HARVARD MEDICAL SCHOOL

NURSES' HEALTH STUDY

Channing Laboratory
181 Longwood Avenue
Boston, MA 02115-5804
(617) 525-2279   Fax (617) 525-2008
www.NursesHealthStudy.org

This is your ID ➡

Dear Colleague:

We are so proud that you have continued to be a part of the Nurses' Health Study. As we enter our 34th year, hundreds of research papers continue to be published from NHS data. Each one is a tribute to the great value of our work together. As always, these many developments are possible only because of your continued enthusiastic involvement.

We are increasing our efforts to address issues of great importance to older women, such as how to maintain cognitive function and maximize quality of life. As such, your ongoing participation remains critical to help current and future generations of women live healthier lives. Results from our work are regularly featured in major scientific journals and the mainstream press. This information helps shape national health guidelines and recommendations.

The attached questionnaire continues our biennial follow-up. Your prompt reply is helpful and greatly appreciated. As always, your answers will be kept strictly confidential and used for medical statistical purposes only.

You are an original member of the Nurses' Health Study and as such, you are an indispensable colleague in our research. Whether you are retired or still working and whether your health has been excellent or if you have been ill, your response is equally important. In short, **no matter what your circumstances, we want to hear from you!**

It is with our deepest gratitude that we thank you again for the ongoing commitment and care that you have generously provided as we continue to learn about women's health.

Best Regards,

Susan E Hankinson

Susan Hankinson, RN, Sc.D.
Principal Investigator

Do you have an e-mail address?
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.

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

We will <u>not</u> release your e-mail address to anyone!

INSTRUCTIONS

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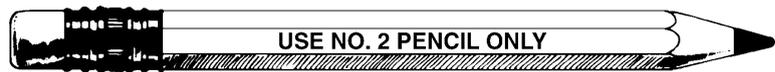
Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely. The form is designed to be read by optical-scanning equipment, so it is important that you keep any write-in responses **within** the spaces provided and erase any incorrect marks completely.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

Please fill in the circles completely.

Do not mark this way: ⊘ ⊗ ⬤

EXAMPLE 1: Write your weight in the boxes… …and fill in the circle corresponding to the figure at the head of each column.

1. What is your current weight?

POUNDS: 1 4 7

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 <u>and</u> Year of Diagnosis bubble for each illness you have had diagnosed.

15. Since June 2008, have you had any of these clinician-diagnosed illnesses?
LEAVE BLANK FOR "NO". MARK HERE FOR "YES"

	YEAR OF DIAGNOSIS		
	BEFORE JUNE 1 2008	JUNE '08 TO MAY 2010	AFTER JUNE 1 2010
Fibrocystic/other benign breast disease	●	●	○	○
Confirmed by breast biopsy? (N) No ● Yes			
Breast cancer	●	○	●	○
Cancer of the uterus (endometrium)	(Y)	○	○	○

- **Carefully remove 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 2010 Nurses' Health Study Questionnaire.**

3/8" spine perf

PLEASE USE PENCIL!

1. What is your current weight?

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

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

3. Have you had your uterus removed?
○ No   ○ Yes ➡ **Date of surgery:** ○ Before June 1, 2008   ○ After June 1, 2008

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

5. Have you had professionally diagnosed hearing loss?
○ Yes ➡ a) Year of first diagnosis? ○ Before 1984   ○ 1984-'89   ○ 1990-'93   ○ 1994-'97
○ No   ○ 1998-2001   ○ 2002-'05   ○ 2006-'09   ○ 2010+

6. Have you ever been diagnosed with Chronic Fatigue Syndrome by a clinician?
○ Yes ➡ a) Year of first diagnosis? ○ Before 1984   ○ 1984-'89   ○ 1990-'93   ○ 1994-'97
○ No   ○ 1998-2001   ○ 2002-'05   ○ 2006-'09   ○ 2010+

7. Have you ever had surgery to treat urinary incontinence?
○ Yes ➡ When? ○ Before 2001   ○ 2001-2002   ○ 2003-2004
○ No   ○ 2005-2006   ○ 2007-2009   ○ 2010+

8. 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?
 ⓐ 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

