NURSES' HEALTH STUDY II

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To report name or address changes, update your information here and return this letter with your questionnaire.

This is your ID ➡

3/8" PERF

Your e-mail:

Please print your e-mail address in the box as this is the most efficient way to contact you about the questionnaire and study updates. Over half of the Nurses' Health Study II participants complete a web questionnaire – please join us online!

Please print neatly and differentiate numbers and letters (e.g., 1 vs l or i, Ø 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 and complete the survey online.

PAPER FORM:
Please use an ordinary No. 2 pencil to answer all questions. Fill response circles completely. If you have comments, please write them on a separate piece of paper.

Please remove the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage–paid envelope.

Exciting New Research: How the Microbiome Affects Health

In Question 16 of the attached survey we ask you to participate in a ground-breaking new sub-study to examine the role that gut bacteria (aka the microbiome) play in affecting human health. To make this important research possible, we are asking everyone to help us by providing a sample of their saliva and of their stool. As always, we will ensure the privacy of all your results.

Scientists are just beginning to examine how the human microbiome works. Humans and microbes depend on one another – our bodies provide microbes with resources, and the microbes provide functions necessary for our health. It is crucial to learn what types of microbes live in a healthy human, what they are doing, and how they can influence the development of disease. By collecting saliva and stool samples from tens of thousands of women like you, we can begin to describe what makes up a healthy microbiome and also start to define when it may be unhealthy.

The collection process is surprisingly easy, hygienic (and not particularly gross). You will be able to provide a sample at a time that is convenient for you. If you agree, we will send you a consent form and detailed instructions with all the supplies you will need, including a postage-paid shipping box that can be dropped into any mailbox; no special handling required. For more information, visit our microbiome info page at nhs2.org/Micro-N

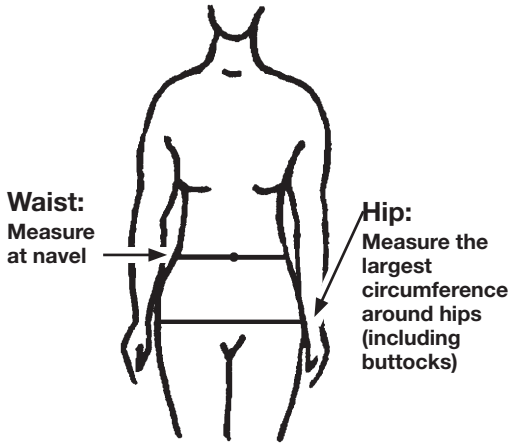
Measuring Your Waist and Hip

In Question 69, we ask you to measure your waist and hip. If a tape measure is not available, leave the question blank.

For maximum accuracy, please:

- **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.



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 Brigham and Women's Hospital (857-282-1900).

Thank you for completing the 2017 Nurses' Health Study II Questionnaire.

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1. PLEASE USE PENCIL

CURRENT WEIGHT (POUNDS)

2. Do you currently smoke cigarettes?
○ No ○ Yes → How many/day? ○ 1–4 ○ 5–14 ○ 15–24 ○ 25–34 ○ 35–44 ○ 45+

3. What is your *current* status?
○ Married ○ Divorced ○ Widowed ○ Domestic Partnership ○ Separated ○ Never Married

4. Your living arrangement: *(Mark all that apply.)*
○ Alone ○ With spouse or partner ○ With minor children ○ With other adult family ○ With other people ○ With pet(s)

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., perimenopausal)

a) AGE natural periods ceased: AGE

b) For what reason did your periods cease?
○ Natural ○ Surgery ○ Endometrial ablation ○ Radiation or Chemo.

