



HARVARD
MEDICAL
SCHOOL

NURSES' HEALTH STUDY II



HARVARD
SCHOOL of
PUBLIC HEALTH

• Channing Laboratory • 181 Longwood Avenue • Boston, Massachusetts 02115-5804 •
Telephone (617) 525-2279 • Facsimile (617) 525-2008

This is your ID →

Dear Colleague:

On behalf of our entire research group, thank you for your participation in the Nurses' Health Study II. We recognize that you lead a busy life, and we are always looking for ways to make it easier for you to complete our surveys. We are excited this year to offer you the choice of completing either an on-line questionnaire or the enclosed traditional form. The on-line questionnaire is available at www.NHS2.org and can be accessed with your ID number shown above. We hope if you choose this new option, it will make participating in the study even more convenient.

As a member of the Nurses' Health Study II, you are unique and irreplaceable. Your ongoing participation is as important as ever in the quest for a greater understanding of the choices that lead to a healthy life. The enclosed questionnaire continues this important follow-up by providing updated information on your lifestyle and medical diagnoses. Following the suggestions of many study members, we have expanded our assessment of stress and social networks to better learn how these can affect the health of women.

We know that you will give the questionnaire the same careful consideration that you have given our forms since the study began in 1989. As always, all information you provide 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 that you have continued to offer in furthering the study of women's health.

Sincerely,

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

Do you have internet e-mail?

If you do, please print your e-mail address in the box so that we may send you occasional updates on the progress of Nurses' Health Study II.

Please print neatly and differentiate numbers and letters (e.g., 1 vs l or i, 0 vs O, 5 vs S)

We will not release your e-mail address to anyone!

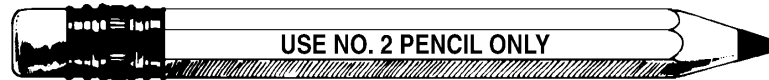
INSTRUCTIONS

INTERNET:

Go to our website at WWW.NHS2.ORG and use your ID number (see front of this page) and your birth date to log in. Follow the instructions on the screen to complete the survey on-line.

PAPER FORM:

Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely. The form is designed to be read by optical-scanning equipment, so it is important that you keep any write-in responses **within** the spaces provided and erase any incorrect marks completely. If you have comments, please write them on a separate piece of paper.



EXAMPLE 1: Write your weight in the boxes...

...and fill in the circle corresponding to the figure at the head of each column.

Please fill in the circle completely, do not mark this way:



1. Current Weight

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

NOTE: It is important that you write in your weight in addition to completing the corresponding circles. This allows us to confirm that the correct circles have been filled in.

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

20. Since June 1999, have you had any of these physician-diagnosed illnesses?

Leave blank for NO, mark here for YES →

	YEAR OF DIAGNOSIS			X
	Before June 1 1999	June 99 to May 01	After June 1 2001	
Myocardial infarction (heart attack)	●	○	○	1
Angina pectoris	●	○	○	2
Confirmed by angiography?	○ No	● Yes		a
Coronary bypass/angioplasty	●	○	○	3
Stroke (CVA) or TIA	○	○	○	4

- Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage-paid envelope.
- If your name and address as printed on this questionnaire are no longer correct or are incomplete, or if you are providing your e-mail address, please make any necessary changes on the letter and enclose it with your completed form.
- Thank you for completing the 2001 Nurses' Health Study II Questionnaire.

1. PLEASE USE PENCIL!

2. a) SINCE JUNE 1999, have you been pregnant? No-Go to question 3. Yes

b) Are you currently pregnant? No Yes-Continue with part c, but do NOT fill in a bubble in part c for your current pregnancy.

c) For each pregnancy ending after JUNE 1, 1999, fill in a response bubble for the year during which each pregnancy ended.

CURRENT WEIGHT POUNDS grid with bubbles for digits 0-9.

Table with columns: Calendar Year, Pregnancies lasting 6 months or more (Single Births, Twins/Triples), Pregnancies lasting less than 6 months (Miscarriages, Induced Abortions).

