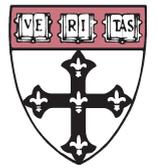




HARVARD  
MEDICAL  
SCHOOL

# NURSES' HEALTH STUDY II



HARVARD  
SCHOOL of  
PUBLIC HEALTH

• Channing Laboratory • 181 Longwood Avenue • Boston, Massachusetts 02115-5804 •  
Telephone (617) 525-2279 • Fax (617) 525-2008 • E-Mail [NHS2@channing.harvard.edu](mailto:NHS2@channing.harvard.edu)

This is your ID →

Dear Colleague:

In 1989, you and over 116,000 other RNs joined the Nurses' Health Study II. As we celebrate our 20-year anniversary, we want to thank you for your continued enthusiastic participation. The fruits of your efforts are bountiful, as dozens of scientific papers continue to be published on important topics in women's health.

In 2007, over 40,000 NHSII participants completed our biennial questionnaire on the web at [www.NHS2.org](http://www.NHS2.org). We would like to encourage you to use this convenient and secure website to answer this year's survey. Responding this way makes the best use of precious research dollars and is the most environmentally friendly. Of course if you prefer a #2 pencil to a mouse and keyboard, completing the attached questionnaire is equally appreciated.

We are very pleased to tell you that the National Institutes of Health recently renewed the funding that supports this research for an additional five years. Our grant was given one of the highest possible ratings. This strong endorsement is a testament to the accomplishments of the NHS II and its potential to add further unique information about the cause and prevention of cancer and other chronic diseases. We humbly thank you for making this possible through your dedication and loyal participation.

To update your health status we ask that you complete the attached traditional form OR use your ID number (printed above) to log-in to our online questionnaire at [www.NHS2.org](http://www.NHS2.org). We hope that giving you options will make your continued involvement in the study more convenient. This questionnaire should take about 30 minutes to complete. As always, all information you provide is kept strictly confidential and is used for medical statistical purposes only.

We value **each** member of the Nurses' Health Study II as an irreplaceable colleague in our research, regardless of your health, employment, or retirement status. In short, **no matter what your circumstances, we would like to hear from you!**

It is with our deepest gratitude that we thank you again for the time and care that you have continued to offer to help us all learn more about women's health.

Sincerely,

*Walter Willett*

Walter Willett, M.D.



## Do you have 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 the Nurses' Health Study II. Example: **NHS2@channing.harvard.edu**

Please print neatly and differentiate numbers and letters (e.g., 1 vs l or i, ∅ 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](http://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 A)** Mark "Yes" bubble and Year of Diagnosis bubble for each illness you have had diagnosed.

**12. Since June 2007, have you had any of these clinician-diagnosed illnesses?**

Leave blank for NO, mark here for YES →

	YEAR OF DIAGNOSIS			
	Before June 1 2007	June '07 to May '09	After June 1 2009	
Myocardial infarction (heart attack)	<input checked="" type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	1
Angina pectoris	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	2
Confirmed by angiography?	<input type="radio"/> No	<input checked="" type="radio"/> Yes		a
Coronary bypass, angioplasty, or stent	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	3
Transient ischemic attack (TIA)	<input checked="" type="radio"/> Y	<input type="radio"/>	<input type="radio"/>	4

Please fill in the circles completely; do not mark this way: ✓ ✗ ●

**EXAMPLE B)**

AGE natural periods ceased:

AGE
4 6

Print numbers neatly within boxes. Your writing will be read by our scanner.

- 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 return it to us.
- Thank you for completing the 2009 Nurses' Health Study II Questionnaire.

**Federal research regulations require us to include the following information:**

There are no direct benefits to you from participating in this study. The risk of breach of confidentiality associated with participation in this study is very small. Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty. You may skip any question you do not wish to answer. You will not receive monetary compensation for participating. If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Human Subjects Committee at the Harvard School of Public Health (617-384-5480).

1. PLEASE USE PENCIL!

**CURRENT WEIGHT**

POUNDS

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

2. SINCE JUNE 2007, have you been pregnant?

- No-Go to Question 3.  Yes (continue)
- a) Are you currently pregnant?  
 No  Yes-Continue with Part b, but do NOT fill in a bubble in Part b for your current pregnancy.

b) For each pregnancy ending after JUNE 1, 2007, fill in a response bubble for the year during which each pregnancy ended.

