12 mth

041 _____ _____ _____

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 ___ ___

FOR THE FOLLOWING QUESTIONS, PLEASE CONSIDER YOUR EXPERIENCE OVER THE PAST SIX MONTHS:

2. How many of the 90 white pills did you not take? ☐ I took all the white pills ☐ I did not take ____white pills
   Reason: _____

3. How many of the 90 red pills did you not take? ☐ I took all the red pills ☐ I did not take ____red pills
   Reason: _____

4. Other than study pills, did you take additional tablets containing aspirin or other platelet active, nonsteroidal, anti-inflammatory agents such as Motrin, Clinoril, Indocin, Feldene, Meclomen, Tolectin, Naprosyn, etc? YES ☐ NO ☐
   IF YES: On about how many of the past 180 days? ____days
   How many additional tablets did you take? ____tablets
   If non-aspirin, name of agent: _____

5. Other than study pills, did you take additional capsules containing beta-carotene or individual vitamin A supplements (other than multivitamins)? YES ☐ NO ☐
   IF YES: Size ____units #/Week ____

6. Since you filled out the last questionnaire (about six months ago), have you experienced any of the following? (please check YES or NO for ALL items)

	YES	NO		YES	NO
Symptoms suggestive of gastritis	☐	☐	Easy bruising	☐	☐
Symptoms suggestive of peptic ulcer	☐	☐	Spontaneous bleeding	☐	☐
Nausea (without vomiting)	☐	☐	Epistaxis	☐	☐
Constipation	☐	☐	Hematemesis	☐	☐
Diarrhea	☐	☐	Hematuria	☐	☐
Melena	☐	☐	Headache	☐	☐
Skin discoloration	☐	☐	Migraine	☐	☐

Other _____

7. Since you filled out the last questionnaire (about six months ago) have you been NEWLY DIAGNOSED as having any of the following conditions? (Please check YES or NO for ALL items)

	YES	NO	DATE MONTH/YEAR		YES	NO	DATE MONTH/YEAR
Myocardial infarction	☐	☐	_____	Liver disease	☐	☐	_____
Angina pectoris	☐	☐	_____	Renal disease	☐	☐	_____
Diabetes Mellitus	☐	☐	_____	Gallstones	☐	☐	_____
Gout	☐	☐	_____	Peptic ulcer	☐	☐	_____
Cancer-Site _____	☐	☐	_____	Hemorrhoids	☐	☐	_____
If skin cancer, type _____				Varicose veins	☐	☐	_____
Arthritis	☐	☐	_____	Peripheral vascular disease	☐	☐	_____
Pulmonary embolism	☐	☐	_____	Glaucoma	☐	☐	_____
Deep vein thrombosis	☐	☐	_____	Bronchitis	☐	☐	_____
Stroke	☐	☐	_____	Laryngitis	☐	☐	_____
Transient cerebral ischemia	☐	☐	_____	Periodontal disease	☐	☐	_____
Nature of evidence for diagnosis of stroke or TIA _____				Teeth lost in past year	☐	☐	_____
				IF YES, How many _____			

Other conditions requiring medical treatment _____

IF YES: Please provide details on back — especially evidence for diagnosis, progression of disease and treatment.

PLEASE CONTINUE ON REVERSE

8. If you have any of the conditions listed in question 7, we would appreciate your signing the following consent form. Obtaining hospital records or information from a treating physician is important in order that we may apply uniform criteria to the evaluation of medical endpoints. This information will be used solely for medical statistical purposes and maintained in the strictest professional confidence.

I hereby grant permission to Charles H. Hennekens, MD, Associate Professor of Medicine, Harvard Medical School, 55 Pond Avenue, Brookline, MA 02146, to review a copy of the records of my hospitalization or treatment for:

_____

Name of hospital/physician _____

Address _____

City _____ State _____ Zip _____

Dates of hospitalization/treatment _____

Signed _____ Date _____

9. Please indicate how often, on average, you have eaten each of the following foods during the past year.

	2+/day	daily	5-6/wk	2-4/wk	1/wk	1-3/mth	Rarely/ Never
(1) Chicken or turkey (6-8 oz.)	☐	☐	☐	☐	☐	☐	☐
(2) Hot dogs (1)	☐	☐	☐	☐	☐	☐	☐
(3) Beef, pork or lamb as a sandwich or mixed dish (hamburger, stew, casserole, lasagne, etc.)	☐	☐	☐	☐	☐	☐	☐
(4) Beef, pork or lamb as a main dish (steak, roast, ham, etc.)	☐	☐	☐	☐	☐	☐	☐
(5) Canned tuna fish	☐	☐	☐	☐	☐	☐	☐
(6) Dark meat fish — e.g. mackerel, salmon, sardines, bluefish, swordfish (4-6oz.)	☐	☐	☐	☐	☐	☐	☐
(7) Other fish (4-6 0z.)	☐	☐	☐	☐	☐	☐	☐
(8) Shrimp, lobster, scallops as a main dish	☐	☐	☐	☐	☐	☐	☐
(9) Hard cheese (e.g. American, cheddar) (1 slice or 1 oz.)	☐	☐	☐	☐	☐	☐	☐
(10) Ice cream (1 cup)	☐	☐	☐	☐	☐	☐	☐
(11) Cookies (1)	☐	☐	☐	☐	☐	☐	☐
(12) Potato chips, corn chips (1 oz. or small bag)	☐	☐	☐	☐	☐	☐	☐
(13) Peanut butter (1 tbl.)	☐	☐	☐	☐	☐	☐	☐
(14) Nuts (small packet or 1 oz.)	☐	☐	☐	☐	☐	☐	☐
(15) French fried potatoes (4 oz.)	☐	☐	☐	☐	☐	☐	☐
(16) Fried food of any type	☐	☐	☐	☐	☐	☐	☐

10. How many pats or tsps. of margarine do you use daily? ____

11. How many pats or tsps. of real butter do you use daily? ____

12. How many tsps. of cream, e.g. coffee, whipped, sour, do you use daily? ____

13. Has your mother ever had a documented MI? ☐ NO ☐ YES ☐ DON'T KNOW
IF YES, at what age? ____

14. Has your father ever had a documented MI? ☐ NO ☐ YES ☐ DON'T KNOW
IF YES, at what age? ____

15. Have you ever had a coronary artery bypass or angioplasty? ☐ NO ☐ YES ____/____ month/year

16. Have you ever had any of the following?

	YES	NO	DATE MONTH/YEAR
a) Diagnosis of cataracts	☐	☐	_____
b) Cataract surgery	☐	☐	_____
c) Other ocular surgery	☐	☐	_____
d) Trauma directly to the eye	☐	☐	_____
e) Chronic eye inflammation	☐	☐	_____