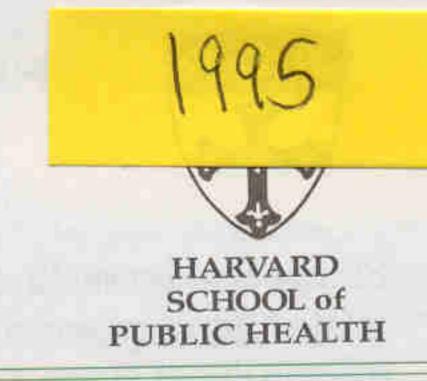


## NURSES' HEALTH STUDY II



Harvard School of Public Health/Department of Epidemiology • 677 Huntington Avenue • Boston, Massachusetts 02115 •
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Research Group

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Dear Colleague:

On behalf of our research group, I thank you for your participation in the Nurses' Health Study II. The accuracy and completeness of the information you and your fellow participants provide are truly impressive, and that information will enable the study to answer many critical questions about the health effects of lifestyle factors, diet, and oral contraceptive use. Analyses of these factors in relation to breast cancer and several other diagnoses are currently underway. We have already analyzed information on several common conditions, such as gallstones, and have included findings in the 1995 newsletter.

The enclosed questionnaire continues our every-other-year follow-up. You will note that we ask many of the same questions about your current status that we posed earlier. We also inquire about your diet during the past year, which was last assessed in 1991. In addition, we ask about new medical diagnoses and conditions.

We hope that you give this questionnaire the same attention and care that you have given to the earlier forms. The validity of this major research undertaking depends directly on complete and accurate follow-up information for all study members. This is the largest study of women's health of its kind, and the main aim is to find ways to maintain good health and prevent serious illness in women. Your continued participation is critical whether or not you are currently employed as a nurse. As always, the information you provide is strictly confidential and will be used only for medical statistical purposes.

Many thanks for your valuable participation. We will be sending you the next edition of our Nurses' Health Study newsletter in June 1996 to update you on our progress.