6. Have you had your uterus removed?
○ No ○ Yes → Date of surgery: ○ Before June 1, 2015 ○ After June 1, 2015

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

8. Since June 2015, have you used prescription female hormones? (Not including oral contraceptives.)
○ Yes → a) How many months did you use hormones since June 2015?
○ 1–4 months ○ 5–9 ○ 10–14 ○ 15–19 ○ 20–25 ○ 26–30 ○ 31–35 ○ 36+ months
○ No

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 ○ Premphase ○ Combipatch ○ FemHRT ○ Climara Pro ○ Other combined products
Estrogen: ○ Oral Premarin or conjugated estrogen ○ Patch Estrogen ○ Vaginal Estrogen ○ Estrace ○ Estrogen gels, creams, or sprays on skin ○ Estratest ○ Other Estrogen (specify in box below)
Progesterone/Progestin: ○ Provera/Cycrin/MPA ○ Vaginal ○ Micronized (e.g., Prometrium) ○ Other progesterone (specify type) →
Other hormones: ○ Compounded bioidentical Estrogen ○ Testosterone ○ Compounded bioidentical Progesterone ○ Other (specify here)

d) If you used oral conjugated estrogen (e.g., Premarin) since June 2015, 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

9. Are you currently using any of these over-the-counter (OTC) preparations for hormone replacement?
○ Soy estrogen products ○ Black cohosh (e.g., Remifemin) ○ Natural progesterone cream/wild yam ○ Other OTC

10. Which best describes your current employment status?
○ ER ○ OR ○ ICU ○ Other inpatient nurse ○ Nursing education or admin ○ Outpatient or community ○ Other hospital nursing ○ Nursing outside hospital ○ Non-nursing employment ○ F/T homemaker ○ Disabled ○ Retired ○ Other

11. Thinking about your current job and the use of disinfectants: On how many days per week, on average, do you…
Examples: Ethylene oxide, hydrogen peroxide, formaldehyde, ortho-phthalaldehyde, glutaraldehyde, bleach…
a) clean medical instruments with disinfectants? ○ Never ○ <1 day/week ○ 1–3 days/week ○ 4–7 days/week
b) clean surfaces (e.g., floors, tables) at work with disinfectants? ○ Never ○ <1 day/wk ○ 1–3 days/wk ○ 4–7 days/wk

12. In your current job, on how many days per week, on average, do you use spray or aerosol products?
○ Never ○ Less than 1 day/week ○ 1–3 days/week ○ 4–7 days/week
a) Mark each task at work where you use a spray or aerosol at least once per week.
○ Patient care ○ Instrument cleaning or disinfection ○ Surface cleaning or disinfection ○ Air-refreshing ○ Other ○ None

13. Which best describes your hearing?
○ Excellent ○ Good ○ A little hearing trouble ○ Moderate hearing trouble ○ A lot of hearing trouble ○ Deaf

14. Have you noticed a change in your hearing?
○ Yes → At what age did you first notice a change in your hearing?
○ No ○ <30 ○ 30–39 ○ 40–44 ○ 45–49 ○ 50–54 ○ 55–59 ○ 60–64 ○ Age 65+ ○ Unsure

15. In the past 12 months, have you had ringing, roaring, or buzzing in your ears or head?
○ Never ○ <Once/week ○ About once/week ○ Several times/week ○ Almost every day ○ Every day
a) On the days you hear the sound, how long does it last?
○ A few seconds ○ Less than 5 minutes ○ 5 minutes to an hour ○ Several hours ○ All the time
b) Does the sound affect your ability to: ○ Sleep ○ Work ○ Concentrate ○ Perform other activities ○ None of these

16. The Nurses' Health Study is in a position to be a leader in the study of how gut bacteria (aka the microbiome) influence human disease. If we send you a convenient, hygienic, pre-paid collection kit, would you be willing to provide a sample of your saliva and of your stool? (The back of the cover letter has more detailed information.)
○ Yes, definitely ○ Yes, possibly ○ No

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17. Since June 2015, have you had any of these clinician-diagnosed illnesses?

