



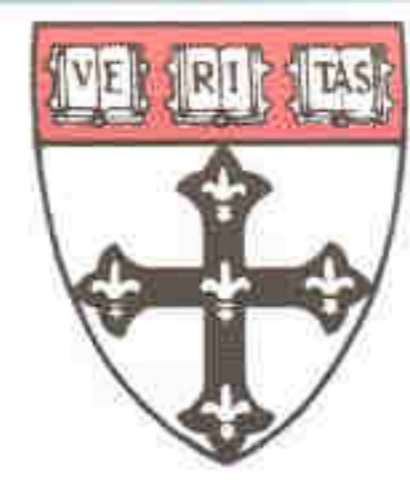
HARVARD
MEDICAL
SCHOOL

NURSES' HEALTH STUDY II

GROWING UP IN THE 90's



BRIGHAM
AND
WOMEN'S
HOSPITAL



HARVARD SCHOOL
of
PUBLIC HEALTH

Dear Colleague and Parent:

We would like to thank you for enrolling your child(ren) in the "Growing Up in the 90's" study. To date, we have received over 15,000 completed questionnaires from across the country.

To greatly enhance the value of the information which your child(ren) provided, we are writing to ask you to **complete the brief questionnaire on the reverse side of this letter**. As growth is a major focus of this study, we ask about details of the child's infancy as well as any major childhood illnesses that might influence growth. We feel that only **you** can provide these details accurately.

We have enclosed a separate questionnaire for each of your children who are within the study's age range, AND who have completed and returned the initial Growing Up in the 90's survey. As such, you may not have received a questionnaire for each of your children. As always, both your answers and those of your child are kept strictly confidential.

Just to let you know what is coming up: In September, your child(ren) will receive the next update questionnaire. The content will be largely the same as last year's form. The areas of focus will be physical activity, diet, growth and development, concern with weight, and general health and well-being. Growth and development are assessed by height and weight and by the Tanner scale (a common clinical scale which uses pictograms to assess the stage of adolescent development).

We know that the children's questionnaire is fairly lengthy. However, we have been exceedingly happy with the outstanding quality and completeness of the responses which they provided. Extra thanks for all your help (prodding and encouraging) your child to complete the questionnaire. The kids did a wonderful job!

One more adjustment we are making is to permanently change the name of the study to "Growing Up Today." We feel that this name, suggested by one of the participating children, avoids the inherent limitations of "Growing Up in the 90's." We will introduce the new name in the newsletter that we will mail to your child(ren) this summer.

In closing, let us again thank you for your support of this unique opportunity to study the relationships between diet, activity and growth in our youth. If you have any questions or concerns about the questionnaire or the study, please call the coordinator, Helaine Rockett, collect at (617) 525-4207.

Sincerely,

Graham Colditz, MD, DrPH

Walter Willett, MD, DrPH

P.S. Thanks in advance for completing the short questionnaire(s) about your child's infancy and early growth!

This form is for information about:



Is this **correct Date of Birth?**

yes no → If no, please mark the correct date of birth:

MONTH / DAY / YEAR

1. How much did this child weigh at birth?

lbs. ozs. [0-9] [0-9]

not sure

2. What was the length of this child at birth?

inches [0-9]

not sure

3. Was this child born before his/her due date?

no yes

If yes: how many weeks early was this birth?

- less than 3 weeks early (i.e., greater than 37 week pregnancy)
 3-6 weeks early (i.e., 34-37 week pregnancy)
 greater than 6 weeks early (i.e., less than 34 week pregnancy)



4. Did you feed this child breastmilk or infant formula during the first 6 months of his/her life?

- breastmilk only both equally more infant formula than breastmilk
 more breastmilk than infant formula infant formula only

5. If you ever breastfed this child, how old was s/he when you stopped breastfeeding?

- never breastfed less than 1 month 1-3 months 4-6 months 7-9 months over 9 months

6. If you ever fed this child infant formula:

A) How old was this child when you started feeding him/her infant formula?

- never fed formula less than 1 month 1-3 months 4-6 months 7-9 months over 9 months

B) What type of infant formula did you use most often?

- regular, cow's milk-based (e.g., Enfamil, Similac, SMA) soybean-based (e.g., Isomil, ProSobee, Nursoy) other (e.g., rice-based or elemental)

7. At what age did this child start drinking cow's milk (i.e., not in formula)?

- less than 4 months 4-6 months 7-9 months 10-12 months over 12 months never started

8. At what age did this child start eating solid foods (e.g., rice cereal, babyfood, crackers)?

- less than 1 month 1-3 months 4-6 months 7-9 months over 9 months

9. How tall is this child's biological father?

ft. inches [0-7] [0-11]

not sure

10. Has

ever had any of the following medical diagnoses?

Please mark all that apply.

- Congenital heart disease (please specify type)
 Down's syndrome
 Cerebral palsy
 Spina bifida (meningomyelocele)
 Inflammatory bowel disease (Crohn's disease or ulcerative colitis)
 Diabetes mellitus
 Cancer (including leukemia) (please specify type of cancer)
 Juvenile rheumatoid arthritis
 Serious chronic knee or hip orthopedic problem (e.g., Legg-Perthes disease, slipped capital femoral epiphysis, Osgood-Schlatter disease)
 Other major illnesses or diagnoses that may have affected his/her growth in the past, that currently make physical activity difficult or that currently require a special diet (please specify)

11. Has a doctor ever said that this child has asthma (reactive airway disease)?

yes no

12. Has this child ever had hayfever, seasonal allergies, or allergic rhinitis?

yes no

13. Has a doctor ever said that this child had eczema (atopic dermatitis)?

yes no