Sincerely,

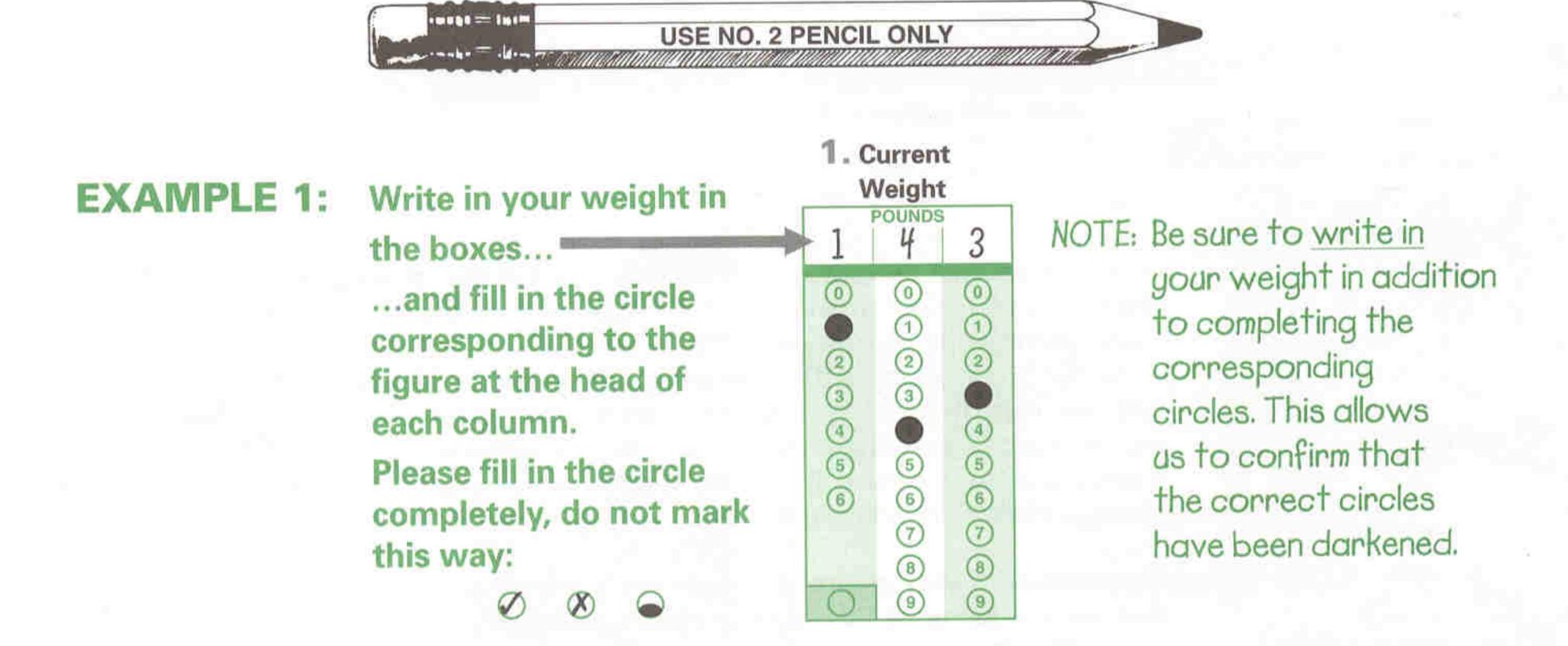
Walter Willett

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

P.S. Your updated questionnaire information is needed to maintain the validity of this study. Your reply within the next two weeks would be greatly appreciated.

## INSTRUCTIONS

Please use an ordinary No. 2 pencil to fill in the appropriate response circles completely, or write the requested information in the boxes provided. Note that some questions ask for information since June 1993, some ask for current status, and some ask about events over longer periods. The form is designed to be read by optical-scanning equipment, so make NO STRAY MARKS and keep write-in responses within the spaces provided. If you change a response, erase the incorrect mark completely, and write any comments on a separate page.



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

13.	Since June 1993, have you had any these physician-diagnosed illnesses		YEAR OF DIAGNOSIS						
	MARK HERE FOR "YES"	1	BEFORE JUNE 1 1993	JUNE 93 TO MAY 95	AFTER JUNE 1 1995				
	Elevated cholesterol		-0	0					
	Melanoma	(Y)	-0	0	0				
	Basal cell skin cancer	0	0		0				

Thank you for completing the 1995 Nurses' Health Study II Questionnaire.

