24 mth

HARVARD MEDICAL SCHOOL

PHYSICIANS' HEALTH STUDY

Please complete all 14 questions and return this form in the prepaid envelope provided

1. Over the past twelve months, how many of the 180 white pills did you NOT take?
   - ☐ 0 (took all the white pills)
   - ☐ 1-9 not taken (5%)
   - ☐ 10-30 not taken (6-17%)
   - ☐ 31-90 not taken (18-50%)
   - ☐ 91-162 not taken (51-90%)
   - ☐ Did not take any or hardly any (91-100%)

   Reason for not taking white pills: __________

2. Over the past twelve months, how many of the 180 red pills did you NOT take?
   - ☐ 0 (took all the red pills)
   - ☐ 1-9 not taken (5%)
   - ☐ 10-30 not taken (6-17%)
   - ☐ 31-90 not taken (18-50%)
   - ☐ 91-162 not taken (51-90%)
   - ☐ Did not take any or hardly any (91-100%)

   Reason for not taking red pills: __________

3. Over the past twelve months, other than study pills, did you take any additional medication containing aspirin and/or other platelet-active, nonsteroidal anti-inflammatory agents such as Motrin, Clinoril, Indocin, Feldene, Meclomen, Tolectin, Naprosyn, etc? ☐ NO ☐ YES

			Total Number of Days Taken	
IF YES: Was this ASPIRIN?	☐ NO	☐ YES	________	Name of agent (s): ________
and/or OTHER PLATELET ACTIVE DRUGS? (such as those listed above)	☐ NO	☐ YES	________	

4. Please consider only the last 30 days: On how many of the past 30 days did you take additional medication containing aspirin and/or other platelet active, nonsteroidal anti-inflammatory agents such as Motrin, Clinoril, Indocin, Feldene, Meclomen, Tolectin, Naprosyn, etc? ☐ 0 days ☐ 1 day ☐ 2-3 days ☐ 4-6 days ☐ 7-10 days ☐ 11-20 days ☐ 21-30 days

   If taken on more than one day, was the use: ☐ All on consecutive days ☐ Mostly consecutive days ☐ Sporadic

5. Over the past twelve months, other than study pills, did you take additional capsules containing beta-carotene or individual vitamin A supplements (other than multivitamins)? ☐ NO ☐ YES which type? ☐ VITAMIN A ☐ BETA-CAROTENE
   IF YES: Size ______ units #/Week: ☐ 1-3 ☐ 4-10 ☐ 11-14 ☐ 15+

6. SINCE YOU FILLED OUT THE LAST QUESTIONNAIRE (ABOUT TWELVE 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	☐	☐	Epistaxis	☐	☐
Constipation	☐	☐	Hematemesis	☐	☐
Diarrhea	☐	☐	Hematuria	☐	☐
Melena	☐	☐	Headache	☐	☐
Skin discoloration	☐	☐	Migraine	☐	☐

Other __________

*An enteric coated preparation is available upon request.

7. SINCE YOU FILLED OUT THE LAST QUESTIONNAIRE (ABOUT TWELVE 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 OF DX MONTH/YEAR		YES	NO	DATE OF DX MONTH/YEAR
Myocardial infarction	☐	☐	____	Arthritis	☐	☐	____
Deep vein thrombosis	☐	☐	____	Gout	☐	☐	____
Pulmonary embolism	☐	☐	____	Liver disease	☐	☐	____
Cancer: Site ____	☐	☐	____	Renal disease	☐	☐	____
If skin cancer, type ____	☐	☐	____	Gallstones	☐	☐	____
Diagnosis of cataracts	☐	☐	____	Peptic ulcer	☐	☐	____
Cataract surgery	☐	☐	____	Hemorrhoids	☐	☐	____
Subconjunctival hemorrhage	☐	☐	____	Varicose veins	☐	☐	____
Angina pectoris	☐	☐	____	Peripheral vascular disease	☐	☐	____
Coronary artery bypass or angioplasty	☐	☐	____	Glaucoma	☐	☐	____
				Bronchitis	☐	☐	____
Diabetes mellitus	☐	☐	____	Periodontal disease	☐	☐	____
Stroke	☐	☐	____	Teeth lost in past year	☐	☐	____
Transient cerebral ischemia	☐	☐	____	If YES, how many ____			