9. On average, how often in the _past year_ have you experienced any amount of accidental bowel leakage?
a) **Liquid stool:** ○ Never   ○ Less than 1/month   ○ 1–3/month   ○ About once/wk   ○ Several times/wk   ○ Nearly daily
b) **Solid stool:** ○ Never   ○ Less than 1/month   ○ 1–3/month   ○ About once/wk   ○ Several times/wk   ○ Nearly daily

10. Do you use any kind of pad for protection against leaking urine or stool?
○ Never   ○ Less than once/week   ○ Once/week or more

11. _Since June 2008,_ have you used Evista (raloxifene) or Nolvadex (tamoxifen)?
○ Yes ➡ a) **How many months have you used each drug during the 24 month period between June 2008 and June 2010?**
○ No   Evista ○ Not Used   ○ 1–4 months   ○ 5–9   ○ 10–14   ○ 15–19   ○ 20–24 months   ○ Used _only_ after 6/10
         Nolvadex ○ Not Used   ○ 1–4 months   ○ 5–9   ○ 10–14   ○ 15–19   ○ 20–24 months   ○ Used _only_ after 6/10
     b) **Are you _currently_ using Evista or Nolvadex?** ○ No, not currently   ○ Yes, Evista   ○ Yes, Nolvadex

12. Since June 2008, have you used _prescription_ female hormones? (Not including over-the-counter/herbal/soy preparations.)
○ Yes ➡ a) **How many months did you use hormones since June 2008?**
○ No   ○ 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 2008, 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

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

13. 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)

14. 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 for transportation/errands	○	○	○	○	○	○	○	○	○	○
Running or Jogging	○	○	○	○	○	○	○	○	○	○
Bicycling, swimming, tennis or aerobic exercise machine	○	○	○	○	○	○	○	○	○	○

3/8" spine perf

15. Since June 2008, have you had any of these clinician-diagnosed illnesses?

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

YEAR OF DIAGNOSIS

Illness		BEFORE JUNE 1 2008	JUNE '08 TO MAY 2010	AFTER JUNE 1 2010	
Fibrocystic/other benign breast disease	Y	○	○	○	1
Confirmed by breast biopsy? → N No Y Yes					a
Breast cancer	Y	○	○	○	2
Cancer of the ovary	Y	○	○	○	3
Colon or rectal polyp (benign)	Y	○	○	○	4
Cancer of the colon or rectum	Y	○	○	○	5
Melanoma	Y	○	○	○	6
Basal cell skin cancer	Y	○	○	○	7
Squamous cell skin cancer	Y	○	○	○	8
Chronic lymphocytic leukemia	Y	○	○	○	9
Other cancer	Y	○	○	○	10
Specify site of other cancer (e.g., endometrium, lung) →					
Diabetes mellitus	Y	○	○	○	11
Elevated cholesterol	Y	○	○	○	12
High blood pressure	Y	○	○	○	13
Myocardial infarction (heart attack)	Y	○	○	○	14
Hospitalized for MI? → N No Y Yes					a
Angina pectoris	Y	○	○	○	15
Confirmed by angiogram? → N No Y Yes					a
Coronary bypass, angioplasty, or stent	Y	○	○	○	16
Congestive heart failure	Y	○	○	○	17
Stroke (CVA)	Y	○	○	○	18
TIA (Transient ischemic attack)	Y	○	○	○	19
Peripheral artery disease or claudication of legs (not varicose veins)	Y	○	○	○	20
Carotid surgery (Endarterectomy)	Y	○	○	○	21
Pulmonary embolus	Y	○	○	○	22
Atrial fibrillation	Y	○	○	○	23
ICD-Implantable Defibrillator	Y	○	○	○	24
Osteoporosis	Y	○	○	○	25
Hip replacement	Y	○	○	○	26
Hip fracture	Y	○	○	○	27
Graves' Disease/Hyperthyroidism	Y	○	○	○	28
Hyperparathyroidism	Y	○	○	○	29
Glaucoma	Y	○	○	○	30
Macular degeneration of retina	Y	○	○	○	31
Cataract—1st Diagnosis (Dx)	Y	○	○	○	32
Cataract extraction	Y	○	○	○	33
Alzheimer's disease	Y	○	○	○	34
Parkinson's disease	Y	○	○	○	35
Ulcerative colitis/Crohn's	Y	○	○	○	36
Gastric or duodenal ulcer	Y	○	○	○	37
Barrett's esophagus	Y	○	○	○	38
Kidney stones	Y	○	○	○	39
SLE (systemic lupus)	Y	○	○	○	40
Rheumatoid arthritis, clinician Dx	Y	○	○	○	41
Gout	Y	○	○	○	42
Depression, clinician Dx	Y	○	○	○	43
Other major illness or surgery since June 2008	Y	○	○	○	44