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

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

PLEASE USE PENC	TH STU		PAGE 1			HARV	ARD UNIVERSIT
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WEIGHT	b.	Are you currently pre					
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			ending after JUNE 1, 199	3, fill in a	response bub	ble for the y	ear during
0 0 0	1	which each pregnancy	y ended. Pregn	ancies la	sting	Pregi	nancies lasting
1 1		Calendar Year		nths or r			than 6 months
2 2 2		Calendar Year	Single Birth	s Tv	ins/Triplets	Miscarriag	es Induced Abortion
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4 4		1994	0	1000	0	0	0
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6 6 6		1996+	Ŏ	117.5	Ô	Ô	
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9 9	$\simeq$	Vasectomy	O Foam/Jelly/Sponge	~	/thm/NFP	O Norpl	, L
		Tubal Ligation	O Intrauterine Device		oo Provera	Other	
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Yes: No mens			eriods eased:		O Natural		
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) Not sure	iddood by i	TOTTION			Madiatio	n or chemoth	егару
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13. Since June 1993, have you had any		YE	AR O	F		① ① ①	1	1	(	)	1	)@(3	9 4	
of these physician-diagnosed		DIA	GNOS	SIS		② ② ②	2	2	(	(3)	2	067	<b>®</b>	
illnesses?		the state of the s	June 93	74		(4) (4)	(4)	(A)	Q	0	4	0000	1) 12	
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Myocardial infarction (heart attack)	<b>(Y)</b> ■	-0	0	0	1	(P) (P)	®	P	(		(P) (	000		
Angina pectoris	(Y)	<b>O</b>	0	0	2			y .	77111	CIC	VOI	ID II	-	
Confirmed by angiogram? O No	O Yes				(a)				IHI	S IS	YU	JK IL		
Stroke (CVA) or TIA	(Y)	-0	0	0	3	15. Is this your correct d	ate of birth	1?	<b>&gt;</b>	14:				
Deep vein thrombosis/Pul. embolism	(Y) #	<b>O</b>	0	0	4						/	/		
Elevated cholesterol	(Y)	» O	0	0	(5)	Yes O No	If no, pleas		<b>&gt;</b>	/	/		570000	
Melanoma	(Y) =	-0	O	O	6		write corre	ect date	. [_N	onth /	Day	/ Yea	r	
Basal cell skin cancer	(V)	-0	0	0	7	16. Have you EVER had	any of		- 11	YEA	R OF	-170	16	
Squamous cell skin cancer	(Y) =	-0	O	O	(8)	these physician-diag		1		DIAGN	IOSIS			
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Confirmed by breast biopsy? O No	O Yes			5	(a)	LEAVE BLANK FOR "NO", MA HERE FOR "YES"	ARK ———	Ţ	Sept 1989	May 91	to May 95	June 1 1995		
Confirmed by aspiration? O No	O Yes		144		<b>6</b>	Interstitial cystitis (not	UTI)	Y	-0	0	0	0	0	
Breast cancer	(Y) #	-0	0	0	10	Coronary bypass/angio	oplasty	Y		0	0	0		
Other cancer:	(Y) #	-0	0	O	11)	Polycystic ovarian syn	drome	Y	-0	0	0	0	0	
Specify site of						17. On average, how ma	env						177	
