HARVARD MEDICAL SCHOOL



PHYSICIANS' HEALTH STUDY

		4757	and the separate		_				
Date of birth:/_ Month Day	_/19 Y	ear (F	For identificat	ion purpose	es)				
OVER THE PAST TWELVE MON extra pills in a short month or r				proximately	180 white	pills did you	NOT take? (Do not co	ount as missed
☐ TOOK ALL THE WHITE PILLS	3				31–90 not ta	aken (18-50%	3)		
☐ 1–9 not taken (5%)					91-162 not	taken (51-909	%)		
☐ 10-30 not taken (6-17%)					Took NONE	or hardly an	y (91-100%)		
Reason for not taking white pill	s:					3	2/0=		
OVER THE PAST TWELVE MON missed extra capsules in a short					180 red ca	psules did yo	ou <i>NOT</i> take	? (Do not	count as
☐ TOOK ALL THE RED CAPSU	LES					aken (18–50%			
☐ 1–9 not taken (5%)						taken (51–90°	The same of the sa		
☐ 10-30 not taken (6-17%) Reason for not taking red capsu	iles:			П	look NONE	or hardly an	y (91–100%)		
OVER THE PAST MONTH , other aspirin and/or other platelet act Nuprin, Naprosyn, etc.? O Days 1 Day 2-3 If taken on more than one day, OVER THE PAST TWELVE MON	ive, nor Days [was the	4-6 [use:	dal anti-inflan Days 🔲 7– 🔲 All on co	nmatory age 10 Days nsecutive da	ents such as 11–20 Day ays ☐ Mo	s Motrin, Clin s 21–30 ostly consecu	oril, Indocin Days tive days	, Feldene,	. Advil, lic
following: (Please answer ALL)	tems-	a, b, <u>a</u>	nd c.) 0 Days	1–4 Days	5–8 Days	9_1/ Dave	15-30 Days	31_60 D:	ays 61 + Days
a) Aspirin			Days	1-4 Days	0-6 Days	3-14 Days	Days	31-00 Da	ays of + Days
b) Medication containing aspir	n								
Name of agent(s):			ш	1					
Name of agent(s): c) Platelet active, nonsteroidal agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON	, Napro	syn, etc	ory c.)		ou take add	☐ ditional BETA	-CAROTENE	or VITAN	MIN A
 c) Platelet active, nonsteroidal agents (e.g., Motrin, Feldene Name of agent(s): 	, Napro NTHS, a Yes [MIN A	syn, etc	ory an study cap TA-CAROTEN ONNAIRE (A.	esules, did y E Nur	ou take add	ditional BETA eek: 1-3	-CAROTENE	or VITAN	MIN A 15+ DIAGNOSED
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IF YES to ANY items in #7: Please provide details on back—especially for diagnosis, progression of disease and treatment.

	Have you EVER had a cataract diagnose	d in your RIC	SHT eye?	Yes No	First DX	Monti	h/Year	_	
	Have you EVER had a cataract extraction				Surgery				
F	Have you EVER had a cataract diagnose	d in your LEI	FT eye?						
H	Have you EVER had a cataract extraction	n in your LEF	Teye?		Surgery_				
b	f you have any of the conditions listed be used solely for medical statistical pu	irposes and	maintaine	ed in the str	rictest profess	sional cor	nfidence.		
	hereby grant permission to Charles H Brookline, MA 02146, to review a copy						vard Medi	cal School, 5	b Pond
N	Name of hospital/physician			100000					
Δ	Address								*
c	City				Ctoto			Zin	
D	Dates of hospitalization/treatment								
S	Signed			<u> </u>	N.		Date		
	SINCE YOU FILLED OUT THE LAST QU			UT TWELV	E MONTHS A	AGO), hav	ve you exp	erienced any	y of the
to	ollowing? (Please check YES or NO for	Yes N				Yes	No		
S	Symptoms suggestive of gastritis			Н	ematuria	les			
	Symptoms suggestive of peptic ulcer				asy bruising	ō	ā		
	Nausea				pistaxis				
	NORTH 24 COLUMN TO STATE OF THE	T T	-	_		-			
C	Constipation		3	O	ther bleeding				
	Diarrhea]		eadache				
D S	Diarrhea Skin discoloration]	Н					
D S	Diarrhea Skin discoloration Other symptoms			N	eadache				
S C Note:	Diarrhea Skin discoloration Other symptoms An enteric-coated preparation of the whit	e pill is availa	ble upon re	H N equest.	eadache 1igraine			For seasona	l foods.
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