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

- None, Oral contraceptive, Condom, Diaphragm/Cervical cap, Vasectomy, Foam/Jelly/Sponge, Rhythm/NFP, Norplant, Tubal Ligation, Intrauterine Device, Depo Provera, Lunelle, Other

4. SINCE JUNE 1999, have you used oral contraceptives (OCs)?

Yes No a) How many months did you use OCs during the 24-month period between June 1999 and June 2001? 1 month or less 2-4 5-9 10-14 15-19 20-24 months

b) Please indicate the brand and type of OC used longest during this time period. Refer to the OC Brand Code Sheet enclosed with this questionnaire and write the code in this box.

5. Have your natural menstrual periods ceased PERMANENTLY?

- No: Premenopausal, Yes: No menstrual periods, Yes: Had menopause but now have periods induced by hormones, Not sure (e.g., started hormones prior to cessation of periods)

a) AGE natural periods ceased:

AGE grid with bubbles for digits 0-9.

b) For what reason did your periods cease? Natural, Surgical, Radiation or chemotherapy

6. Have you had your uterus removed? No Yes Date of surgery: Before June 1, 1999 After June 1, 1999

7. Have you ever had either of your ovaries surgically removed? No Yes How many ovaries do you have remaining? None One

8. Since June 1999, have you used Evista (raloxifene) or tamoxifen (Nolvadex)?

Yes No a) How many months have you used each drug during the 24 month period between June 1999 and June 2001? Evista, Tamoxifen, b) Are you currently using Evista or tamoxifen? No, not currently, Yes, Evista, Yes, tamoxifen

9. Since June 1999, have you regularly used any over-the-counter (e.g., "alternative," "herbal," "natural" or soy-based) preparations for hormone replacement or to treat menopausal symptoms? (Do not include food sources.)

Yes No a) Please mark the type(s) of preparations you have used at least once a week, for at least 6 months since June 1999. Soy estrogen supplement, Black cohosh, Natural progesterone cream, Dong quai, Other, phytoestrogens

10. Since June 1999, have you used prescription female hormones?

Yes No a) How many months did you use them during the 24-month period between June 1999 and June 2001? 1-4 months, 5-9, 10-14, 15-19, 20-24 months, Used only after June 2001

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.

Combined: Prempro (Pink), Prempro (Blue), Premphase, Combipatch, FemHRT

Estrogen: Oral Premarin, Patch Estrogen, Vaginal Estrogen, Ogen, Estrace, Estratest, Other Estrogen (specify in box below)

Progesterone/Progestin: Provera/Cycrin/MPA, Vaginal, Micronized (e.g., Prometrium), Other progesterone

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 medroxyprogesterone (e.g., Provera, Cycrin), what dose did you usually take? 2.5 mg or less, 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.

This is your ID →

11. If you have had any pregnancies since June 1993, including miscarriages, were you working as a nurse during any of these pregnancies?

- No, have not been pregnant since June 1993
No, was pregnant after June 1993 but was NOT working as a nurse during that pregnancy
Yes, have been pregnant since June 1993 AND worked as a nurse during that pregnancy

If yes, would you be willing to answer a more detailed questionnaire regarding this pregnancy? Yes No

12. On average, over a 24 hour period, do you sleep:

- <5 hours 5 hrs 6 hrs 7 hrs
8 hrs 9 hrs 10+ hours

13. Do you feel that your sleep duration is adequate?

- No Yes
What is the major reason that your sleep duration is inadequate? (Mark one answer.)
Work/family activities or schedule
Medical problem (e.g., pain, breathing difficulties)
Leisure/social activities: reading/TV/computer, etc.
Just can't get to or stay asleep (worrying or insomnia)

14. Do you snore?

- Every night Most nights A few nights a week
Occasionally Almost never Don't know

15. On average, how often are your daily activities affected because you are sleepy during the day?

- Almost every day 4-6 days/week
1-3 days/week Rarely Never

16. Is this your correct date of birth? →

Yes No If no, please write correct date. MONTH / DAY / YEAR

17. Have you ever had infectious mononucleosis?

- Yes Best estimate of age at diagnosis:
No <5 years 6-10 11-15
Don't know 16-19 20-24 25-29 30+

18. Have you ever suffered from head trauma with loss of consciousness?

- Yes a) At what age(s)? 0-9 10-19 20-29
No 30-39 40-49 50-59
b) How long did you lose consciousness?
<15 minutes 15 min-1 hour >1 hour

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

Table with columns for Year of First Diagnosis (Before 1991, 1991-1995, 1995-1999, 2000, 2001+) and rows for various illnesses like Meningioma, Seizure, Gout, etc.