Calendar Year	Pregnancies lasting 6 months or more		Pregnancies lasting less than 6 months	
	SINGLE BIRTHS	TWINS/TRIPLETS	MISCARRIAGES	INDUCED ABORTIONS
6/1/07 - 12/31/2007	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2008	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2009	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2010+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- None  Oral contraceptive  Condom  Depo Provera  
 Vasectomy  Foam/Jelly/Sponge  Rhythm/NFP  Other hormonal contraceptive  
 Tubal Ligation  Diaphragm/Cervical cap  IUD  Other

4. SINCE JUNE 2007, have you used oral contraceptives (OCs)?

- Yes  No
- a) How many months did you use OCs during the 24-month period between June 2007 and June 2009?  
 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:

\_\_\_\_\_

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	
-----	--
- 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, 2007  After June 1, 2007

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 2007, have you used Evista (raloxifene) or Nolvadex (tamoxifen)?

- Yes  No
- a) How many months have you used each drug during the 24-month period between June 2007 and June 2009?  
 Evista  Not Used  1-4 months  5-9  10-14  15-19  20-24 months  Used only after 6/09  
 Nolvadex  Not Used  1-4 months  5-9  10-14  15-19  20-24 months  Used only after 6/09
- b) Are you currently using Evista or Nolvadex?  No, not currently  Yes, Evista  Yes, Nolvadex

9. Are you currently using any over-the-counter (e.g., "herbal", "natural", or soy-based) preparations for hormone replacement or to treat menopausal symptoms? (Do NOT include food sources like tofu, soy milk, etc.)

- No  Yes What type(s)?  Soy estrogen products  Natural progesterone cream or wild yam cream  
 Dong quai (e.g., Rejuvex)  Black cohosh (e.g., Remifemin)  Other

10. Since June 2007, have you used prescription female hormones? (Not including oral contraceptives.)

- Yes  No
- a) How many months did you use hormones since June 2007?  
 1-4 months  5-9  10-14  15-19  20-25  26-30  31-35  36+ months
- b) Are you currently using them (within the last month)?  Yes  No If No, skip to Part d.
- c) Mark the type(s) of hormones you are CURRENTLY using:
- Combined:  Prempro (beige)  Prempro (gold)  Prempro (peach)  Prempro (light blue)  
 Premphase  Combipatch  FemHRT
- Estrogen:  Oral Premarin or conjugated estrogens  Patch Estrogen  Vaginal Estrogen  Estrace  
 Estrogen gels, creams, or sprays on skin  Estratest  Ogen  
 Other Estrogen (specify in box below)
- Progesterone/Progestin:  Provera/Cycrin/MPA  Vaginal  Micronized (e.g., Prometrium)  
 Other progesterone (specify type)
- Other hormones CURRENTLY used (e.g., Tri-est), Specify: \_\_\_\_\_
- d) If you used oral conjugated estrogen (e.g., Premarin) since June 2007, what dose did you usually take?  
 .30 mg/day or less  .45 mg/day  .625 mg/day  .9 mg/day  
 1.25 mg/day or higher  Unsure  Did not take oral conjugated estrogen
- e) 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.

11. Have you ever had CLINICIAN DIAGNOSED . . . (mark all that apply)

- Food allergies  Hayfever (allergic rhinitis)  Eczema (atopic dermatitis)  None of these  
 What type?  Peanut  Tree nut\*  Shellfish  Milk  Eggs  Other

\*Tree nuts include walnuts, macadamia nuts, almonds, pistachios, cashews, pecans, hazelnuts, and Brazil nuts.

12. Since June 2007, have you had any of these clinician-diagnosed illnesses?

YEAR OF DIAGNOSIS

Leave blank for NO, mark here for YES

Table with columns for illness types (e.g., Myocardial infarction, Angina pectoris, Stroke, Cancer, Diabetes, etc.) and rows for diagnosis years (Before June 1 2007, June '07 to May '09, After June 1 2009). Includes sub-questions like 'Confirmed by angiography?' and 'Confirmed by breast biopsy?'.

Please specify: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY. Grid of numbers 0-9 for data entry.

13. Have you ever had any of these clinician-diagnosed illnesses?

YEAR OF FIRST DIAGNOSIS

Leave blank for NO, mark here for YES

Table with columns for illness types (e.g., Meningioma, Seizure, Low bone density, Osteoporosis, Psoriasis, Fractures) and rows for diagnosis years (Before 1995, 1995-1999, 2000-2004, 2005-2006, 2007+).

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

Table with columns for screening types (No, Yes, for screening, Yes, for symptoms) and rows for activities (A physical exam, Mammogram, Fasting blood sugar, etc.).

Initial reason(s) you had Colonoscopy/Sigmoidoscopy?

List of reasons for colonoscopy/sigmoidoscopy: Visible blood, Occult fecal blood, Abdominal pain, Diarrhea/constipation, Family history of colon cancer, Barium enema, Follow-up of (virtual) CT colonoscopy, Prior polyps, Asymptomatic or routine screening.

15. In the past two years, have you had two weeks or longer when nearly every day you felt sad, blue or depressed for most of the day?

Response options: No, Yes.