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

		YEAR OF DIAGNOSIS: Before June 1 2015	June '15 to May '17	After June 1 2017	
Myocardial infarction (heart attack)	Y	○	○	○	1
Angina pectoris	Y	○	○	○	2
Confirmed by angiography? ○ No ○ Yes					a
Coronary bypass, angioplasty or stent	Y	○	○	○	3
Congestive heart failure	Y	○	○	○	4
Transient ischemic attack (TIA)	Y	○	○	○	5
Stroke (CVA)	Y	○	○	○	6
Pulmonary embolus	Y	○	○	○	7
Deep vein thrombosis	Y	○	○	○	8
Fibrocystic/other benign breast disease	Y	○	○	○	9
Confirmed by breast biopsy? ○ No ○ Yes					a
Breast cancer	Y	○	○	○	10
Cancer of the uterus (endometrium)	Y	○	○	○	11
Cancer of the ovary	Y	○	○	○	12
Colon or rectal polyp (benign)	Y	○	○	○	13
Cancer of the colon or rectum	Y	○	○	○	14
Melanoma	Y	○	○	○	15
Basal cell skin cancer	Y	○	○	○	16
Squamous cell skin cancer	Y	○	○	○	17
Other cancer	Y	○	○	○	18
Specify site of other cancer →					
Crohn's/Ulcerative or Microscopic colitis	Y	○	○	○	19
Gastric or duodenal ulcer	Y	○	○	○	20
Barrett's esophagus	Y	○	○	○	21
Cholecystectomy	Y	○	○	○	22
Diabetes mellitus	Y	○	○	○	23
Elevated cholesterol	Y	○	○	○	24
High blood pressure	Y	○	○	○	25
Endometriosis—1st diagnosis	Y	○	○	○	26
Confirmed by laparoscopy? ○ No ○ Yes					a
Multiple Sclerosis	Y	○	○	○	27
Asthma, Clinician diagnosed	Y	○	○	○	28
Emphysema/Chronic bronchitis	Y	○	○	○	29
Hyperthyroidism/Graves' disease	Y	○	○	○	30
Hypothyroidism	Y	○	○	○	31
Hyperparathyroidism	Y	○	○	○	32
Gout	Y	○	○	○	33
SLE (systemic lupus)	Y	○	○	○	34
Rheumatoid arthritis	Y	○	○	○	35
Other arthritis	Y	○	○	○	36
Depression, Clinician diagnosed	Y	○	○	○	37
Parkinson's disease	Y	○	○	○	38
Gastric banding/bypass/sleeve	Y	○	○	○	39
Fractures: Wrist or Colles' Fracture	Y	○	○	○	40
Hip Fracture	Y	○	○	○	41
Vertebral fracture	Y	○	○	○	42
Other major illness or surgery since June 2015	Y	○	○	○	43

Please specify: Date:

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

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

		YEAR OF FIRST DIAGNOSIS: Before 1999	2000–2006	2007–2012	2013–2014	2015 +	
Osteopenia/Low bone density	Y	○	○	○	○	○	1
Osteoporosis	Y	○	○	○	○	○	2
Meningioma	Y	○	○	○	○	○	3
Atrial fibrillation	Y	○	○	○	○	○	4
Pre-diabetes (glucose intolerance)	Y	○	○	○	○	○	5
Celiac disease	Y	○	○	○	○	○	6
Sarcoidosis	Y	○	○	○	○	○	7
Hip replacement	Y	○	○	○	○	○	8
Knee replacement	Y	○	○	○	○	○	9
Alzheimer's or other dementia	Y	○	○	○	○	○	10
Macular degeneration	Y	○	○	○	○	○	11
Glaucoma	Y	○	○	○	○	○	12
Cataract extraction	Y	○	○	○	○	○	13
Fatty liver	Y	○	○	○	○	○	14
Confirmed by liver biopsy? ○ No ○ Yes							a
Liver cirrhosis	Y	○	○	○	○	○	15
Hepatitis (type B or C)	Y	○	○	○	○	○	16
Guillain-Barré syndrome	Y	○	○	○	○	○	17
Sleep apnea	Y	○	○	○	○	○	18
Ménière's disease	Y	○	○	○	○	○	19
Acoustic neuroma/schwannoma	Y	○	○	○	○	○	20
Otosclerosis	Y	○	○	○	○	○	21
Primary hyperaldosteronism	Y	○	○	○	○	○	22
Eczema (atopic dermatitis)	Y	○	○	○	○	○	23
Vitiligo	Y	○	○	○	○	○	24
Alopecia areata	Y	○	○	○	○	○	25
Rosacea	Y	○	○	○	○	○	26
Peripheral neuropathy	Y	○	○	○	○	○	27
Nasal polyp(s)	Y	○	○	○	○	○	28
Chronic sinusitis (12+ weeks)	Y	○	○	○	○	○	29
Shingles	Y	○	○	○	○	○	30
Vaccine for shingles	Y	○	○	○	○	○	31
Kidney stones (first diagnosis)	Y	○	○	○	○	○	32
Total lifetime episodes (at least six months apart): ○ 1 ○ 2 ○ 3+							a