Please specify: **Date:**

16. 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?	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
○ Barium enema   ○ Follow-up of (virtual) CT colonoscopy
○ Prior polyps   ○ Asymptomatic or routine screening

17. 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+ tab

○ "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+ tab

○ 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+ tab

○ 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+ tab

○ Celebrex (COX-2 inhibitors)
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., Diovan, Cozaar, Avapro)
○ Other anti-hypertensive (e.g., clonidine, doxazosin)
○ Coumadin   ○ Plavix   ○ Digoxin   ○ Antiarrhythmic
○ "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   ○ Avandia or Actos
○ Other oral hypoglycemic medication
○ SSRIs (Celexa, Lexapro, Prozac, Paxil, Zoloft, Luvox)
○ 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)
○ Aricept, Exelon, Razadyne   ○ Namenda
○ Fosamax, Actonel, or other bisphosphonate

18. Is this your correct date of birth? →

○ Yes
○ No → If no, please write correct date.

MONTH / DAY / YEAR

19. Do you currently take multi-vitamins? (Please report <u>other individual</u> vitamins in the next section.)

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

b) What specific brand (or equivalency) do you usually take?

○ Centrum Silver   ○ Centrum   ○ Other ▶

○ Theragran M   ○ One-A-Day Essential

e.g., AARP Alphabet II Formula 643 Multivitamins and Minerals

Not counting multi-vitamins, do you take any of the following vitamin preparations?

				Dose per day	Less than				Don't know
a) Vitamin A	○ No	○ Yes, seasonal only / ○ Yes, most months	If Yes,	Dose per day:	○ Less than 10,000 IU	○ 10,000 to 15,000 IU	○ 16,000 to 22,000 IU	○ 23,000 IU or more	○ Don't know
b) Potassium	○ No	○ Yes	If Yes,	Dose per day:	○ Less than 2.5 mEq (100 mg)	○ 3 to 9 mEq	○ 10 to 19 mEq	○ 20 mEq or more	○ Don't know
c) Vitamin C	○ No	○ Yes, seasonal only / ○ Yes, most months	If Yes,	Dose per day:	○ Less than 400 mg	○ 400 to 700 mg	○ 750 to 1250 mg	○ 1300 mg or more	○ Don't know
d) Vitamin B_6	○ No	○ Yes	If Yes,	Dose per day:	○ Less than 50 mg	○ 50 to 99 mg	○ 100 to 149 mg	○ 150 mg or more	○ Don't know
e) Vitamin E	○ No	○ Yes	If Yes,	Dose per day:	○ Less than 100 IU	○ 100 to 250 IU	○ 300 to 500 IU	○ 600 IU or more	○ Don't know

Type: ○ Natural   ○ Regular (dl)   ○ Unknown

				Dose per day (elemental calcium):	Less than				Don't know
f) Calcium (Include Calcium in Tums, etc.)	○ No	○ Yes	If Yes,	Dose per day (elemental calcium):	○ Less than 600 mg	○ 600 to 900 mg	○ 901 to 1500 mg	○ 1501 mg or more	○ Don't know
g) Selenium	○ No	○ Yes	If Yes,	Dose per day:	○ Less than 80 mcg	○ 80 to 130 mcg	○ 140 to 250 mcg	○ 260 mcg or more	○ Don't know
h) Vitamin D (in calcium supplement or separately)	○ No	○ Yes, seasonal only / ○ Yes, most months	If Yes,	Dose per day:	○ Less than 600 IU	○ 600 to 900 IU	○ 1000 to 1500 IU	○ 2000 IU or more	○ Don't know
i) Zinc	○ No	○ Yes	If Yes,	Dose per day:	○ Less than 31 mg	○ 31 to 74 mg	○ 75 to 100 mg	○ 101 mg or more	○ Don't know

