48 mth

HARVARD MEDICAL SCHOOL **PHYSICIANS' HEALTH STUDY**

Please complete all 11 questions and return this form in the prepaid envelope provided

1. Date of birth: _____/_____/19_____ (For identification purposes)
   Month Day Year

2. OVER THE PAST TWELVE MONTHS, how many of the approximately 180 white pills did you *NOT* take? (Do not count as missed extra pills in a short month or made-up pills.)
   - ☐ 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%)
   - ☐ Took NONE or hardly any (91–100%)

   Reason for not taking white pills: _____

3. OVER THE PAST TWELVE MONTHS, how many of the approximately 180 red capsules did you *NOT* take? (Do not count as missed extra capsules in a short month or made-up capsules.)
   - ☐ 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 MONTH,** *other than study pills,* on how many days did you take additional aspirin, medication containing aspirin and/or other platelet active, nonsteroidal anti-inflammatory agents such as Motrin, Clinoril, Indocin, Feldene, Advil, Nuprin, 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 (including the past month), *other than study pills,* on how many DAYS did you take the following: (Please answer *ALL* items— a, b, *and* c.)

	0 Days	1–4 Days	5–8 Days	9–14 Days	15–30 Days	31–60 Days	61 + Days
a) Aspirin	☐	☐	☐	☐	☐	☐	☐
b) Medication containing aspirin Name of agent(s): _____	☐	☐	☐	☐	☐	☐	☐
c) Platelet active, nonsteroidal anti-inflammatory agents (e.g., Motrin, Feldene, Naprosyn, etc.) Name of agent(s): _____	☐	☐	☐	☐	☐	☐	☐

6. OVER THE PAST TWELVE MONTHS, *other than study capsules,* did you take additional BETA-CAROTENE or VITAMIN A (other than multivitamins)? ☐ Yes ☐ No
   IF YES: Which type? ☐ VITAMIN A ☐ BETA-CAROTENE Number per week: ☐ 1–3 ☐ 4–7 ☐ 8–14 ☐ 15 +

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	☐	☐	_____
Pulmonary embolism	☐	☐	_____	Gout	☐	☐	_____
Skin cancer, type _____	☐	☐	_____	Gallstones	☐	☐	_____
Deep vein thrombosis	☐	☐	_____	Gallbladder removal	☐	☐	_____
Stroke	☐	☐	_____	Bronchitis	☐	☐	_____
Cancer: Site _____	☐	☐	_____	Hemorrhoids	☐	☐	_____
Coronary bypass/angioplasty	☐	☐	_____	Varicose veins	☐	☐	_____
Angina pectoris	☐	☐	_____	Appendix removal	☐	☐	_____
Melena	☐	☐	_____	Intermittent claudication	☐	☐	_____
Hematemesis	☐	☐	_____	Carotid artery surgery	☐	☐	_____
Other GI bleeding Site _____	☐	☐	_____	Other peripheral artery surgery IF YES, Site _____	☐	☐	_____
Transient cerebral ischemia	☐	☐	_____	Subconjunctival hemorrhage	☐	☐	_____
Diabetes mellitus	☐	☐	_____	Glaucoma	☐	☐	_____
Peptic ulcer	☐	☐	_____	Osteoporosis	☐	☐	_____
Liver disease	☐	☐	_____	Periodontal disease	☐	☐	_____
Renal disease	☐	☐	_____	Teeth lost in past year	☐	☐	_____ # _____

Other conditions requiring medical treatment _____

IF YES to ANY items in #7: Please provide details on back— especially for diagnosis, progression of disease and treatment.

PLEASE CONTINUE ON REVERSE

8. | | Yes | No | Date Month/Year |
|---|---|---|---|
| Have you EVER had a cataract diagnosed in your RIGHT eye? | ☐ | ☐ | First DX _____ |
| Have you EVER had a cataract extraction in your RIGHT eye? | ☐ | ☐ | Surgery _____ |
| Have you EVER had a cataract diagnosed in your LEFT eye? | ☐ | ☐ | First DX _____ |
| Have you EVER had a cataract extraction in your LEFT eye? | ☐ | ☐ | Surgery _____ |

9. If you have any of the conditions listed in question 7 or 8, please complete and sign the following consent form. 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 _____

10. 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	☐	☐	Hematuria	☐	☐
Symptoms suggestive of peptic ulcer	☐	☐	Easy bruising	☐	☐
Nausea	☐	☐	Epistaxis	☐	☐
Constipation	☐	☐	Other bleeding	☐	☐
Diarrhea	☐	☐	Headache	☐	☐
Skin discoloration	☐	☐	Migraine	☐	☐

Other symptoms _____

Note: An enteric-coated preparation of the white pill is available upon request.

11. 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) Brussel 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.)	☐	☐	☐	☐	☐	☐	☐