16. Resting pulse rate: (take after sitting for 5 min.)

Response options: Unsure, <55/min, 55-59, 60-64, 65-69, 70-74, 75-79, 80-84, 85-89, 90-99, 100 or more.

17. Blood Cholesterol (most recent, within last 5 years):

Response options: Unknown/Not checked within 5 yrs, <140 mg/dl, 140-159, 160-179, 180-199, 200-219, 220-239, 240-269, 270-299, 300-329, 330+ mg/dl.

18. Current usual blood pressure (if checked within 2 years):

Response options for Systolic and Diastolic: Unknown/Not checked within 2 years, <105 mmHg, 105-114, 115-124, 125-134, 135-144, 145-154, 155-164, 165-174, 175+, <65 mmHg, 65-74, 75-84, 85-89, 90-94, 95-104, 105+.

19. Is this your correct date of birth?

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

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

Response options: No days, 1 day, 2 days, 3 days, 4 days, 5 days, 6 days, 7 days.

21. 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?

Response options: None, 1-2, 3-5, 6-9, 10-14, 15 or more.

22a. What is your blood type?

Response options: A, B, AB, O, Unknown.

b. What is your RH factor?

Response options: Pos, Neg, Unknown.

23. Whether or not you are currently sexually active, what is your sexual orientation or identity?

Response options: Heterosexual, Lesbian, gay, or homosexual, Bisexual, None of these, Prefer not to answer.

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

- Acetaminophen (e.g., Tylenol)
- Days/week:  1  2-3  4-5  6+ days
- Total tabs/wk:  1-2  3-5  6-14  15+ tablets
- "Baby" or low dose aspirin (100 mg or less/tablet)
- Days/week:  1  2-3  4-5  6+ days
- Total tabs/wk:  1-2  3-5  6-14  15+ tablets
- Aspirin or aspirin-containing products (325 mg or more/tablet)
- Days/week:  1  2-3  4-5  6+ days
- Total tabs/wk:  1-2  3-5  6-14  15+ tablets
- Ibuprofen (e.g., Advil, Motrin, Nuprin)
- Days/week:  1  2-3  4-5  6+ days
- Total tabs/wk:  1-2  3-5  6-14  15+ tablets
- COX-2 inhibitors (Celebrex)
- Days/week:  1  2-3  4-5  6+ days
- Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)
- Thiazide diuretic  Lasix  Potassium
- Calcium blocker (e.g., Calan, Procardia, Cardizem, Norvasc)
- Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)
- ACE Inhibitors (e.g., Capoten, Vasotec, Zestril)
- Angiotensin receptor blocker [e.g., valsartan (Diovan), losartan (Cozaar), irbesartan (Avapro)]
- Other anti-hypertensive (e.g., clonidine, doxazosin)
- Coumadin (Warfarin)  Plavix
- "Statin" cholesterol-lowering drug:**
- Mevacor (lovastatin)  Zocor (simvastatin)  Crestor
- Pravachol (pravastatin)  Lipitor (atorvastatin)  Other
- Other cholesterol-lowering drug [e.g., niacin, Lopid (gemfibrozil), Tricor (fenofibrate), Questran (cholestyramine), Colestid, Zetia]
- Steroids taken orally (e.g., Prednisone, Decadron, Medrol)
- Insulin  Metformin
- Other oral hypoglycemic medication
- Thyroid hormone (e.g., Synthroid, Levothyroid, extract)
- Triptans (e.g., Imitrex, Maxalt, Zomig, Amerge, Replax)
- Bisphosphonates (e.g., Fosamax, Boniva, Actonel)
- SSRIs (e.g., Prozac, Zoloft, Paxil, Celexa)
- Other antidepressants (e.g., Elavil, Tofranil, Pamelor)
- Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium)
- Prilosec, Nexium, Prevacid (lansoprazole), Protonix, Aciphex
- H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)
- Other regular medications (no need to specify)

**25. During the past 4 years, what is the TOTAL amount of time you used antibiotics? (Exclude skin creams, mouthwash or isoniazid.)**

- None  Less than 15 days  15 days to 2 months
- 2 to 4 months  4 months to 2 years
- 2 to 3 years  Over 3 years

**a) What was the most common reason that you used an antibiotic?**

- Respiratory infection  UTI  Acne/Rosacea
- Chronic bronchitis  Dental  Other

**26. Do you currently smoke cigarettes?**

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

**27. What is your current status?**

- Married  Divorced  Widowed
- Domestic Partnership  Separated  Never married

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

- Alone  With minor children
- With spouse or partner  Other
- With other adult family