20. Are there <u>other</u> supplements that you take on a regular basis?

○ Metamucil/Citrucel   ○ Beta-carotene   ○ Chromium   ○ Folic Acid   ○ Glucosamine/Chondroitin
○ Cod Liver Oil   ○ Resveratrol   ○ Vitamin Water   ○ B-Complex   ○ Iron   ○ Magnesium
○ Fish Oil   ○ Melatonin   ○ Coenzyme Q_{10} ○ Ginkgo Biloba
○ Flax Seed Oil   ○ Vitamin B_{12} ○ Niacin   ○ Lycopene   ○ Other ▶

21. How many teaspoons of sugar do you add to your beverages or food each day?

○ Zero   ○ 1 tsp.   ○ 2 tsp.   ○ 3 tsp.   ○ 4 tsp.   ○ 5 tsp.
○ 6 tsp.   ○ 7 tsp.   ○ 8 tsp.   ○ 9 tsp.   ○ 10 tsp.

More than 10? Write number here ▶ ____ tsp.

22. What brand and type of <u>cold</u> breakfast cereal do you usually eat? ▶

Specify cereal brand & type (e.g., Kellogg's Raisin Bran)

○ Don't eat cold breakfast cereal.

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

23. What form of margarine or spread do you usually use (exclude pure butter?) ▶

What specific brand & type of margarine (e.g., Shedd's Country Crock plus calcium and vitamins)

○ None   **Form?** ○ Stick   ○ Tub   ○ Spray   ○ Squeeze (liquid)

Type? ○ Reg   ○ Light   ○ Nonfat

24. For each food listed, fill in the circle indicating how often on average you have used the amount specified during the past year.

DAIRY FOODS	Never, or less than once per month	1–3 per month	1 per week	2–4 per week	5–6 per week	1 per day	2–3 per day	4–5 per day	6+ per day
Milk (8 oz. glass) — Skim milk	○	○	W	○	○	D	○	○	○
Milk (8 oz. glass) — 1 or 2 % milk	○	○	W	○	○	D	○	○	○
Milk (8 oz. glass) — Whole milk	○	○	W	○	○	D	○	○	○
Milk (8 oz. glass) — Soy milk	○	○	W	○	○	D	○	○	○
Cream, e.g., coffee, sour (exclude fat free) (1 Tbs)	○	○	W	○	○	D	○	○	○
Non-dairy coffee whitener (exclude fat free) (1 Tbs)	○	○	W	○	○	D	○	○	○
Frozen yogurt, sherbet, sorbet or low-fat ice cream (1 c)	○	○	W	○	○	D	○	○	○
Regular ice cream (1 cup)	○	○	W	○	○	D	○	○	○
Spreads added to food or bread; exclude use in cooking — Pure Butter	○	○	W	○	○	D	○	○	○
Spreads added to food or bread; exclude use in cooking — Margarine (e.g., Country Crock)	○	○	W	○	○	D	○	○	○
Spreads added to food or bread; exclude use in cooking — "Spreadable Butter"- butter/oil blend (e.g., Olivio Spread But.)	○	○	W	○	○	D	○	○	○
Yogurt (4–6 oz.) — Plain	○	○	W	○	○	D	○	○	○
Yogurt (4–6 oz.) — Artificially sweetened (e.g., light peach)	○	○	W	○	○	D	○	○	○
Yogurt (4–6 oz.) — Sweetened (e.g., strawberry, vanilla)	○	○	W	○	○	D	○	○	○
Cottage or ricotta cheese (1/2 cup)	○	○	W	○	○	D	○	○	○
Cream cheese (1 oz.)	○	○	W	○	○	D	○	○	○
Other cheese, e.g., American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)	○	○	W	○	○	D	○	○	○

▶ **What type of cheese do you usually eat?** ○ Regular   ○ Low fat or Lite   ○ Nonfat   ○ None

24. *(continued)* For each food listed, fill in the circle indicating how often <u>on average</u> you have used the amount specified <u>during the past year</u>.

Please try to average your seasonal use of foods over the entire year. For example, if a food such as cantaloupe is eaten 4 times a week during the approximate 3 months that it is in season, then the <u>average</u> use would be once per week.