other cancer:						days each month do			AVS	PER M	ONTI			
Colon or rectal polyp (benign)	(Y) III	-0	0		(12)	take any of the follow	7. W. S.						-	
Ulcerative colitis/Crohn's disease	(Y) III	-0	0	Ŏ	(13)	medications?		None	1-4 days	5-14 days	15-21 days	22+ days	District Control	
Gastric or duodenal ulcer	(Y) #	-0	O	O	(14)	Acetaminophen (e.g.,	Tylenol)	0	0	0	0	0		
Gallstones	(Y) III	O	Ö	Ŏ	(15)	Aspirin or aspirin-cont							<b>- iii</b>	
Did you have symptoms? O No	O Yes				(n)	products (e.g., Alka-Se	eltzer	0	0	0	0	0		
How diagnosed?						with aspirin)								
O X-ray or ultrasound O Ot	her			ini.	<b>(b)</b>	Non-steroidal anti-infla	of the last of the					(45)		
Cholecystectomy	(Y) III	-0	0	0	(18)	(e.g., Ibuprofen, Napro Advil, Midol, Aleve)	osyn,	0	0	0	0	0		
High blood pressure	(Y) II	-0	Õ	Ŏ	(T)	18. Regular Medication	mark if us	ed red	gulari	v in pa	st 2 v	ears)		
(not pregnancy related)						No regular medicat			,	, (	,		(1B)	
Pregnancy-related high blood pressur	e (Y)		0	0	(18)	O Thiazide diuretic		ide. H	CTZ, F	lvaroto	n, Diu	ril)		
Toxemia/Pre-eclampsia of pregnancy	(Y) III	-0	Ŏ	Ŏ	(19)	O Any other medic					201 8012			
Diabetes: Not pregnancy-related	(Y) 1	Ŏ	Ŏ	ŏ	20)	O Thyroid hormon					l. Levo	throid	)	
Diabetes: Gestational	(Y)	Õ	Ŏ	Ŏ	(21)	O Cimetidine (Taga								
Hydatidiform mole of pregnancy	(Y) #	Ŏ	ŏ	ŏ	(22)	O Other H2 blocke		ac. Pe	pcid.	Axid)				
Ectopic pregnancy	(Y)	0	ŏ	ŏ	23)	O Tamoxifen			pordi	1731617				
Endometriosis - 1st diagnosis	(Y)	Ŏ	ŏ	ŏ	(24)	O In Tamoxifen stu	idy (Bandor	mized	trial)					
Confirmed by laparoscopy? O No	Yes				0	Other regular m				necify				
Uterine fibroids - 1st diagnosis	(V)	-0	0	0	25)	19. Do you currently smo			00 10 1	poony			(9)	
- Access to the second	O Yes				6	Yes How man			(	) 5-14	(	) 15-2	40	
Confirmed by pervice examination O No	O Yes	11.23			9	O No		25-3		35-4		) 45+		
hysterectomy?	O les				6	ONO		/ 20-0	-	) 00 4	1 (	J. HOT.		
Premenstrual syndrome (PMS)	(Y) ni	-0	0		(2B)	20. Since June 1993, hav	ve			76	-		20)	
Kidney stones	(Y)	0	ŏ	ŏ	9	you had:			No	Yes, Scree		Yes, For ymptom		
Multiple sclerosis	(Y)	0	0	X	9	Colonoscopy/Sigmoid	oscopy		0	(	)	0		
Migraine headaches	(Y)	0	0	ŏ	60	Mammogram	озсору		0	-		0	ŏ.	
Asthma, physician diagnosed	(Y)	0	O	X	9	Breast exam by clinicia	an		0			Õ	ŏ	
Active TB (X-ray or culture confirmed		0	0	8	9	Bimanual pelvic exam			0	-		0	$\tilde{\sim}$	
Graves' Disease/Hyperthyroidism	Y 1	No.	0	X	9	Ovarian ultrasound			0			0	No.	
Hypothyroidism	(Y) iii	0	0		9	Destruction and the second	e did	NO 041			/:		<u></u>	
Thyroid nodule (benign)	(Y)	0	0	0	6	21. In how many month breast self-examinat							9	
Other major illness or surgery	(Y)		0	$\sim$	9	None (	1 month			) 2-3 r	nanth	5		