Nature of evidence for diagnosis of stroke or TIA __________

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, please complete and sign the following consent form. Obtaining hospital records or information from a treating physician is important in order that we may apply uniform criteria to evaluation of the 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. We have the following date recorded as your birthdate:

Is this information correct? ☐ YES ☐ NO, my correct birthdate is ______________________

10. a) CURRENT blood pressure level ____/____ mm/Hg or Don't Know ☐
b) Since you initially enrolled in our study, (approx. 2 yrs) have you received drug treatment for hypertension? ☐ YES ☐ NO

11. a) Current level of blood cholesterol ____mg/100 ml or Don't Know ☐
b) Since you initially enrolled in our study, (approx. 2 yrs.) have you received drug treatment for high cholesterol? ☐ YES ☐ NO

12. a) Since you initially enrolled in our study, (approx. 2 yrs.) did you smoke cigarettes regularly? ☐ YES ☐ NO
If YES: On average over the past twelve months, how many cigarettes did you smoke daily?
(1 pack = 20 cigs.) ☐ 0-4 ☐ 5-14 ☐ 15-24 ☐ 25-34 ☐ 35-44 ☐ 45 +

13. Please indicate how often, on average, you have eaten each of the following foods during the past year. For seasonal foods, average your use over the full 12 months.

	2 + /day	daily	5-6/wk	2-4/wk	1/wk	1-3/mth	Rarely/ Never
(1) Broccoli (½ c.)	☐	☐	☐	☐	☐	☐	☐
(2) Brussels sprouts (½ c.)	☐	☐	☐	☐	☐	☐	☐
(3) Carrots (whole or ½ c. cooked)	☐	☐	☐	☐	☐	☐	☐
(4) Spinach, cooked (½ c.)	☐	☐	☐	☐	☐	☐	☐
(5) Spinach/dark green lettuce salad	☐	☐	☐	☐	☐	☐	☐
(6) Yellow squash (½ c.)	☐	☐	☐	☐	☐	☐	☐
(7) Yams or sweet potatoes (½ c.)	☐	☐	☐	☐	☐	☐	☐
(8) Tomato juice (small glass)	☐	☐	☐	☐	☐	☐	☐
(9) Tomatoes (1)	☐	☐	☐	☐	☐	☐	☐
(10) Orange juice (small glass)	☐	☐	☐	☐	☐	☐	☐
(11) Cantaloupe (¼ melon)	☐	☐	☐	☐	☐	☐	☐
(12) Peaches, apricots or nectarines (fresh, frozen or canned)	☐	☐	☐	☐	☐	☐	☐
(13) Dried apricots (½ c.)	☐	☐	☐	☐	☐	☐	☐
(14) Liver (3-4 oz.)	☐	☐	☐	☐	☐	☐	☐
(15) Cold breakfast cereal (1 c.)	☐	☐	☐	☐	☐	☐	☐
(16) Eggs (1)	☐	☐	☐	☐	☐	☐	☐
(17) Whole milk (8 oz. glasses)	☐	☐	☐	☐	☐	☐	☐
(18) Skim or low fat milk (8 oz. glasses)	☐	☐	☐	☐	☐	☐	☐
(19) Red chili sauce (1 tbsp)	☐	☐	☐	☐	☐	☐	☐

14. The following is OPTIONAL.
Because of our possible need to contact you if our mail does not reach you in the future, we would appreciate having your current telephone numbers at which we could reach you during the day and in the evening. Please note that this information will be used ONLY if we cannot reach you through regular postal channels.

Telephone: Home (   ) ______________________ Office (   ) ______________________