Grid for patient ID and office use only with alphanumeric characters and numbers.

20. Since June 1999, have you had any of these physician-diagnosed illnesses?

Table header for Year of Diagnosis: Before June 1 1999, June 99 to May 01, After June 1 2001

Main table for physician-diagnosed illnesses since June 1999, including Myocardial infarction, Angina pectoris, Stroke, Diabetes, etc.

Please specify: Date: Grid for specifying date.

21. Regular Medication (Mark if used regularly in past 2 years.)

Form for question 21 listing various medications such as Acetaminophen, Aspirin, Ibuprofen, Celebrex, etc., with fields for days/week and total tabs/week.

22. In the past two years have you had: (If yes, mark all that apply.)

Table for question 22 with columns: No, Yes, for screening, Yes, for symptoms. Rows include physical exam, mammogram, pelvic exam, fasting blood sugar.

23. Did you have a colonoscopy or sigmoidoscopy since June 1, 1999?

Form for question 23 with a grid for frequency (1-4) and a list of reasons for the procedure (bleeding, diarrhea, etc.).

24. During the last 12 months, how often have you leaked or lost control of your urine?

Form for question 24 with options: 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?

Form for question 24a with options: A few drops, Enough to wet your underwear, Enough to wet your outerclothing, Enough to wet the floor.

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

Form for question 25 with fields for Brothers and Sisters, each with options from Zero to 5 or more.

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

Large table for question 26 with columns for Relative's Age at First Diagnosis (Before Age 50, Age 50 to 59, Age 60 to 69, Age 70+, Age Unknown) and rows for various cancers (Ovarian, Breast, Colon, Prostate, Uterine, Pancreatic, Melanoma, Myocardial Infarction, Stroke, Diabetes, Asthma).

27. What is your current marital status?

Form for question 27 with options: Never married, Married, Widowed, Divorced, Separated.

28. Your living arrangement: (Mark all that apply.)

Form for question 28 with options: Alone, With spouse or partner, With minor children, With other adult family, Other.

29. Do you currently smoke cigarettes?

Form for question 29 with options: Yes (How many per day: 1-4, 5-14, 15-24, 25-34, 35-44, 45+ per day) or No.

30. Since age 18, how many years have you lived with someone who smoked regularly inside your home?

Form for question 30 with options: None or <1 year, 1-4 years, 5-9, 10-19, 20-29, 30+ years.

31. 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:

Form for question 31 with fields for Name and Address.

32. What is your usual walking pace outdoors? Unable to walk
 Easy, casual (less than 2 mph) Normal, average (2–2.9 mph) Brisk pace (3–3.9 mph) Very brisk/striding (4 mph or faster)

33. How many flights of stairs (not individual steps) do you climb daily?
 2 flights or less 3–4 5–9 10–14 15 or more flights

34. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jogging (slower than 10 minutes/mile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running (10 minutes/mile or faster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycling (include stationary machine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis, squash, racquetball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lap swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other aerobic exercise (aerobic dance, ski or stair machine, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lower intensity exercise (yoga, stretching, toning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other vigorous activities (e.g., lawn mowing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight training or resistance exercises	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(Include free weights or machines such as Nautilus)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Arm weights								
		Leg weights								

35. DURING THE PAST YEAR, on average, how many HOURS PER WEEK did you spend:

	TIME PER WEEK									
	Zero Hrs.	One Hour	2–5 Hrs.	6–10 Hrs.	11–20 Hrs.	21–40 Hrs.	40–60 Hrs.	61–90 Hrs.	Over 90 Hrs.	
Standing or walking around at work or away from home? (hrs./week)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Standing or walking around at home? (hrs./week)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sitting at work or away from home or while driving? (hrs./week)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sitting at home while watching TV/VCR? (hrs./week)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other sitting at home (e.g., reading, meal times, at desk)? (hrs./week)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

36. Since JUNE 1999, have you tried to become pregnant for more than one year without success?

Yes → What was the cause? Tubal blockage Ovulatory disorder Endometriosis Cervical mucous factors
 No (Mark all that apply.) Spouse/Partner Not investigated Not found Other

37. Since JUNE 1999, have you taken Clomiphene (e.g. Clomid) or Gonadotropin injections (e.g., Pergonal, Metrodin, Follistim) to induce ovulation?