19. Do you regularly post updates or information on social media (rather than just viewing or "liking" posts)?

○ No ○ Yes → **Which site(s)?** ○ Facebook ○ Instagram ○ Twitter ○ Other

20. 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	
Mammogram (or other breast imaging)?	N	Y	Y	
Fasting blood sugar?	N	Y	Y	
Upper endoscopy?	N No	Y Yes		
(Virtual) CT Colonoscopy?	N No	Y Yes		
Colonoscopy?	N No	Y Yes		
Sigmoidoscopy?	N No	Y Yes		

Initial reason(s) you had Colonoscopy/Sigmoidoscopy?

○ Visible blood ○ Occult fecal blood ○ Abdominal pain
○ Diarrhea/constipation ○ Family history of colon cancer
○ Fecal/stool DNA testing ○ Follow-up of (virtual) CT colonoscopy
○ Prior polyps ○ Asymptomatic or routine screening

21. Is this your correct date of birth? →

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

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22. Regular Medication *(Mark if used regularly in past 2 years.)* 22

- Acetaminophen (e.g., Tylenol)
  - **Days/week:** 1 | 2–3 | 4–5 | 6+ days
  - **Tablets/wk:** 1–2 | 3–5 | 6–14 | 15+ tablets
- Low dose aspirin (100 mg or less/tablet)
  - **Days/week:** 1 | 2–3 | 4–5 | 6+ days
  - **Tablets/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
  - **Tablets/wk:** 1–2 | 3–5 | 6–14 | 15+ tablets
- Ibuprofen (e.g., Advil, Motrin, Nuprin)
  - **Days/week:** 1 | 2–3 | 4–5 | 6+ days
  - **Tablets/wk:** 1–2 | 3–5 | 6–14 | 15+ tablets
- Celebrex (COX-2 inhibitors)
  - **Days/week:** 1 | 2–3 | 4–5 | 6+ days
- Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Clinoril, Relafen, Indocin)
- Thiazide diuretic | Lasix | Potassium
- Calcium blocker (e.g., Calan, Procardia, Cardizem, Norvasc)
- Beta-blocker (e.g., Lopressor, Tenormin, Corgard, Coreg)
- ACE inhibitors (e.g., Vasotec, Zestril, Lotensin)
- Angiotensin receptor blocker (e.g., Diovan, Cozaar, Avapro)
- Other anti-hypertensive (e.g., clonidine, doxazosin)
- Coumadin | Pradaxa/Xarelto/Eliquis | Plavix
- Prasugrel (Effient) | Digoxin | Antiarrhythmic

"Statin" cholesterol-lowering drugs:

