

10 yr.



HARVARD MEDICAL SCHOOL

PHYSICIANS' HEALTH STUDY

Please complete all 16 questions and return this form in the prepaid envelope provided

1. Date of birth: \_\_\_/\_\_\_/19\_\_\_ (necessary for verification) 2. Current weight: \_\_\_ lbs.

3. OVER THE PAST TWELVE MONTHS, how many of the approximately 180 red capsules did you NOT take?

- Took all the red capsules, 1-9 not taken (5%), 10-30 not taken (6-17%), 31-90 not taken (18-50%), 91-162 not taken (51-90%), Took NONE or hardly any (91-100%)

Reason for not taking red capsules: \_\_\_\_\_

4. OVER THE PAST TWELVE MONTHS, on how many DAYS did you take individual supplements of BETA-CAROTENE or VITAMIN A?

- 0 Days, 1-13 Days, 14-30 Days, 31-60 Days, 61-90 Days, 91-120 Days, 121-180 Days, 181+ Days

5. OVER THE PAST TWELVE MONTHS, have you experienced any of the following?

Table with 3 columns of symptoms (Gastritis, Diarrhea, Epistaxis, etc.) and 2 columns (NO, YES) for each.

Other symptoms \_\_\_\_\_

6. SINCE YOU FILLED OUT THE LAST QUESTIONNAIRE (about twelve months ago), were you NEWLY DIAGNOSED as having any of the following IN YOUR RIGHT EYE?

Table for Right Eye diagnosis: Cataract, Macular degeneration, Date of diagnosis, MONTH/YEAR.

7. SINCE YOU FILLED OUT THE LAST QUESTIONNAIRE (about twelve months ago), were you NEWLY DIAGNOSED as having any of the following IN YOUR LEFT EYE?

Table for Left Eye diagnosis: Cataract, Macular degeneration, Date of diagnosis, MONTH/YEAR.

8. SINCE YOU FILLED OUT THE LAST QUESTIONNAIRE (about twelve months ago), were you NEWLY DIAGNOSED as having any of the following conditions?

Large table for various medical conditions (Myocardial infarction, Stroke, Cancer, etc.) with NO/YES checkboxes and DATE of DX MONTH/YEAR.

Other conditions requiring medical treatment \_\_\_\_\_

If YES to ANY items in #8: Please provide details on back — especially for diagnosis, progression of disease and treatment.

