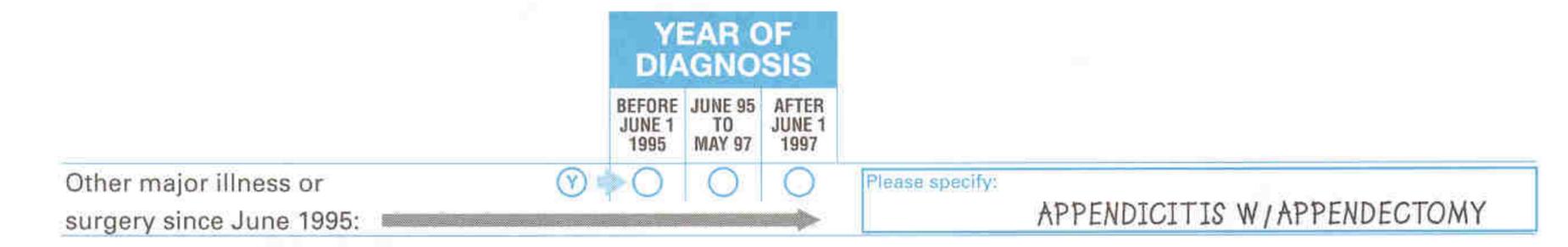
#### **EXAMPLE 1:**

Mark "Yes" circle and Year of Diagnosis circle for each illness you have had diagnosed.

11.	Since June 1995, have you had any of these physician-diagnosed illnesses?	YEAR OF DIAGNOSIS			
	LEAVE BLANK FOR "NO".  MARK HERE FOR "YES"	BEFORE JUNE 1 1995	JUNE 95 TO MAY 97	AFTER JUNE 1 1997	
	Elevated cholesterol	0	0		
	Melanoma	<b>&gt;</b> O	0	0	
	Basal cell skin cancer	0		0	

#### **EXAMPLE 2:**

Keep handwriting within the borders of the response box.



Thank you for completing the 1997 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.

If you need to make changes or corrections to your name/address, please note them on the cover letter and enclose it with your completed questionnaire.

	ır current weight?		lbs.			(4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9
Do you curr	ently smoke cigarettes?					1000
O No						279
O Yes	How many cigarettes	per day?	01-4 05	-14 🔾 15-24	O 25-34 O 35-44	O 45+ 3 8 9
						@@@
		95 20	5 68 60 0	50 SW W 10 SW AS		(5) (10) (1
	RRENTLY use any of thes	The state of the s	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT			
None	O Tubal ligation		Jelly/Sponge	Condom	O Depo-Provera	O Norplan
Vasectom	Oral contraception	ve () Intraut	erine device	O Rhythm/NFP	O Diaphragm/Cervical c	ap Other
SINCE ILIN	E 1995, have you used or	al contracentiv	res (OC's)?			
				4-month period	between June 1995 and	June 1997?
O No	1 month or less					
<u> </u>						
	b. How many months	did you use O	C's during the p	eriod between J	une 1997 and the prese	nt?
	O 1 month or less (	02-4	5-9 0 10-1	4 🔾 15–19 (	20+ months	
				فالراء بالسائلة الاللاء		
SINCE JUN	E 1995, have you been pr	regnant?				
No-6	go to question 6 Yes					
a. Are you o	currently pregnant?					
O No	Yes-Continue with					
b. For each	pregnancy ending after.	JUNE 1, 1995, f	ill in a response	bubble for the yea	r during which each preg	gnancy <i>ended</i> .
		Pregnand	cies lasting	Pregna	ncies lasting	
Calend	lar Year		is or more		an 6 months	
		Single Births	Twins/Triplets	Miscarriages	Induced Abortions	
	i-12/31/95	$\bigcirc$				
1996		<u> </u>	$\sim$			
1997		9				
1998		0				
The second second						
	E 400E 1	) necome prear	nant for more tha			
SINCE JUN	E 1995, have you tried to					cal mucous factors
SINCE JUN  Yes	What was the cause?	O Tubal blocka	ge Ovulato	ry disorder OE		
SINCE JUN  Yes	The second secon	O Tubal blocka	ge Ovulato	ry disorder OE	lot found Other	
SINCE JUN O Yes	What was the cause? (Mark all that apply.)	O Tubal blocka O Spouse/Parti	ge Ovulato ner O Not invi	ry disorder O E estigated O N	lot found Other	
SINCE JUN O Yes No	What was the cause? (Mark all that apply.)	O Tubal blocka O Spouse/Parti	ge Ovulato ner Not invi hene) or Pergon	estigated O N	lot found Other	
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ase continue on the back of the form