**29. 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
<b>Ovarian Cancer?</b>					
<input type="radio"/> No Mother	<input type="radio"/>				
<input type="radio"/> Sister	<input type="radio"/>				
<b>Breast Cancer?</b>					
<input type="radio"/> No Mother	<input type="radio"/>				
<input type="radio"/> Sister	<input type="radio"/>				
<b>Colon or Rectal Cancer?</b>					
<input type="radio"/> No Parent	<input type="radio"/>				
<input type="radio"/> One Sibling	<input type="radio"/>				
<input type="radio"/> Additional Sibling	<input type="radio"/>				
<b>Melanoma?</b>					
<input type="radio"/> No Parent	<input type="radio"/>				
<input type="radio"/> Sibling	<input type="radio"/>				
<b>Diabetes?</b>					
<input type="radio"/> No Parent	<input type="radio"/>				
<input type="radio"/> Sibling	<input type="radio"/>				
<b>Parkinson's Disease?</b>					
<input type="radio"/> No Parent	<input type="radio"/>				
<input type="radio"/> Sibling	<input type="radio"/>				
<b>Multiple Sclerosis?</b>					
<input type="radio"/> No Sibling	<input type="radio"/>				

**30. Have you ever had gastrointestinal bleeding that required hospitalization or a transfusion?**

- Yes  a) What was the site of the bleeding?
- No  Esophagus  Stomach  Duodenum
- Colon/rectum  Other  Site unknown
- b) What year(s) did this happen? (Mark all that apply.)
- Before 1991  '91-'94  '95-'98  '99-'00
- '01-'02  '03-'04  '05-'06  2007+

**31. In the last year, how often have you had heartburn or acid-reflux?**

- None in the past year
- Less than once a month  About once a month
- About once/week  Several times/week  Daily

**32. Do you have a hearing problem?**

- No  Mild  Moderate  Severe
- At what age did you first notice a change in your hearing?
- <30  30-39  40-44  45-49
- 50-54  55-59  Age 60+

**33. In the past 12 months, have you had ringing, roaring, or buzzing in your ears?**

- Never  Once/week or less  A few days/wk  Daily
- At what age did this first begin?
- <30  30-39  40-49  50-59  60+

**34. In the past 2 years, have you had migraine headaches?**

- Yes  a) Did you sometimes have an aura?
- No  No  Yes  Don't Know
- b) On average, on how many days per month do you get migraine headaches?
- <1 day  1-7 days  8-14  15-29  Daily

**35. Do you have unpleasant sensations (like crawling, paraesthesia, or pain) in your legs combined with an urge or need to move your legs?**

- No  Once/month or less  2-4 times/month
- 5-14/month  4-5/week  6+ times/week
- a) Do these symptoms occur only at rest?  No  Yes
- b) Does moving improve them?  No  Yes
- c) Are these feelings/symptoms worse in the evening/night than in the morning?  No  Yes

36. 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)

37. 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

38. 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"/>									
Weight training or resistance exercises	<input type="radio"/>									
(Include free weights or machines such as Nautilus)	<input type="radio"/>									
									Arm weights	
									Leg weights	

39. 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.	41–60 Hrs.	61–90 Hrs.	Over 90 Hrs.
Standing or walking around at work or away from home? (hrs./week)	<input type="radio"/>								
Standing or walking around at home? (hrs./week)	<input type="radio"/>								
Sitting at work or away from home or while driving? (hrs./week)	<input type="radio"/>								
Sitting at home while watching TV/VCR/DVD? (hrs./week)	<input type="radio"/>								
Other sitting at home (e.g., reading, meal times, at desk)? (hrs./week)	<input type="radio"/>								

40. In an average week, how many days do you usually exercise (include brisk walking or more strenuous activity)?  
 None  1 day  2 days  3 days  4 days  5 days  6 days  7 days

41. Since JUNE 2005, have you tried to become pregnant for more than one year without success?  
 Yes  No  
 If Yes, What was the cause? (Mark all that apply.)  
 Tubal blockage  Ovulatory disorder  Endometriosis  Cervical mucous factors  
 Spouse/Partner  Not investigated  Not found  Other

42. Since JUNE 2005, have you taken Clomiphene (e.g., Clomid) or Gonadotropin injections (e.g., Gonal-f, Metrodin, Follistim) to induce ovulation?  
 Yes  No  
 If Yes, In how many months were these used?  
 a. Clomiphene  Not used  1  2–3  4–5  6–11  12+ mo.  
 b. Gonadotropins  Not used  1  2–3  4–5  6–11  12+ mo.

43. Have you EVER received Gonadotropin injections to treat infertility?  
 Yes  No  
 If Yes, Which treatment(s)?  
 Gonadotropin injections alone  1  2  3+  
 IUI, with Gonadotropin injections to stimulate ovulation  1  2  3+  
 IVF, with Gonadotropin injections to stimulate ovulation  1  2  3+  
 How many cycles?