	0,4		0		00)		×					5		
since June 1993						0 4–6 months	○ 7–11 mo		-		onths		(20)	
1/1 Have you ever had your anneadly a	omovic	llann	andard	tom	12	22. Whether or not you					,			
14. Have you ever had your appendix r				-		what is your sexual of (Please choose one a		or id	entity	T.				
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b. Was this confirmed app						O None of these							(3)	
O Yes O No O			000	00	_	23. How often do you th				h (	10	harnel	(9)	
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. Do you	currently	take a n	nulti-vit	amin? (	Please	report ot	her ind	lividual v	/itamin	s in qu	estio	n 25.)	0	10	000	(6)	) 7 (8	)(
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. Do you	take the	followin	g separ	ate pre	paration	ns? DO	NOT C	OUNT C	ONTEN	ITS OF	MUL	TI-VIT	IMIN	IS RE	PORT	ED AB	OVE.	1
/itamin A	O No	O Yes, s			, If	) Dose p		Less than		,000 to	. 0	13,00		-	3,000		) Don'	-37
		O Yes, r	nost mo	nths	Yes,	} day:		8,000 IU	118	2,000 11	,	22,00	)U IU	0	r more		knov	X (
Beta-	O No	O Yes -			If Yes,	Dose p		Less than		,000 to		) 13,00 22,00			3,000 l		) Don' knov	
Carotene						day:	3	8,000 IU		2,000 [	,	-01/2						-
Vitamin C	O No	O Yes, s	easonal	only _	lf lf	) Dose p		Less than	The state of the s	00 to	C	750 t	mg.		300 mg		) Don' knov	- 10
		O Yes,	nost mo	nths	Yes,	} day:		400 mg.		00 mg.					I housely			
Vitamin B <sub>6</sub>	O No	O Yes -		-	If Yes,	The second secon		Less than		0 to 9 mg.		) 40 to 79 m			0 mg.		) Don' knov	-
						day:		10 mg.		Series			-					
Vitamin E	O No	O Yes -		-	If Yes,			Less than 100 IU		00 to 50 IU	C	300 t 500 l			00 IU		) Don' knov	- 80
						f day:	_								301 m		) Don'	4
Calcium	O No	O Yes -		If Yes,		se per day		Less than 400 mg.		00 to 00 mg.	-	) 901 t 1300	mg.	100	r more		knov	100
mg, of eleme			etc 500 r				mentali			1 to		) 81 to		01	51 mg	(	) Don'	4
Iron	O No	O Yes -	P	If Yes		se per day		Less than 41 mg.		10 mg.		150			or more		knov	327 BB
mg, of elem		25 mg. Ferr	ous Sulfa	1007				Less than	02	5 to	-	) 75 to		01	01 mg	- (	) Don'	+
Zinc	O No	O Yes -		If Yes	, } 00	se per day		25 mg.		4 mg.		100			r more		knov	
8 11	241		Na.	1000	Calanda	- Op			00	Cod live	r oil	OF	ish oil	00	Other			_
o you take	any other	suppleme	nts regu	larly?	Selemu	Anamanium	Comple	Niacin	OP	otassi			olic ac		pecify)			
Garlic pills	s OE	rewer's ye	ast U	Vitamin I		lagnesium		Macin	O F	Otassii	2111	01	One ac		2) (3) (4	nac	076	5):
		*	1.11										100			3.00		
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	brand and sually eat						nal	Coords bear	nd & type /	loo "Bo	eton Rin	e Chev"	@ (C		200 200		) (7) (8 5) (7) (8	