- Mevacor (lovastatin) | Zocor (simvastatin) | Crestor
- Pravachol (pravastatin) | Lipitor (atorvastatin) | Other
- Other lipid-lowering drug [e.g., Lopid (gemfibrozil), Colestid, Tricor (fenofibrate), Questran (cholestyramine), Zetia]
- Steroids taken orally (e.g., Prednisone, Decadron, Medrol)

Diabetes drugs: (Mark all that apply)

- Insulin | Non-insulin injections (e.g., Byetta, Victoza, Trulicity)
- Metformin (Glucophage) | Jardiance | Invokana
- Sitagliptin (Januvia) | Other oral hypoglycemic agent
- Thyroid hormone (e.g., Synthroid, Levothroid, Levoxyl)
- Triptans (e.g., Imitrex, Maxalt, Zomig, Amerge, Replax)
- Bisphosphonates (e.g., Fosamax, Boniva, Actonel)
- Evista (raloxifene) | Tamoxifen (Nolvadex)
- Anticholinergics (e.g., Detrol, Ditropan, Vesicare)
- SSRIs (Celexa, Lexapro, Prozac, Paxil, Zoloft, Luvox)
- Tricyclics (e.g., amitriptyline, nortriptyline, imipramine)
- SNRIs/Other antidepressants (Wellbutrin, Effexor, Cymbalta)
- Minor tranquilizers (e.g., Valium, alprazolam, lorazepam)
- Prescription sleep medications (e.g., Ambien, Sonata, Lunesta)
- Over-the-counter sleep medications
- Prilosec, Nexium, Prevacid, Protonix, Aciphex, Dexilant
- H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)
- Other regular medications (no need to specify)

23. During the past 6 years, what is the TOTAL amount of time you used antibiotics? (Exclude skin creams, mouthwash or isoniazid.) 23

- 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?** a

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

24. Are you on a gluten-free diet? 24

- No
- Yes

25. Have biological relatives (parent, sibling, offspring) had any of the following diseases? 25

Glaucoma?	No	Mother	Father	Other
Systemic lupus?	No	Mother	Father	Other
Parkinson's?	No	Mother	Father	Other
Inflammatory Bowel?	No	Mother	Father	Other

26. In the past two years, have you had gastrointestinal bleeding that required hospitalization or a transfusion? 26

- Yes → a) **What was the site of the bleeding?** a
  - Esophagus | Stomach | Duodenum
  - Colon/rectum | Other | Site unknown
- No

27. In the last year, how often have you had heartburn or acid-reflux? 27

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

28. In the last 12 months, how often did you worry about whether your food would run out before you had money to buy more? 28

- Often | Sometimes | Never

29. In the last 12 months, how often did your food not last and you didn't have money to get more? 29

- Often | Sometimes | Never

30. Which of these statements best describes the food eaten in your household in the last 12 months: 30

- Enough of the kinds of food I want to eat
- Enough but not always the kinds of food I want
- Sometimes not enough to eat
- Often not enough to eat (1) (1) (1) (1) (1) (1) (1) (1) (1)

31. Do you have freckles (flat brown spots on sun-exposed skin that usually become darker with sun exposure)? 31

- None | Few | Many | Too many to count

32. How often do you or someone else (NOT another clinician) carefully examine the skin on your LOWER BACK for skin cancer? 32

- Never | Once/year | Few times/year | Monthly

33. Regarding YOUR birth, what was your delivery method? 33

- Vaginal | C-section | Not sure

34. Do you currently own a pet? 34

- No | Yes → Dog | Cat | Other a

35. Have you ever been diagnosed with diverticulosis of the colon WITHOUT diverticulitis or diverticular bleeding? 35

- No | Yes

36. Have you ever been diagnosed with diverticulitis of the colon that required antibiotics or hospitalization? 36

- No | Yes →
  - a) **Total number of episodes:** a
    - 1 | 2 | 3 | 4 | 5+
  - b) **Year(s) of all episodes:** b
    - <2004 | '04–05 | '06–07 | '08–09
    - '10–11 | '12–13 | '14–15 | 2016+
  - c) **Surgery for diverticulitis?** c
    - No | Yes