44. During the last 12 months, how often have you leaked or lost control of your urine?  
 Never  Less than once/month  Once/month  2–3 times/month  About once/week  Almost every day  
 i) When you lose your urine, how much usually leaks?  
 A few drops  Enough to wet your underwear  Enough to wet your outerclothing  Enough to wet the floor  
 ii) When you lose urine, what is the usual cause?  
 a) Coughing, sneezing, laughing, or doing physical activity  b) A sudden and urgent need to go to the bathroom  
 c) Both a) and b) equally  d) In other circumstances

45. During the past 4 weeks, have you had any hot flashes or night sweats?  
 No  Yes  If yes, were they (mark one):  Mild  Moderate  Severe

46. At the beginning of menopause, did you have hot flashes or night sweats? (If you took estrogen, consider the time period before starting treatment.)  
 Yes  No  
 a) Were they (mark one):  Mild  Moderate  Severe  period before starting treatment.  
 b) How long did these symptoms last?  Less than 5 years  5–9 years  10 years or longer  
 Haven't reached menopause

47. Is your biological mother still living?  Unsure  
 No  Yes  
 a) At what age did she die?  <50  50–59  60–69  70–79  80–89  90+  
 b) Was this due to:  Heart disease  Stroke  Cancer  Trauma/Accident/Suicide  Other

48. Is your biological father still living?  Unsure  
 No  Yes  
 a) At what age did he die?  <50  50–59  60–69  70–79  80–89  90+  
 b) Was this due to:  Heart disease  Stroke  Cancer  Trauma/Accident/Suicide  Other

49. 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/Telephone: \_\_\_\_\_

50. Use the codes below to indicate the occupation you held the longest during each time period.

Write the 2-digit code in the boxes for each age range.

01: ER 02: OR 03: ICU 04: Other inpatient nurse 05: Nursing education or admin 06: Outpatient or community 07: Other hospital nursing 08: Nursing outside hospital 09: Non-nursing employment 10: Fulltime homemaker 11: Retired 12: Other	<b>Age 20-25</b>  <input type="text"/> <input type="text"/> <i>Neatly print each 2-digit code</i>	<b>Age 26-35</b>  <input type="text"/> <input type="text"/>	<b>Age 36-45</b>  <input type="text"/> <input type="text"/>	<b>Age 46+</b>  <input type="text"/> <input type="text"/>	<b>Your CURRENT Job</b>  <input type="text"/> <input type="text"/>  (If same job as age 46+ <b>MARK HERE</b> <input type="radio"/> and skip this column.)
<b>During each age range, did you work mainly:</b>	<input type="radio"/> Full time <input type="radio"/> P/T				
<b>Number of years you worked in that occupation?</b>	<input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6-7 <input type="radio"/> 8-10	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6-7 <input type="radio"/> 8-10	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6-7 <input type="radio"/> 8-10	<input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6-7 <input type="radio"/> 8-10
<b>Average hours of sleep over a 24-hour period, during each age range?</b>	<input type="radio"/> <5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10+	<input type="radio"/> <5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10+	<input type="radio"/> <5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10+	<input type="radio"/> <5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10+	<input type="radio"/> <5 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10+
<b>Your primary work schedule during each age range:</b> (Consider your schedule "day/evening" if most work hours were between 7am-3pm, or 3pm-11pm, "night" if 11pm-7am; and "early morning" if 4am-9am)	<input type="radio"/> Days/Eves Only <input type="radio"/> Nights Only <input type="radio"/> Early morns only <input type="radio"/> Rotating w/nights <input type="radio"/> Rotating no nights <input type="radio"/> Other/didn't work	<input type="radio"/> Days/Eves Only <input type="radio"/> Nights Only <input type="radio"/> Early morns only <input type="radio"/> Rotating w/nights <input type="radio"/> Rotating no nights <input type="radio"/> Other/didn't work	<input type="radio"/> Days/Eves Only <input type="radio"/> Nights Only <input type="radio"/> Early morns only <input type="radio"/> Rotating w/nights <input type="radio"/> Rotating no nights <input type="radio"/> Other/didn't work	<input type="radio"/> Days/Eves Only <input type="radio"/> Nights Only <input type="radio"/> Early morns only <input type="radio"/> Rotating w/nights <input type="radio"/> Rotating no nights <input type="radio"/> Other/didn't work	<input type="radio"/> Days/Eves Only <input type="radio"/> Nights Only <input type="radio"/> Early morns only <input type="radio"/> Rotating w/nights <input type="radio"/> Rotating no nights <input type="radio"/> Other/didn't work
<b>On average, how many night shifts did you work per month?</b> (Night shift is most of your work hours falling between 11pm and 7am.)	<input type="radio"/> None <input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7-8 <input type="radio"/> 9-10 <input type="radio"/> 11-15 <input type="radio"/> 16-20 <input type="radio"/> 21+	<input type="radio"/> None <input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7-8 <input type="radio"/> 9-10 <input type="radio"/> 11-15 <input type="radio"/> 16-20 <input type="radio"/> 21+	<input type="radio"/> None <input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7-8 <input type="radio"/> 9-10 <input type="radio"/> 11-15 <input type="radio"/> 16-20 <input type="radio"/> 21+	<input type="radio"/> None <input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7-8 <input type="radio"/> 9-10 <input type="radio"/> 11-15 <input type="radio"/> 16-20 <input type="radio"/> 21+	<input type="radio"/> None <input type="radio"/> 1-2 <input type="radio"/> 3-4 <input type="radio"/> 5-6 <input type="radio"/> 7-8 <input type="radio"/> 9-10 <input type="radio"/> 11-15 <input type="radio"/> 16-20 <input type="radio"/> 21+
<b>For each time period, what is the total # of years that your schedule was "rotating with nights"</b> (do not count permanent nights)	<input type="radio"/> None <input type="radio"/> 1-2 yrs <input type="radio"/> 3-4 yrs <input type="radio"/> 5-6 yrs	<input type="radio"/> None <input type="radio"/> 1-2 yrs <input type="radio"/> 3-4 yrs <input type="radio"/> 5-6 yrs <input type="radio"/> 7-8 yrs <input type="radio"/> 9-10 yrs	<input type="radio"/> None <input type="radio"/> 1-2 yrs <input type="radio"/> 3-4 yrs <input type="radio"/> 5-6 yrs <input type="radio"/> 7-8 yrs <input type="radio"/> 9-10 yrs	<input type="radio"/> None <input type="radio"/> 1-2 yrs <input type="radio"/> 3-4 yrs <input type="radio"/> 5-6 yrs <input type="radio"/> 9-10 yrs <input type="radio"/> 7-8 yrs <input type="radio"/> 11+ yrs	<input type="radio"/> None <input type="radio"/> 1-2 yrs <input type="radio"/> 3-4 yrs <input type="radio"/> 5-6 yrs <input type="radio"/> 9-10 yrs <input type="radio"/> 7-8 yrs <input type="radio"/> 11+ yrs