you us	sually eat	?	0	Don't eat	cold bre	eakfast cer		Specify bran	nd & type (	(e.g., "Ra	ston Ric	e Chex"	@ @ @		236			00
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PAGE 4 Never, (Continued) Please fill in your average use, 4-5 5-6 2-3 2-4 1-3 or less during the past year, of each specified food. per per per per than once per per per per day day day day week week per month month week **FRUITS** (D) (W) Raisins (1 oz. or small pack) or grapes 0 (W) Prunes (7 prunes or 1/2 cup) (D) (W) Bananas (1) Please try to (D) (W) Cantaloupe (1/4 melon) average your (D) (W) seasonal use Avocado (1/2 fruit or 1/2 cup) (D) (W) of foods over Fresh apples or pears (1) (D) the entire year. (W) Apple juice or cider (small glass) For example, if 0 (W) Oranges (1) a food such as (D) (W) Orange juice (small glass) cantaloupe is 0 (W) Grapefruit (1/2) eaten 4 times a 0 (W) Grapefruit juice (small glass) week during the 0 (W) Other fruit juices (small glass) approximate 3 0 (W) Strawberries, fresh, frozen or canned (1/2 cup) months that it is 0 (W) Blueberries, fresh, frozen or canned (1/2 cup) in season, then (D) (W) the average use Peaches, apricots or plums (1 fresh, or 1/2 cup canned) would be once per week. Never, 4-5 6+ 2-3 2-4 5-6 1-3 or less per per than once per per per per per per day day day day week week **VEGETABLES** week per month month (D) Tomatoes (1) Tomato juice (small glass) (D) (W) Tomato sauce (1/2 cup) e.g., spaghetti sauce (D) (W) Salsa, picante or taco sauce (1/4 cup) 0 (W) Tofu or soybeans (3-4 oz.) (D) (VV) String beans (1/2 cup) 0 W Broccoli (1/2 cup) (D) Cabbage or cole slaw (1/2 cup) (D) (W) Cauliflower (1/2 cup) (D) (W) Brussels sprouts (1/2 cup) (D) W Carrots, raw (1/2 carrot or 2-4 sticks) (D) (W) Carrots, cooked (1/2 cup) or carrot juice (2-3 oz.) 0 (W) Corn (1 ear or 1/2 cup frozen or canned) (D) (W) Peas or lima beans (1/2 cup fresh, frozen, canned) (D) (W) Mixed vegetables (1/2 cup) 0 (W) Beans or lentils, baked or dried (1/2 cup) (D) W Dark orange (winter) squash (1/2 cup) (D) Eggplant, zucchini or other summer squash (1/2 cup) (D) (W) Yams or sweet potatoes (1/2 cup) (1) (W) Spinach, cooked (1/2 cup) 0 W Spinach, raw as in salad (D) (W) Kale, mustard or chard greens (1/2 cup) 0 W Iceberg or head lettuce (serving) 0 W Romaine or leaf lettuce (serving) 0 W Celery (4" stick) (P) W Green peppers (3 slices or 1/4 pepper) 0 W Onions as a garnish or in salad (1 slice) Onions as a vegetable, rings or soup (1 onion) Never, 4-5 2-3 6+ 5-6 2-4 1-3 or less per per per per than once per per per per day day per month month week week week day day EGGS, MEAT, ETC. 0 (W) Eggs, including yolk (1) (D) (W) Chicken or turkey, with skin (4-6 oz.) 0 (W) Chicken or turkey, without skin (4-6 oz.)