FRUITS	Never, or less than once per month	1–3 per month	1 per week	2–4 per week	5–6 per week	1 per day	2–3 per day	4–5 per day	6+ per day
Raisins (1 oz. or small pack) or grapes (1/2 cup)	○	○	W	○	○	D	○	○	○
Prunes or dried plums (1/4 cup or 6 dried)	○	○	W	○	○	D	○	○	○
Prune juice (small glass)	○	○	W	○	○	D	○	○	○
Bananas (1)	○	○	W	○	○	D	○	○	○
Cantaloupe (1/4 melon)	○	○	W	○	○	D	○	○	○
Avocado (1/2 fruit or 1/2 cup)	○	○	W	○	○	D	○	○	○
Fresh apples or pears (1)	○	○	W	○	○	D	○	○	○
Apple juice or cider (small glass)	○	○	W	○	○	D	○	○	○
Oranges (1)	○	○	W	○	○	D	○	○	○
Orange juice (small glass) — Calcium or Vit. D fortified	○	○	W	○	○	D	○	○	○
Orange juice (small glass) — Regular (not calcium fortified)	○	○	W	○	○	D	○	○	○
Grapefruit (1/2) or grapefruit juice (small glass)	○	○	W	○	○	D	○	○	○
Other fruit juices (e.g., cranberry, grape) (small glass)	○	○	W	○	○	D	○	○	○
Strawberries, fresh, frozen or canned (1/2 cup)	○	○	W	○	○	D	○	○	○
Blueberries, fresh, frozen or canned (1/2 cup)	○	○	W	○	○	D	○	○	○
Peaches or plums (1 fresh or 1/2 cup canned)	○	○	W	○	○	D	○	○	○
Apricots (1 fresh, 1/2 cup canned or 5 dried)	○	○	W	○	○	D	○	○	○

VEGETABLES	Never, or less than once per month	1–3 per month	1 per week	2–4 per week	5–6 per week	1 per day	2–3 per day	4–5 per day	6+ per day
Tomatoes (2 slices)	○	○	W	○	○	D	○	○	○
Tomato or V-8 juice (small glass)	○	○	W	○	○	D	○	○	○
Tomato sauce (1/2 cup) e.g., spaghetti sauce	○	○	W	○	○	D	○	○	○
Salsa, picante or taco sauce (1/4 cup)	○	○	W	○	○	D	○	○	○
String beans (1/2 cup)	○	○	W	○	○	D	○	○	○
Beans or lentils, baked, dried (1/2 cup) or soup	○	○	W	○	○	D	○	○	○
Tofu, soy burger, soybeans, miso or other soy protein	○	○	W	○	○	D	○	○	○
Peas or lima beans (1/2 cup fresh, frz., canned) or soup	○	○	W	○	○	D	○	○	○
Broccoli (1/2 cup)	○	○	W	○	○	D	○	○	○
Cauliflower (1/2 cup)	○	○	W	○	○	D	○	○	○
Cabbage or coleslaw (1/2 cup)	○	○	W	○	○	D	○	○	○
Brussels sprouts (1/2 cup)	○	○	W	○	○	D	○	○	○
Carrots, raw (1/2 carrot or 2–4 sticks)	○	○	W	○	○	D	○	○	○
Carrots, cooked (1/2 cup) or carrot juice (2–3 oz.)	○	○	W	○	○	D	○	○	○
Corn (1 ear or 1/2 cup frozen or canned)	○	○	W	○	○	D	○	○	○
Mixed or stir fry vegetables (1/2 cup) or soup	○	○	W	○	○	D	○	○	○
Yams or sweet potatoes (1/2 cup)	○	○	W	○	○	D	○	○	○
Dark orange (winter) squash (1/2 cup)	○	○	W	○	○	D	○	○	○
Eggplant, zucchini or other summer squash (1/2 cup)	○	○	W	○	○	D	○	○	○
Kale, mustard greens or chard (1/2 cup)	○	○	W	○	○	D	○	○	○
Spinach, cooked (1/2 cup)	○	○	W	○	○	D	○	○	○
Spinach, raw as in salad (1 cup)	○	○	W	○	○	D	○	○	○
Iceberg or head lettuce (1 serving)	○	○	W	○	○	D	○	○	○
Romaine or leaf lettuce (1 serving)	○	○	W	○	○	D	○	○	○
Celery (2–3 sticks)	○	○	W	○	○	D	○	○	○
Peppers: green, yellow or red (2 rings or 1/4 small)	○	○	W	○	○	D	○	○	○
Onions as a garnish or in salad (1 slice)	○	○	W	○	○	D	○	○	○
Onions as a cooked vegetable or rings (1/2 cup) or soup	○	○	W	○	○	D	○	○	○