51. What year did you begin your current job? (include "retired" or "full-time homemaker")

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Year
----------------------	----------------------	----------------------	----------------------	------

52. Thinking about your current job and the use of disinfectants (such as ethylene oxide, hydrogen peroxide, ortho-phthalaldehyde, formaldehyde, glutaraldehyde and bleach):

a) On how many days per week, on average, do you clean medical instruments with disinfectants?

Never  <1 day/week  1-3 days/week  4-7 days/week

b) On how many days per week, on average, do you clean surfaces (like floors, tables) at work with disinfectants?

Never  <1 day/week  1-3 days/week  4-7 days/week

53. One hears about morning and evening types of people. Which ONE of these types do you consider yourself to be?

Definitely a morning type  More of a morning than an evening type  More of an evening than a morning type  
 Definitely an evening type  Neither

54. The following question asks about your eating habits in the past year. People sometimes have difficulty controlling their intake of certain foods such as sweets, starches, salty snacks, fatty foods, sugary drinks, and others.

In the past 12 MONTHS, how often were each of these statements true for you?

	Never	Once per month	2-4 times per month	2-3 times per week	4+ times per week
I find myself consuming certain foods even though I am no longer hungry.	<input type="radio"/>				
I worry about cutting down on certain foods.	<input type="radio"/>				
I feel sluggish or fatigued from overeating.	<input type="radio"/>				
I have spent time dealing with negative feelings from overeating certain foods, instead of spending time in important activities such as time with family, friends, work, or recreation.	<input type="radio"/>				
I have had physical withdrawal symptoms such as agitation and anxiety when I cut down on certain foods. (Do NOT include caffeinated drinks: coffee, tea, cola, energy drinks, etc.)	<input type="radio"/>				
My behavior with respect to food and eating causes me significant distress.	<input type="radio"/>				
Issues related to food and eating decrease my ability to function effectively (daily routine, job/school, social or family activities, health difficulties.)	<input type="radio"/>				

IN THE PAST 12 MONTHS...

No Yes

I kept consuming the same types or amounts of food despite significant emotional and/or physical problems related to my eating.

Eating the same amount of food does not reduce negative emotions or increase pleasurable feelings the way it used to.

55.  Mark here if you have NEVER been pregnant.  
 Please complete one row of the chart for each of your pregnancies, including miscarriages and induced abortions. Start with your FIRST and continue to your most recent one. If you had twins or triplets, please count them as one pregnancy and mark more than one circle (if necessary) for birth weight and gender.