37. Have you ever been diagnosed with diverticular bleeding that required blood transfusion and/or hospitalization? 37

- No | Yes →
  - a) **Total number of episodes:** a
    - 1 | 2 | 3 | 4 | 5+
  - b) **Year(s) of all episodes:** b
    - <2004 | '04–05 | '06–07 | '08–09
    - '10–11 | '12–13 | '14–15 | 2016+
  - c) **Surgery for diverticular bleeding?** c
    - No | Yes

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38. 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) 38

39. DURING THE PAST YEAR, what was your average time PER WEEK spent at each of the following recreational activities? 39

	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 for transportation/errands	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Running or jogging	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Bicycling (include stationary machine) Intensity: ◯ Low ◯ Medium ◯ High	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Tennis, squash, racquetball	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Lap swimming Intensity: ◯ Low ◯ Medium ◯ High	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Other aerobic exercise (aerobic dance, ski or stair machine, etc.)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Lower intensity exercise (yoga, stretching, toning)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Other vigorous activities (e.g., lawn mowing)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Weight training or resistance exercises — **Arm Weights**	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
(Include free weights or resistance machines) — **Leg Weights**	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

40. DURING THE PAST YEAR, on average, how many HOURS PER WEEK did you spend: 40

	Zero	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)	◯	◯	◯	◯	◯	◯	◯	◯	◯
Standing or walking around at home? (hrs./week)	◯	◯	◯	◯	◯	◯	◯	◯	◯
Sitting at work or away from home or while driving? (hrs./week)	◯	◯	◯	◯	◯	◯	◯	◯	◯
Sitting at home while watching TV/DVD/video? (hrs./week)	◯	◯	◯	◯	◯	◯	◯	◯	◯
Other sitting at home (e.g., reading, meal times, at desk)? (hrs./week)	◯	◯	◯	◯	◯	◯	◯	◯	◯

41. Please answer Yes or No for each of the following questions about your memory: 41

Have you recently experienced any change in your ability to remember things?	◯ Yes	◯ No
Do you have more trouble than usual remembering recent events?	◯ Yes	◯ No
Do you have more trouble than usual remembering a short list of items, such as a shopping list?	◯ Yes	◯ No
Do you have trouble remembering things from one second to the next?	◯ Yes	◯ No
Do you have difficulty in understanding or following spoken instructions?	◯ Yes	◯ No
Do you have more trouble than usual following a group conversation or a plot in a TV program due to your memory?	◯ Yes	◯ No
Do you have trouble finding your way around familiar streets?	◯ Yes	◯ No

42. In your day-to-day life, how often do any of the following things happen to you? 42

	Almost every day	At least once/week	Few times/ month	Few times/ year	Less than once/year	Never
You are treated with less courtesy or respect than other people	◯	◯	◯	◯	◯	◯
You receive poorer service than other people at restaurants or stores	◯	◯	◯	◯	◯	◯
People act as if they think you are not smart	◯	◯	◯	◯	◯	◯
People act as if they are afraid of you	◯	◯	◯	◯	◯	◯
People act as if they think you are dishonest	◯	◯	◯	◯	◯	◯
You are threatened or harassed	◯	◯	◯	◯	◯	◯

a. What do you think is the main reason for these experiences? *(Mark all that apply.)* a
◯ Your ancestry or national origins ◯ Your gender ◯ Your race ◯ Your age
◯ Your religion ◯ Your height ◯ Your weight ◯ Some other aspect of your physical appearance
◯ Your sexual orientation ◯ Your education or income level ◯ A physical disability ◯ Other

43. During the last 12 months, how often have you leaked or lost control of your urine? 43
◯ 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? i
◯ 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? ii
ⓐ Coughing, sneezing, laughing, or doing physical activity ⓑ A sudden and urgent need to go to the bathroom
ⓒ Both a) and b) equally ⓓ In other circumstances