EGGS, MEAT, ETC.	Never, or less than once per month	1–3 per month	1 per week	2–4 per week	5–6 per week	1 per day	2–3 per day	4–5 per day	6+ per day
Eggs (1) — Omega-3 fortified including yolk	○	○	W	○	○	D	○	○	○
Eggs (1) — Regular eggs including yolk	○	○	W	○	○	D	○	○	○
Beef or pork hot dogs (1)	○	○	W	○	○	D	○	○	○
Chicken or turkey hot dogs or sausage (1)	○	○	W	○	○	D	○	○	○
Chicken/turkey sandwich or frozen dinner	○	○	W	○	○	D	○	○	○
Other chicken or turkey, with skin (3 oz.)-including ground	○	○	W	○	○	D	○	○	○
Other chicken or turkey, without skin (3 oz.)	○	○	W	○	○	D	○	○	○
Bacon (2 slices)	○	○	W	○	○	D	○	○	○

3/8" spine perf

24. *(continued)* **For each food listed, fill in the circle indicating how often on average you have used the amount specified during the past year.**

EGGS, MEAT, ETC.		Never, or less than once per month	1–3 per month	1 per week	2–4 per week	5–6 per week	1 per day	2–3 per day	4–5 per day	6+ per day
Salami, bologna, or other processed meat sandwiches		○	○	W	○	○	D	○	○	○
Other processed meats, e.g., sausage, kielbasa, etc. (2 oz. or 2 small links)		○	○	W	○	○	D	○	○	○
Hamburger (1 patty)	Lean or extra lean	○	○	W	○	○	D	○	○	○
	Regular	○	○	W	○	○	D	○	○	○
Beef, pork, or lamb as a sandwich or mixed dish, e.g., stew, casserole, lasagna, frozen dinners, etc.		○	○	W	○	○	D	○	○	○
Pork as a main dish, e.g., ham or chops (4–6 oz.)		○	○	W	○	○	D	○	○	○
Beef or lamb as a main dish, e.g., steak, roast (4–6 oz.)		○	○	W	○	○	D	○	○	○
Canned tuna fish (3–4 oz.)		○	○	W	○	○	D	○	○	○
Breaded fish cakes, pieces, or fish sticks (1 serving, store bought)		○	○	W	○	○	D	○	○	○
Shrimp, lobster, scallops as a main dish		○	○	W	○	○	D	○	○	○
Dark meat fish, e.g., tuna steak, mackerel, salmon, sardines, bluefish, swordfish (3–5 oz.)		○	○	W	○	○	D	○	○	○
Other fish, e.g., cod, haddock, halibut (3–5 oz.)		○	○	W	○	○	D	○	○	○

BREADS, CEREALS, STARCHES		Never, or less than once per month	1–3 per month	1 per week	2–4 per week	5–6 per week	1 per day	2–3 per day	4–5 per day	6+ per day
Cold breakfast cereal (1 serving)		○	○	W	○	○	D	○	○	○
Cooked oatmeal/cooked oat bran (including instant) (1 cup)		○	○	W	○	○	D	○	○	○
Other cooked breakfast cereal (1 cup)		○	○	W	○	○	D	○	○	○
Bread (1 slice)	White bread, including pita	○	○	W	○	○	D	○	○	○
	Rye/Pumpernickel	○	○	W	○	○	D	○	○	○
	Whole wheat, oatmeal, other whole grain	○	○	W	○	○	D	○	○	○
Crackers (6)	Whole grain/whole wheat	○	○	W	○	○	D	○	○	○
	Other crackers	○	○	W	○	○	D	○	○	○
Bagels, English muffins, or rolls (1)		○	○	W	○	○	D	○	○	○
Muffins or biscuits (1)		○	○	W	○	○	D	○	○	○
Pancakes or waffles (2 small pieces)		○	○	W	○	○	D	○	○	○
Brown rice (1 cup)		○	○	W	○	○	D	○	○	○
White rice (1 cup)		○	○	W	○	○	D	○	○	○
Pasta, e.g., spaghetti, noodles, couscous. etc. (1 cup)		○	○	W	○	○	D	○	○	○
Tortillas: corn or flour (2)		○	○	W	○	○	D	○	○	○
French Fries (6 oz. or 1 serving)		○	○	W	○	○	D	○	○	○
Potatoes, baked, boiled (1) or mashed (1 cup)		○	○	W	○	○	D	○	○	○
Potato chips or corn/tortilla chips (small bag or 1 oz.)		○	○	W	○	○	D	○	○	○
Pizza (2 slices)		○	○	W	○	○	D	○	○	○