		For pregnancies lasting 20+ weeks...			
Calendar year in which pregnancy ended? Outcome of this pregnancy?	How long did this pregnancy last? (Completed weeks)	Were you given progesterone injections or suppositories during this pregnancy?	Did you have any of these complications related to pregnancy or lactation? (Mark all that apply)	Birth Weight and Gender (Twins or triplets? Mark all that apply)	Type of delivery (Mark all that apply)
<b>1<sup>st</sup> pregnancy</b> Year <i>Please print neatly</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> Single live birth <input type="radio"/> Twins/Triplets+ <input type="radio"/> Miscarriage/Stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Tubal or Ectopic	<input type="radio"/> <8 weeks <input type="radio"/> 8–11 wks <input type="radio"/> 12–19 wks <input type="radio"/> 20–27 wks <input type="radio"/> 28–31 wks <input type="radio"/> 32–36 wks <input type="radio"/> 37–39 wks <input type="radio"/> 40–42 wks <input type="radio"/> 43+ weeks	<input type="radio"/> No <input type="radio"/> Yes ↓ <input type="radio"/> Injection(s) <input type="radio"/> Suppositories Number of months: <input type="radio"/> <1 <input type="radio"/> 1-3 <input type="radio"/> 4+ Starting in trimester: <input type="radio"/> 1 <sup>st</sup> <input type="radio"/> 2 <sup>nd</sup> <input type="radio"/> 3 <sup>rd</sup>	<input type="radio"/> Gestational diabetes <input type="radio"/> Pregnancy-related high blood pressure <input type="radio"/> Pre-eclampsia/Toxemia <input type="radio"/> Mastitis/breast infection	<input type="radio"/> <5 lbs <input type="radio"/> 5–5.4 lbs <input type="radio"/> 5.5–6.9 lbs <input type="radio"/> 7–8.4 lbs <input type="radio"/> 8.5–9.9 lbs <input type="radio"/> 10+ lbs _____ <input type="radio"/> Girl <input type="radio"/> Boy	<input type="radio"/> Spontaneous labor <input type="radio"/> Induced labor _____ <input type="radio"/> C-section <input type="radio"/> Vaginal birth
<b>2<sup>nd</sup> pregnancy</b> Year <i>Please print neatly</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> Single live birth <input type="radio"/> Twins/Triplets+ <input type="radio"/> Miscarriage/Stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Tubal or Ectopic	<input type="radio"/> <8 weeks <input type="radio"/> 8–11 wks <input type="radio"/> 12–19 wks <input type="radio"/> 20–27 wks <input type="radio"/> 28–31 wks <input type="radio"/> 32–36 wks <input type="radio"/> 37–39 wks <input type="radio"/> 40–42 wks <input type="radio"/> 43+ weeks	<input type="radio"/> No <input type="radio"/> Yes ↓ <input type="radio"/> Injection(s) <input type="radio"/> Suppositories Number of months: <input type="radio"/> <1 <input type="radio"/> 1-3 <input type="radio"/> 4+ Starting in trimester: <input type="radio"/> 1 <sup>st</sup> <input type="radio"/> 2 <sup>nd</sup> <input type="radio"/> 3 <sup>rd</sup>	<input type="radio"/> Gestational diabetes <input type="radio"/> Pregnancy-related high blood pressure <input type="radio"/> Pre-eclampsia/Toxemia <input type="radio"/> Mastitis/breast infection	<input type="radio"/> <5 lbs <input type="radio"/> 5–5.4 lbs <input type="radio"/> 5.5–6.9 lbs <input type="radio"/> 7–8.4 lbs <input type="radio"/> 8.5–9.9 lbs <input type="radio"/> 10+ lbs _____ <input type="radio"/> Girl <input type="radio"/> Boy	<input type="radio"/> Spontaneous labor <input type="radio"/> Induced labor _____ <input type="radio"/> C-section <input type="radio"/> Vaginal birth
<b>3<sup>rd</sup> pregnancy</b> Year <i>Please print neatly</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> Single live birth <input type="radio"/> Twins/Triplets+ <input type="radio"/> Miscarriage/Stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Tubal or Ectopic	<input type="radio"/> <8 weeks <input type="radio"/> 8–11 wks <input type="radio"/> 12–19 wks <input type="radio"/> 20–27 wks <input type="radio"/> 28–31 wks <input type="radio"/> 32–36 wks <input type="radio"/> 37–39 wks <input type="radio"/> 40–42 wks <input type="radio"/> 43+ weeks	<input type="radio"/> No <input type="radio"/> Yes ↓ <input type="radio"/> Injection(s) <input type="radio"/> Suppositories Number of months: <input type="radio"/> <1 <input type="radio"/> 1-3 <input type="radio"/> 4+ Starting in trimester: <input