HARVARD MEDICAL SCHOOL

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	OVER THE PAST TWELVE MONTHS, how many of the approximately 180 white pills did you <u>NOT</u> take? (Please do not count as missed those pills you made up or extra pills missed in a short month.)														
	☐ TOOK ALL THE WHITE PILLS ☐ 1–9 not taken (5%)							ken (18–50%							
	☐ 10-30 not taken (5%)					□ 9	1–162 not ta	ken (51–90%	6)	rs.					
	Reason for not taking white pills:						OOK NUNE	or hardly an	/ (91–100%)	<u> </u>					
•	☐ TOOK ALL THE RED CAPSULES					ort mon	imately 180 red capsules did you <u>NOT</u> take? (Please do not count as rt month.)								
	☐ 1–9 not taken (5%)☐ 10–30 not taken (6–17%)					□ 9	1–162 not ta	ken (51–90%	o)						
	Reason for not taking red capsule	es:				Ш	ook NONE o	or hardly any	· (91–100%)						
•	OVER THE PAST MONTH , other to and/or other platelet active, nons Nuprin, Persantine, etc.? 0 D	<i>han stu</i> teroidal	<i>dy pills</i> anti-in	s. on h	ow man atory ag	v DAYS	did you tal	re additiona	aspirin, me Idene, Indo	edication cin, Mot	n conta rin, Na	iining asp prosyn,	oiri		
	OVER THE PAST YEAR, (including medication containing aspirin an Indocin, Motrin, Naprosyn, Nupri	d/or oth n, Persa	er <u>plat</u> ntine,	elet act etc.?	tive, nor	nsteroid	oills, on hov dal anti-infla	v many DAY mmatory ag	ents such a	as Advil,	Clinori	il, Felden			
	Are you currently taking any of the		ing dr	ugs (fis	sh oil, C	oumad									
	Are you currently taking multiple IF YES: Number per week: 1	vitamin	s regul	larly?	☐ Yes 8–14										
	ii 120. Number per week. 🔲 i	-3		brief		15	H-1	OVER THE PAST TWELVE MONTHS, <u>other than study capsules</u> , did you take additional BETA-CAROTENE or VITAMIN A (other than multivitamins)?							
9	OVER THE PAST TWELVE MONTH (other than multivitamins)?	HS, <u>othe</u> ∕es □	er than No	study	capsule	<u>s</u> , did y	ou take add								
	OVER THE PAST TWELVE MONTH (other than multivitamins)?	HS, <u>othe</u> ∕es □ NA □	er than No BETA STION	check	Capsule TENE (ABOU YES or	s, did y Num	ou take add	k: □ 1–3	☐ 4–7 ☐	3–14	☐ 15	+	as		
	OVER THE PAST TWELVE MONTH (other than multivitamins)? Yes: Which type? VITAMIN SINCE YOU FILLED OUT THE LAST	HS, <u>othe</u> ∕es □ NA □	er than No BETA STION	-CARO* INAIRE check Date	capsule.	s, did y Num	ou take add	k: □ 1–3	☐ 4–7 ☐] 8–14 n NEWL\ R EACH D	☐ 15 Y DIAG DIAGNI	+ SNOSED OSIS.) Date of	f D		
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e e e e e e e e e e e e e e e e e e e	OVER THE PAST TWELVE MONTH (other than multivitamins)? Yeres: Which type? VITAMIN SINCE YOU FILLED OUT THE LAST having any of the following condit Myocardial infarction Pulmonary embolism Deep vein thrombosis Stroke Diabetes Skin cancer: Melanoma Basal cell Squamous invasive Squamous in situ Other skin: Cancer (non-skin): Site Coronary bypass (CABG)	HS, other less of the less of	No BETA STION Please No	-CARO** -CARO** -CARO** -CARO** -Check -Chec	Capsule. TENE I (ABOU) YES or of DX h/Year	s, did y Num	ber per wee LVE MONTH ALL items a Bleeding Non-blee Melena Hematerr Other GI Gallstone Gallstone Gallbladd Varicose Appendix Glaucoma Bronchitis Gout	k: 1–3 HS AGO), had provided	□ 4-7 □ ve you beel EDATE FOF s hoids	Yes	DIAGNO	+ SNOSED OSIS.) Date of Month/	f D) Yea		
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9	9. Date of birth:/19 (Necessary for verification)	
1	Month Day Year	
3.	10. SINCE YOU FILLED OUT THE LAST QUESTIONNAIRE (ABOUT TWELVE MONTHS AGO):	
	Date Yes No Month/Ye	ar.
\$	Have you had a cataract diagnosed in your RIGHT eye? Diagnosis	di .
	Have you had a cataract extraction in your RIGHT eye? Surgery	
	Have you had a cataract diagnosed in your LEFT eye? Diagnosis	
9/1		
iii .		
(B)	 If you have any of the conditions listed in question 8 or 10, please complete and sign the folio will be used solely for medical statistical purposes and maintained in the strictest professional 	owing consent form. This information al confidence.
907 5	I hereby grant permission to Charles H. Hennekens, MD, Associate Professor of Medicine, Ha Avenue, Brookline, MA 02146, to review a copy of the records of my hospitalization or treatm	rvard Medical School, 55 Pond ent for:
	Diagnosis:	
	Name of hospital/physician	
a	Address	
	CityS	toto 7
	Dates of hospitalization/treatment	Zip
	337 - 4477544 MANAGARID MATERIA (1747) PSO 2019	
	Signed	Date
12	12. SINCE YOU FILLED OUT THE LAST QUESTIONNAIRE (ABOUT TWELVE MONTHS AGO), have following? (Please check YES or NO for <u>ALL items.)</u>	e you experienced any of the
	Cumptoma augustica of acciding	No
	Nauses	
	Constinction	
	Diagraps:	
1	Skin dissolaration	
	Other symptoms	
	Note: An enteric-coated preparation of the white pill is available upon request.	- !
13	13. Have you ever had a vasectomy? Yes No Date/19	
14	14. Have you ever smoked cigarettes regularly? Month Year	
	□ No	
	☐ Yes: Please answer each of the following:	
	Age started smoking	
	When you smoke (or smoked), on average how many cigarettes per day do (did) you smol	ke?
	☐ Less than pack/day ☐ 1 pack/day ☐ 1-2 packs/day ☐ 2+ packs/day	
	I level brand of aignostates	No
	Age stopped smoking	
	OR if currently smoking, check here	
	We would appreciate the following OPTIONAL information which helps us to maintain high fo	llow-up rates:
15.	15. The name and address of someone who could give us your new address should you move:	Control of the Mark of the Control o
	Name Address	
	City	
10	Julie	Zip
10.	16. Your current telephone numbers should we need to reach you:	
	Telephone: Home () Office ()	