BEVERAGES			Never, or less than once per month	1–3 per month	1 per week	2–4 per week	5–6 per week	1 per day	2–3 per day	4–5 per day	6+ per day
CARBONATED BEVERAGES	Low-Calorie (sugar-free) types	Low-calorie beverage with caffeine, e.g., Diet Coke	○	○	W	○	○	D	○	○	○
Consider the serving size as 1 glass, bottle or can for these carbonated beverages.		Other low-cal bev. without caffeine, e.g., Diet 7-Up	○	○	W	○	○	D	○	○	○
	Regular types (not sugar-free)	Carbonated beverage with caffeine & sugar, e.g., Coke, Pepsi, Mt. Dew, Dr. Pepper	○	○	W	○	○	D	○	○	○
		Other carbonated beverage with sugar, e.g., 7-Up, Root Beer, Ginger Ale, Caffeine-Free Coke	○	○	W	○	○	D	○	○	○
OTHER BEVERAGES		Other sugared beverages: Punch, lemonade, sports drinks, or sugared ice tea (1 glass, bottle, can)	○	○	W	○	○	D	○	○	○
		Beer, regular (1 glass, bottle, can)	○	○	W	○	○	D	○	○	○
		Light Beer, e.g., Bud Light (1 glass, bottle, can)	○	○	W	○	○	D	○	○	○
		Red wine (5 oz. glass)	○	○	W	○	○	D	○	○	○
		White wine (5 oz. glass)	○	○	W	○	○	D	○	○	○
		Liquor, e.g., vodka, gin, etc. (1 drink or shot)	○	○	W	○	○	D	○	○	○
		Plain water: bottled, sparkling, or tap (8 oz. cup)	○	○	W	○	○	D	○	○	○
		Decaffeinated tea, exclude herbal (8 oz. cup)	○	○	W	○	○	D	○	○	○
		Tea with caffeine (8 oz. cup), including green tea	○	○	W	○	○	D	○	○	○
		Decaffeinated coffee (8 oz. cup)	○	○	W	○	○	D	○	○	○
		Coffee with caffeine (8 oz. cup)	○	○	W	○	○	D	○	○	○
		Dairy coffee drink (hot/cold), e.g., Cappucino (16 oz.)	○	○	W	○	○	D	○	○	○

3/8" spine perf

24. *(continued)* **For each food listed, fill in the circle indicating how often <u>on average</u> you have used the amount specified <u>during the past year</u>.**