(W)

(W)

0

(D)

PLEASE GO TO PAGE 5

Bacon (2 slices)

Chicken or turkey dogs (1)

Hot dogs (1)

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30. (Continued) P	lease fill in y st year, of ea	our <u>average</u> use, ach specified food.	Never, or less than onc	1-	r p	er i	2-4 per	5–6 per	1 per	2-3 per	4–5 per	6+ per	9
		EGGS, MEATS, ETC. (continued)	per mont			ek w	reek	week		day	day	day	0
	P	rocessed meats, e.g., sausage, salami, ologna, etc. (piece or slice)	0		) (	N)		0	(D)	0		0	
	jul jul	lamburger, regular (1 patty)	0		) (	N)	0	0	(D)	0	0	0	2
	and the second s	lamburger, lean or extra lean (1 patty)	0		) (	N	0	0	0		0	0	0
	В	seef, pork, or lamb as a sandwich or mixed dish, .g., stew, casserole, lasagna, etc.	0		) (	W	0	0	0	0.	0	0	O
		ork as a main dish, e.g., ham or chops (4–6 oz.)				W	0	0	0	0	0	0	0
		Beef or lamb as a main dish, e.g., steak, roast (4–60	7.)		) (	W	0	0	0	0	0	0	0
		Canned tuna fish (3–4 oz.)	C	) (		W	0	0	(D)	0	0	0	0
		Dark meat fish, e.g., mackerel, salmon, sardines, pluefish, swordfish (3–5 oz.)	C	) (		W	0	0	(D)	0	0	0	0
		Breaded fish cakes, pieces, or fish sticks (store bough	t) C	) (	) (	W	0	0	D	0	0	0	O
		Other fish (3–5 oz.)	C	) (	) (	W	0	0	0	0	0	0	
		Shrimp, lobster, scallops as a main dish	C	) (		W	0	0	0			0	LO
		offiling, lobster, scarops as a man are									_		
			Neve	O 1 2				E 0	1	2-3	4-5	6+	
			or les	ce n	-3 er	per	2-4 per	5-6 per	per	per	per	per day	
		BREADS, CEREALS, STARCHES	per moi	nth mo	onth w	eek 1	week	week	1.74	day	day	day	0
		Cold breakfast cereal (1 cup)		) (	2	(W)	0	0	0	0	0	1	00
		Cooked oatmeal/cooked oat bran (1 cup)		) (		(W)	0	0	(D)	0	0	0	0
	Part Control of the C	Other cooked breakfast cereal (1 cup)		) (		(W)	0	O	0	2	10	0	10
		White bread (slice), including pita bread		) (	~	(w)	0	0	0	0	10	0	0
		Dark bread (slice), including wheat pita bread	(	) (	~	(W)	0	2	0	10	10	10	10
		Bagels, English muffins, soft pretzels or rolls (1)		) (		(W)	0	0	0	10	10	10	+ >
		Muffins or biscuits (1)		) (		(W)	0	0	(D)	10	18	10	+>
	-	Brown rice (1 cup)		) (	9	(W)	0	0	(D)		10	0	1
		White rice (1 cup)		) (		(w)	0	10	0	10	10	0	1
		Pasta, e.g., spaghetti, noodles, etc. (1 cup)		)		(W)	0	0	(D)	10		10	
		Tortillas (1)	(	2		(W)	0	10	(D)	10	10	10	1
		Other grains, e.g., bulgar, kasha, couscous, etc. (1 o	cup)		0	(W)	0	0	(D)	10	10		1
		Pancakes or waffles (serving)			9	(W)	0	0	0	10	10	10	
		French fried potatoes (4 oz.)			0	(W)	0	0	0			10	-
		Potatoes, baked, boiled (1) or mashed (1 cup)	(		0	(w)	0	0	(0)		10	10	-
		Potato chips or corn chips (small bag or 1 oz.)	(		0	(W)	0	0	0	0	0		-
	Y I	Pretzels (small bag or 1 oz.)			0	(W)	0	0	(D)	0		10	-
		Crackers, Triscuits, Wheat Thins (5)	(		0	W	$\bigcirc$	0	(0)	0			2
		Pizza (2 slices)	(			W	0	0	(D)			10	TIC
		I Discouring the Control of the Cont										_	7
			Nev		4 0	8	2 4	5-6	1	2-3	3 4-5	6+	
			or le		1-3 per	per	2-4 per	per	per	pe	per	per	6
		BEVERAGES	per m			week	weel	k wee			day	day	- 0
CARBONATED		Low-calorie cola, e.g., Diet Coke with caffeine	(		0	(S)	0	10	(D)	<u> </u>	10	10	1
BEVERAGES	Low-Calorie	Low-calorie caffeine-free cola	(	0	0	(W)	0	0	(D)			10	
Consider the	(sugar-free)	Other low-cal carbonated beverage, e.g., Diet 7-L	Jp (	0	0	(w)	Ö		0			10	-
serving size as 1 glass, bottle or	Regular	Coke, Pepsi, or other cola with sugar		9	0	(w)	O	Q	0				1
can for these	(not sugar-	Caffeine Free Coke, Pepsi, or other cola with suga	r		0	(W)	N	1 0	0				- 5
carbonated beverages.	free)	Other carbonated beverage with sugar, e.g., 7-Up		0	0	(W)	0		(D)				
	OTHER			0	O	(w)	O		(0				
		Beer, regular (1 glass, bottle, can)		0	0	W	0	C	) (0	) (			(
		Light beer, e.g., Bud Light (1 glass, bottle, can)		0	0	W	0		) (0	) (	) (	) (	
		Red wine (4 oz. glass)		0	0	W	0	) C	) (0	) (	) (		(
		White wine (4 oz. glass)		0	0	W	0	) C	) (0	) (	) (		) (
		Liquor, e.g., whiskey, gin, etc. (1 drink or shot)		0	0	W	0	) (	) (0	) (	) (	) (	) [
		Plain water, bottled, sparkling, or tap (1 cup or gla	ass)	0	0	W	C		) (0				) (
PLEASE		Tea with caffeine (1 cup or glass)	Ш	0	0	W	C		) (		) (	) (	) (
TURN TO		Tea without caffeine (1 cup or glass)		0	0	W	C	) (	) (	) (	) (	) (	
PAGE 6		Coffee with caffeine (1 cup)		0	0	W	C	) (		) (	) (		) (
		Decaffeinated coffee (1 cup)		0	0	W	C		) (			) (	)

Thank you! Please return forms in prepaid return envelope to: Dr. Walter Willett, 677 Huntington Ave., Boston, MA 02115.

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