type="radio"/> 1 <sup>st</sup> <input type="radio"/> 2 <sup>nd</sup> <input type="radio"/> 3 <sup>rd</sup>	<input type="radio"/> Gestational diabetes <input type="radio"/> Pregnancy-related high blood pressure <input type="radio"/> Pre-eclampsia/Toxemia <input type="radio"/> Mastitis/breast infection	<input type="radio"/> <5 lbs <input type="radio"/> 5–5.4 lbs <input type="radio"/> 5.5–6.9 lbs <input type="radio"/> 7–8.4 lbs <input type="radio"/> 8.5–9.9 lbs <input type="radio"/> 10+ lbs _____ <input type="radio"/> Girl <input type="radio"/> Boy	<input type="radio"/> Spontaneous labor <input type="radio"/> Induced labor _____ <input type="radio"/> C-section <input type="radio"/> Vaginal birth
<b>4<sup>th</sup> pregnancy</b> Year <i>Please print neatly</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> Single live birth <input type="radio"/> Twins/Triplets+ <input type="radio"/> Miscarriage/Stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Tubal or Ectopic	<input type="radio"/> <8 weeks <input type="radio"/> 8–11 wks <input type="radio"/> 12–19 wks <input type="radio"/> 20–27 wks <input type="radio"/> 28–31 wks <input type="radio"/> 32–36 wks <input type="radio"/> 37–39 wks <input type="radio"/> 40–42 wks <input type="radio"/> 43+ weeks	<input type="radio"/> No <input type="radio"/> Yes ↓ <input type="radio"/> Injection(s) <input type="radio"/> Suppositories Number of months: <input type="radio"/> <1 <input type="radio"/> 1-3 <input type="radio"/> 4+ Starting in trimester: <input type="radio"/> 1 <sup>st</sup> <input type="radio"/> 2 <sup>nd</sup> <input type="radio"/> 3 <sup>rd</sup>	<input type="radio"/> Gestational diabetes <input type="radio"/> Pregnancy-related high blood pressure <input type="radio"/> Pre-eclampsia/Toxemia <input type="radio"/> Mastitis/breast infection	<input type="radio"/> <5 lbs <input type="radio"/> 5–5.4 lbs <input type="radio"/> 5.5–6.9 lbs <input type="radio"/> 7–8.4 lbs <input type="radio"/> 8.5–9.9 lbs <input type="radio"/> 10+ lbs _____ <input type="radio"/> Girl <input type="radio"/> Boy	<input type="radio"/> Spontaneous labor <input type="radio"/> Induced labor _____ <input type="radio"/> C-section <input type="radio"/> Vaginal birth
<b>5<sup>th</sup> pregnancy</b> Year <i>Please print neatly</i> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="radio"/> Single live birth <input type="radio"/> Twins/Triplets+ <input type="radio"/> Miscarriage/Stillbirth <input type="radio"/> Induced abortion <input type="radio"/> Tubal or Ectopic	<input type="radio"/> <8 weeks <input type="radio"/> 8–11 wks <input type="radio"/> 12–19 wks <input type="radio"/> 20–27 wks <input type="radio"/> 28–31 wks <input type="radio"/> 32–36 wks <input type="radio"/> 37–39 wks <input type="radio"/> 40–42 wks <input type="radio"/> 43+ weeks	<input type="radio"/> No <input type="radio"/> Yes ↓ <input type="radio"/> Injection(s) <input type="radio"/> Suppositories Number of months: <input type="radio"/> <1 <input type="radio"/> 1-3 <input type="radio"/> 4+ Starting in trimester: <input type="radio"/> 1 <sup>st</sup> <input type="radio"/> 2 <sup>nd</sup> <input type="radio"/> 3 <sup>rd</sup>	<input type="radio"/> Gestational diabetes <input type="radio"/> Pregnancy-related high blood pressure <input type="radio"/> Pre-eclampsia/Toxemia <input type="radio"/> Mastitis/breast infection	<input type="radio"/> <5 lbs <input type="radio"/> 5–5.4 lbs <input type="radio"/> 5.5–6.9 lbs <input type="radio"/> 7–8.4 lbs <input type="radio"/> 8.5–9.9 lbs <input type="radio"/> 10+ lbs _____ <input type="radio"/> Girl <input type="radio"/> Boy	<input type="radio"/> Spontaneous labor <input type="radio"/> Induced labor _____ <input type="radio"/> C-section <input type="radio"/> Vaginal birth

(Need more room? Please make copies or download forms from [www.nhs2.org/forms](http://www.nhs2.org/forms))

56. Have any of your children ever been diagnosed with an autism spectrum disorder?  
 Yes → a) Mark the diagnosis/diagnoses that apply:  Autism  Asperger's  PDD-NOS  Other  
 No b) Please mark the year(s) of birth of affected child(ren):  <=1988  1989  1990  1991  1992  1993  1994  1995  1996  1997  1998  1999  2000 or later

Thank you! Please return to: Walter Willett, MD, 181 Longwood Ave, Boston, MA, 02115