44. Have you talked to your healthcare provider about leaking urine? 44
◯ No, I have not ◯ Yes, about leaking urine

45. Do you have any problems with your sense of smell, such as not being able to smell things or things not smelling the way they are supposed to for at least 3 months? 45
◯ No ◯ Yes ➡ **Which problem do you have?** ◯ Loss of smell ◯ Things don't smell right ◯ Don't know a

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46. Below is a list of some of the ways you may have felt or behaved during the *past month*. Please indicate how often you have felt this way. During the past month… *(Mark one answer per line.)*

	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of time	All of the time
I was bothered by things that usually don't bother me.	○	○	○	○
I had trouble keeping my mind on what I was doing.	○	○	○	○
I felt depressed.	○	○	○	○
I felt that everything I did was an effort.	○	○	○	○
I felt hopeful about the future.	○	○	○	○
I felt fearful.	○	○	○	○
My sleep was restless.	○	○	○	○
I was happy.	○	○	○	○
I felt lonely.	○	○	○	○
I could not "get going".	○	○	○	○

47. Over the last 4 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
Feeling nervous, anxious or on edge	○	○	○	○
Not being able to stop or control worrying	○	○	○	○
Worrying too much about different things	○	○	○	○
Trouble relaxing	○	○	○	○
Being so restless that it is hard to sit still	○	○	○	○
Becoming easily annoyed or irritable	○	○	○	○
Feeling afraid as if something awful might happen	○	○	○	○

48. In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, in the past month, you:

Have had nightmares about it or thought about it when you did not want to?	○ Yes	○ No
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	○ Yes	○ No
Were constantly on guard, watchful, or easily startled?	○ Yes	○ No
Felt numb or detached from others, activities, or your surroundings?	○ Yes	○ No
Felt guilty or unable to stop blaming yourself or others for the event?	○ Yes	○ No

a. If you marked Yes to any of the above, when did the upsetting experience occur?

○ <1 month ago ○ 1 to 3 months ago ○ 3 months to 1 year ○ 1 to 2 years ○ More than 2 years ago

49. 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.)*

	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
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	○	○	○

50. Please indicate the extent to which you agree or disagree with the following statements.

	Disagree strongly	Disagree a little	Neither agree nor disagree	Agree a little	Agree strongly
In uncertain times I usually expect the best.	○	○	○	○	○
If something can go wrong with me, it will.	○	○	○	○	○
I'm always optimistic about my future.	○	○	○	○	○
I hardly ever expect things to go my way.	○	○	○	○	○
I am an active person in carrying out the plans I set for myself.	○	○	○	○	○
I rarely count on good things happening to me.	○	○	○	○	○
Overall, I expect more good things to happen to me than bad.	○	○	○	○	○
I sometimes feel as if I have done all there is to do in life.	○	○	○	○	○
I have a sense of direction and purpose in my life.	○	○	○	○	○

51. How frequently do you have a bowel movement?

○ More than twice a day ○ Twice a day ○ Daily ○ Every other day ○ Every 3–4 days ○ Every 5 days or less often

52. How often do you use a laxative (such as softeners, bulking agents, fiber supplements or suppositories)?

○ Never ○ <Once/month ○ 1–3 times/month ○ Once/week ○ 2–3 times/wk ○ 4–5 times/wk ○ Daily ○ 2+ times/day

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53. In the past year, what has been the primary appearance of your stools? *(Mark two most common forms.)*

- ◯ Separate hard lumps, like nuts (hard to pass)
- ◯ Sausage-shaped but lumpy
- ◯ Like a sausage but with cracks on the surface
- ◯ Like a sausage or snake, smooth and soft
- ◯ Soft blobs with clear-cut edges
- ◯ Fluffy pieces with ragged edges, a mushy stool
- ◯ Watery, no solid pieces. Entirely liquid.