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11.	Since June 1995, have you had any these physician-diagnosed illnesses			EAR (		①     ①     ①     ①     ①     ①     ①     ①     ①     ①     ①     ①     ①     ②	
	LEAVE BLANK FOR "NO".  MARK HERE FOR "YES"		BEFORE JUNE 1 1995	JUNE 95 TO MAY 97	AFTER JUNE 1 1997	8 8 8 8 8 P P P P	
	Myocardial infarction (heart attack)	(Y)	1990	MAI 37	()	(P) (P) (P) (P) (P)	
	Angina pectoris	(Y)		Ö	$\overline{\bigcirc}$	Confirmed by angiogram? O No O Yes	
	Coronary bypass/angioplasty	(Y)	ŏ	0	0	Committee by angiograms O No O res	
	Stroke (CVA) or TIA	0	Ö	0	S		
		(E)		0	$\sim$		
	Deep vein thrombosis/Pul. embolism Elevated cholesterol	(A)		8			
		0					
	Melanoma	(Y)		0	$\circ$		
	Basal cell skin cancer	(Y)	$\sim$	0	8		
	Squamous cell skin cancer	(Y)	$\sim$	0	$\circ$	69 0 N O N O N	
	Fibrocystic/other benign breast disease	(Y)		0		Confirmed by breast biopsy? ONo OYes	
	Breast cancer	(Y)			$\circ$	Confirmed by aspiration? ONO OYes	
	22-102	$\sim$	Ö	Ö	0	Specify site:	
	Other cancer  Colon or rectal polyp (benign)	(Y) =				Specify site:	
		$\sim$			0		
	Ulcerative colitis/Crohn's disease Gastric or duodenal ulcer	(Y)	0	0	0		
	Personal III	(V)		0		Did you have symptoms? O No O Yes	
	Gallstones	<b>W</b> 5		O		Did you have symptoms? O No O Yes  How diagnosed? O X-ray or ultrasound O Other	
	Cholecystectomy	(Y)	·O	0	0	CB	
	High blood pressure	(Y)	> O	Õ	Õ	Opregnancy-related Onot pregnancy-related	
	Toxemia/Pre-eclampsia of pregnancy	(Y)	× O	Ŏ	ŏ		
	Diabetes	(Y)	Ŏ	ŏ	Õ	gestational Onot pregnancy-related	
	Hydatidiform mole of pregnancy	(Y) =	-0	Ŏ	Ŏ		
	Ectopic pregnancy	(Y)	ŏ	ŏ	ŏ		
	Endometriosis, 1st diagnosis	(Y) =	-0	ŏ	Õ	Confirmed by laparoscopy? ONO OYes	
	Uterine fibroids, 1st diagnosis	(Y)	5	Ö	ŏ	Confirmed by reparescopy:  ONO OYes  One of the second of	
	Oterine horoids, 1st diagnosis	0 -				Confirmed by ultrasound or hysterectomy? O No Yes	
	Polycystic ovarian syndrome	(Y)	>O	0	0		
	Premenstrual syndrome (PMS)	(Y)	> O	ŏ	Õ	en de la companya de	
	Kidney stones	(Y)	- O	Ŏ	Ŏ		
	Multiple sclerosis	(Y)	ŏ	ŏ	ŏ		
	Asthma, doctor-diagnosed	(Y)	ŏ	Ŏ	ŏ		
	Active TB (X-ray confirmed)	(Y) =	ŏ	Ö	0		
	Graves' Disease/Hyperthyroidism	(Y) =	Ö	ŏ	Ŏ		
	Graves Discase/Hyperthyroldisin	0 =		0			
	Hypothyroidism	Y	<b>O</b>	0	0		
	Thyroid nodule (benign)	(Y)	<b>O</b>	O	0		
	Interstitial cystitis (not UTI)	(Y)	<b>O</b>	Ŏ	0	0123456739	
	Pneumonia, x-ray confirmed	(Y)	<b>&gt;</b> O	0	0	000000000000000000000000000000000000000	
	Herniated lumbar disk, CT/MRI confirmed	(Y)	· O	Ŏ	Ŏ	0123466739 <del>0</del>	
	SLE (systemic lupus)	(Y)	<b>&gt;</b> O	O	O	(SI)	
	Rheumatoid arthritis, doctor diagnosed	(Y)	0	0	O	Rheumatoid factor O negative/unknown O positive	
	Other arthritis	(Y)	0	0	0		
	Other major illness or	(Y)		0	0	Please specify:	
	surgery since June 1995:				->		
12. Is this your correct date of birth?  13. Please name someone at a <u>DIFFERENT PERMANENT</u> ADDRESS to whom we might write in the event we							
					are unable to contact you:		
						Name:	
						Address:	
	THANK VOLL PLEASE BETTIEN EODIN IN ENGLOSED	ENIVE	OPE TO	De IM	VITED I	VILLETT • NURSES' HEALTH STUDY II • 181 LONGWOOD AVENUE • BOSTON, MA 02115	
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