SWEETS, BAKED GOODS, MISCELLANEOUS	Never, or less than once per month	1–3 per month	1 per week	2–4 per week	5–6 per week	1 per day	2–3 per day	4–5 per day	6+ per day	
Milk chocolate (bar or pack), e.g., Hershey's, M&M's	○	○	W	○	○	D	○	○	○	P
Dark chocolate, e.g., Hershey's Dark or Dove Dark	○	○	W	○	○	D	○	○	○	a
Candy bars, e.g., Snickers, Milky Way, Reeses	○	○	W	○	○	D	○	○	○	b
Candy without chocolate (1 oz.)	○	○	W	○	○	D	○	○	○	c
Cookies (1) or Brownies (1) — Fat free or reduced fat	○	○	W	○	○	D	○	○	○	
Cookies (1) or Brownies (1) — Other ready made, mix or dough	○	○	W	○	○	D	○	○	○	
Cookies (1) or Brownies (1) — Home-baked, from scratch	○	○	W	○	○	D	○	○	○	
Doughnuts (1)	○	○	W	○	○	D	○	○	○	
Cake, homemade or ready made (slice)	○	○	W	○	○	D	○	○	○	
Pie, homemade or ready made (slice)	○	○	W	○	○	D	○	○	○	
Jams, jellies, preserves, syrup, or honey (1 Tbs)	○	○	W	○	○	D	○	○	○	
Peanut butter (1 Tbs)	○	○	W	○	○	D	○	○	○	
Popcorn (2–3 cups) — Fat free or light	○	○	W	○	○	D	○	○	○	
Popcorn (2–3 cups) — Regular	○	○	W	○	○	D	○	○	○	
Sweet roll, coffee cake or other pastry (regular, fat free or reduced fat) (1)	○	○	W	○	○	D	○	○	○	
Breakfast bars, e.g., Nutrigrain, Kashi, granola (1)	○	○	W	○	○	D	○	○	○	
Energy bars, e.g., Clif, Luna, Glucerna, Powerbar (1)	○	○	W	○	○	D	○	○	○	
High Protein bars, e.g., Atkins, Zone, South Beach (1)	○	○	W	○	○	D	○	○	○	
Slimfast shakes (1)	○	○	W	○	○	D	○	○	○	
Ensure, Boost or other meal replacement drinks (1)	○	○	W	○	○	D	○	○	○	
Pretzels (1 small bag or serving)	○	○	W	○	○	D	○	○	○	
Peanuts (small packet or 1 oz.)	○	○	W	○	○	D	○	○	○	
Walnuts (1 oz.)	○	○	W	○	○	D	○	○	○	
Other nuts (small packet or 1 oz.)	○	○	W	○	○	D	○	○	○	
Mixed dried fruit (1/4 cup)	○	○	W	○	○	D	○	○	○	
Oat bran, other bran (wheat, etc.), added to food (1 Tbs)	○	○	W	○	○	D	○	○	○	
Wheat germ (1 Tbs)	○	○	W	○	○	D	○	○	○	
Chowder or cream soup (1 cup)	○	○	W	○	○	D	○	○	○	
Tomato soup (1 cup)	○	○	W	○	○	D	○	○	○	
Ketchup or red chili sauce (1 Tbs)	○	○	W	○	○	D	○	○	○	
Flaxseed (1 Tbs)	○	○	W	○	○	D	○	○	○	
Garlic, fresh or powdered (1 clove or 4 shakes)	○	○	W	○	○	D	○	○	○	
Olive oil added to food or bread (1 Tbs)	○	○	W	○	○	D	○	○	○	
Low-fat or fat-free mayonnaise (1 Tbs)	○	○	W	○	○	D	○	○	○	
Regular mayonnaise (1 Tbs)	○	○	W	○	○	D	○	○	○	
Salad dressing (1-2 Tbs)	○	○	W	○	○	D	○	○	○	

➥ **Type of salad dressing:** ○ Nonfat ○ Low-fat ○ Olive oil ○ Other vegetable oil

Artificial sweeteners (1 packet)	○	○	W	○	○	D	○	○	○	

➥ **Type of artificial sweetener:** ○ Splenda ○ Equal ○ NutraSweet ○ Sweet'N Low ○ Saccharin [25]

25. Liver: beef, calf or pork (4 oz.) ○ Never ○ Less than 1/mo ○ 1/mo ○ 2–3/mo ○ 1/week or more [A]
Liver: chicken or turkey (1 oz.) ○ Never ○ Less than 1/mo ○ 1/mo ○ 2–3/mo ○ 1/week or more [B]

26. **How often do you eat fried or sautéed food at home? (Exclude "Pam"-type spray)** [26]
○ Less than once a week ○ 1–3 times per week ○ 4–6 times per week ○ Daily

27. **What kind of fat is usually used for frying and sautéing at home? (Exclude "Pam"-type spray)** [27]
○ Real butter ○ Margarine ○ Olive oil ○ Vegetable oil ○ Veg. shortening ○ Lard ○ N/A

28. **What kind of fat is usually used for baking COOKIES at home?** [28]
○ Real butter ○ Margarine ○ Olive oil ○ Vegetable oil ○ Veg. shortening ○ Lard ○ N/A

29. **What type of cooking oil is usually used at home?** [29]
(e.g., Mazola Corn Oil) Specify brand and type →

30. **How often do you eat deep fried chicken, fish, shrimp, clams or onion rings away from home?** [30]
○ Less than once a week ○ 1–3 times per week ○ 4–6 times per week ○ Daily

31. **How often do you eat <u>toasted</u> breads, bagel or English muffin (slice or 1 half bagel)?** [31]
○ Less than once a week ○ 1–3 times per week ○ 4–6 times per week ○ Daily ○ 2+ times/day

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