54. Has your spouse (or sleep partner) ever told you that you appear to "act out your dreams" while sleeping (punched or flailed arms in the air, shouted or screamed), on three or more occasions?

◯ No ◯ Yes ◯ I do not have a sleep partner

55. This question asks about how well you sleep:

In the past four weeks:	No	Less than once/week	1–2 times per week	3–4 times per week	5+ times per week
Did you have trouble falling asleep?	◯	◯	◯	◯	◯
Did you wake up several times at night?	◯	◯	◯	◯	◯
Did you wake up earlier than you planned to?	◯	◯	◯	◯	◯
Did you have trouble getting back to sleep after you woke up too early?	◯	◯	◯	◯	◯

a. If you do have any sleep problems, how long have you been experiencing them?

◯ Less than 3 months ◯ 3 months or more ◯ Not applicable

56. On average, to what extent is your daily functioning (e.g., fatigue, mood, ability to work, concentration, memory) affected by not being well-rested?

◯ Not at all ◯ A little ◯ A moderate amount ◯ Quite a bit ◯ Very much

57. How often do you snore?

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

58. Has anyone noticed that you stop breathing during your sleep?

◯ No ◯ Yes

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

◯ <5 hours ◯ 5 hrs. ◯ 6 hrs. ◯ 7 hrs. ◯ 8 hrs. ◯ 9 hrs. ◯ 10+ hours

60. Overall, was your typical night's sleep during the past 4 weeks:

◯ Very sound or restful ◯ Sound or restful ◯ Average quality ◯ Restless ◯ Very restless

61. In the past two years, at what time did you usually have your first meal or snack of the day?

◯ Before 5am ◯ 5am ◯ 6am ◯ 7am ◯ 8am ◯ 9am ◯ 10am ◯ 11am ◯ Noon ◯ After noon

62. In the past two years, at what time did you usually have your last meal or snack of the day?

◯ Before 5pm ◯ 5pm ◯ 6pm ◯ 7pm ◯ 8pm ◯ 9pm ◯ 10pm ◯ 11pm ◯ Midnight ◯ After midnight

63. In the past two years, at what time did you usually go to sleep?

◯ Before 6pm ◯ 6pm ◯ 7pm ◯ 8pm ◯ 9pm ◯ 10pm ◯ 11pm ◯ Midnight ◯ 1am ◯ After 1am

64. 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

65. 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 → a) Were they *(mark one)*: ◯ Mild ◯ Moderate ◯ Severe

◯ No b) How long did these symptoms last? ◯ Less than 5 years ◯ 5–9 years ◯ 10 years or longer

◯ Haven't reached menopause

66. Which one of the following best describes your feelings? *(Mark one answer.)*

◯ Completely heterosexual *(attracted to the opposite sex)* ◯ Mostly heterosexual ◯ Bisexual *(equally attracted to men and women)* ◯ Mostly homosexual ◯ Completely homosexual *(gay, lesbian, attracted to the same sex)* ◯ Not sure

67. During your life, have you EVER:

- …identified yourself as "mostly heterosexual," bisexual, or lesbian or gay? ◯ No ◯ Yes
- …been sexually attracted to MALES? ◯ No ◯ Yes
- …been sexually attracted to FEMALES? ◯ No ◯ Yes

68. During your life, the person(s) with whom you have had sexual contact is (are):

◯ Male(s) ◯ Female(s) ◯ Female(s) and male(s) ◯ I have not had sexual contact with anyone

69. Only if a tape measure is available, carefully measure your waist and hips. Use instructions on the back of the cover letter.

WAIST Inches ☐☐ Fraction 0 1/4 1/2 3/4

HIP Inches ☐☐ Fraction 0 1/4 1/2 3/4

70. 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: _____

_____

Phone or E-mail: _____

Thank you! Please return form to: Nurses' Health Study, 181 Longwood Ave., Boston, MA 02115.

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