Yes → In how many months were these used? a. Clomiphene Not used 1 2–3 4–5 6–11 12+mo.
 No b. Gonadotropins Not used 1 2–3 4–5 6–11 12+mo.

38. Do you currently take a multi-vitamin? (Please report other individual vitamins in question 39.)

No Yes
 → a) How many do you take per week? 2 or less 3–5 6–9 10 or more

39. Do you take any of the following separate preparations on a regular basis? DO NOT REPORT CONTENTS OF MULTI-VITAMINS MENTIONED ABOVE.

Vitamin C Vitamin E Calcium Iron Potassium B-Complex
 Vitamin A Beta Carotene Folic Acid Niacin Zinc Selenium

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

a) Pan-fried chicken Never <1/mo. 1/mo. 2–3/mo. 1/wk. 2–3/wk. 4+/wk.
 usual outside appearance Lightly browned Medium browned Well browned Blackened/charred

b) Broiled chicken Never <1/mo. 1/mo. 2–3/mo. 1/wk. 2–3/wk. 4+/wk.
 usual outside appearance Lightly browned Medium browned Well browned Blackened/charred

c) Grilled/BBQ chicken Never <1/mo. 1/mo. 2–3/mo. 1/wk. 2–3/wk. 4+/wk.
 usual outside appearance Lightly browned Medium browned Well browned Blackened/charred

d) When you eat chicken, how often is it cooked with the skin on?
 Always Most of the time Sometimes Never

e) How often do you eat the skin? Always Most of the time Sometimes Never

f) Broiled fish Never <1/mo. 1/mo. 2–3/mo. 1/wk. 2–3/wk. 4+/wk.
 usual outside appearance Lightly browned Medium browned Blackened/charred

g) Roast beef Never <1/mo. 1/mo. 2–3/mo. 1/wk. 2–3/wk. 4+/wk.
 usual outside appearance Lightly browned Medium browned Well browned

h) Pan-fried hamburger (4–6 oz. beef) Never <1/mo. 1/mo. 2–3/mo. 1/wk. 2–3/wk. 4+/wk.
 usual outside appearance Lightly browned Medium browned Well browned Blackened/charred

i) Grilled/BBQ steak Never <1/mo. 1/mo. 2–3/mo. 1/wk. 2–3/wk. 4+/wk.
 usual outside appearance Lightly browned Medium browned Well browned Blackened/charred

j) Homemade beef gravy Never <1/mo. 1/mo. 2–3/mo. 1/wk. 2–3/wk. 4+/wk.
 usual appearance of drippings Lightly browned Medium browned Well browned

41. 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: Yes, Limited A Lot; Yes, Limited A Little; No, Not Limited At All. Rows include: Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports; Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf; Lifting or carrying groceries; Climbing several flights of stairs; Climbing one flight of stairs; Bending, kneeling, or stooping; Walking more than a mile; Walking several blocks; Walking one block; Bathing or dressing yourself.

42. 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 6 columns: 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. Rows include: Did you feel full of pep?; Have you been a very nervous person?; Have you felt so down in the dumps nothing could cheer you up?; Have you felt calm and peaceful?; Did you have a lot of energy?; Have you felt downhearted and blue?; Did you feel worn out?; Have you been a happy person?; Did you feel tired?; Have you felt hopeless about the future?; Have you thought about or wanted to commit suicide?; Have you felt no interest in things?; Did you have difficulty falling asleep or staying asleep?

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

All of the time; Most of the time; Some of the time; A little of the time; None of the time

44. 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: Definitely True; Mostly True; Not Sure; Mostly False; Definitely False. Rows include: Over the past 4 weeks, I have felt about the same as I have felt during the past year; I seem to get sick a little easier than other people; I am as healthy as anybody I know; I expect my health to get worse; My health is excellent

45. 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)

46. 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?

Not at all; Slightly; Moderately; Quite a bit; Extremely

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

None; Very mild; Mild; Moderate; Severe; Very severe

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

Not at all; A little bit; Moderately; Quite a bit; Extremely

49. In general, would you say your health is:

Excellent; Very Good; Good; Fair; Poor

PLEASE CONTINUE ON PAGE 6

50. 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 Yes No

b) Accomplished less than you would like Yes No

c) Didn't do work or other activities as carefully as usual Yes No

51. In your lifetime, have you ever had two weeks or longer when nearly every day you felt sad, blue, or depressed for most of the day?

No Yes

52. Did you ever tell a doctor or mental health specialist that you were feeling depressed?

No Yes

53. Which best describes your current employment status?

Inpatient or ER Nurse Outpatient/Community OR Nurse Nursing Education Laid off

Nursing Administration Other Nursing Non-nursing employment Fulltime Homemaker Student

Disabled

54. 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 Not currently employed

55. During the following time periods, how many months have you worked ROTATING night shifts (at least 3 nights/month in addition to other days and evenings in that month)?

June 1993–June 1995:	<input type="radio"/> None	<input type="radio"/> 1–4 months	<input type="radio"/> 5–9	<input type="radio"/> 10–14	<input type="radio"/> 15–19	<input type="radio"/> 20+
June 1995–June 1997:	<input type="radio"/> None	<input type="radio"/> 1–4 months	<input type="radio"/> 5–9	<input type="radio"/> 10–14	<input type="radio"/> 15–19	<input type="radio"/> 20+
June 1997–June 1999:	<input type="radio"/> None	<input type="radio"/> 1–4 months	<input type="radio"/> 5–9	<input type="radio"/> 10–14	<input type="radio"/> 15–19	<input type="radio"/> 20+
Since June 1999	<input type="radio"/> None	<input type="radio"/> 1–4 months	<input type="radio"/> 5–9	<input type="radio"/> 10–14	<input type="radio"/> 15–19	<input type="radio"/> 20+

1	1	1	1	1	1	1
2	2	2	2	2	2	2
4	4	4	4	4	4	4
8	8	8	8	8	8	8
P	P	P	P	P	P	P

56. Did you work *permanent night shifts* for 6 or more months during any of these time periods?

Never before 1989 1989–1994 1995–2001+

57. The following question is *optional*. Please mark your pre-tax household income for the past year:

As with all of the information that you provide, this will be kept strictly confidential.

less than \$15,000 \$15,000 to \$19,999 \$20,000 to \$29,999

\$30,000 to \$39,999 \$40,000 to \$49,999 \$50,000 to \$74,999

\$75,000 to \$99,999 \$100,000 to \$149,999 \$150,000+

58. 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 physically or mentally disabled child or grandchild	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your other grandchildren	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disabled or ill spouse/partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disabled or ill parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disabled or ill other person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

59. How *stressful* would you say it is to provide care to the individuals mentioned above?

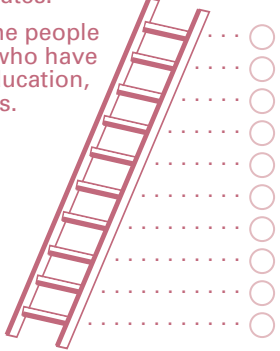
Not applicable Not at all Just a little bit Moderately Extremely Don't know

60. 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

61. The following questions relate to how you feel about your standing in US society and in your community.

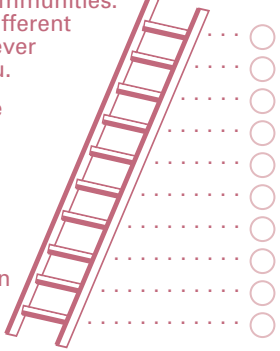
a) Think of this ladder as representing where people stand in the United States.



- ◆ At the top of the ladder are the people who are the best off—those who have the most money, the most education, and the most respectable jobs.
- ◆ At the bottom are the people who are the worst off—those who have the least money, least education, and the least respected jobs or no job.

Where would you place yourself on this ladder? Fill in the circle that best represents where you think you stand, relative to other people in the United States.

b) Now think of this ladder as representing where people stand in their communities. People define community in different ways. Please define it in whatever way is most meaningful to you.



- ◆ At the top of the ladder are the people who have the highest standing in their community.
- ◆ At the bottom are the people who have the lowest standing in their community.

Where would you place yourself on this ladder? Fill in the circle that best represents where you think you stand at this time in your life, relative to other people in your community.

**Thank you! Please return forms in the prepaid return envelope to:
Walter Willett, M.D., Nurses' Health Study II, 181 Longwood Ave., Boston, MA 02115**