HARVARD MEDICAL SCHOOL



PHYSICIANS' HEALTH STUDY

1.	- A-DE TO BE THE BEST OF BEST STORE AND A STORE AND		ecessa	ry for verifica	ition)					
2,	Month Day Yea OVER THE PAST TWELVE MONTH: missed those pills you made up or	S, how	in the second second	The state of the s	어떻게 들시 눈이 살으면 가는 안내가 되었다. 그는 가는 것도 되었다. 그	ules did	you <u>NO7</u>	take? (Pl	ease de	o not count a
	☐ TOOK ALL THE RED CAPSULE☐ ☐ 1-9 not taken (5%)		Ţ	□ 10-30 not	taken (6-17%) taken (18-50%)			not taken ONE or ha	•	%) ny (91-100%
3.	OVER THE PAST TWELVE MONTH							21-180 D	ays □] 180+ Day
4.	OVER THE PAST TWELVE MONTH or VITAMIN A (other than multivitan 0 Days 1-13 Days 14-30	nins)?								
5.	Are you currently taking any of the ☐ No ☐ Fish oil: Bra		ng dru	ıgs (fish oil, (Coumadin or Heparii □ Coum		interfere	e with blo		ting?
3.	OVER THE PAST TWELVE MONTH	IS, ha	ve you		l any of the following			YES or	NO for	
	Symptoms suggestive of gastritis Symptoms suggestive of peptic ulc Nausea Constipation Other symptoms	ær	No		Diarrhea Skin discoloration Hematuria Easy bruising	No	Yes	Epistaxi Other b Headac Migraine	eeding ne	No
.	OVER THE PAST TWELVE MONTH	****	re you	ı diagnosed a	as having a cataract					
	No Yes In your RIGHT eye? □ □ In your LEFT eye? □ □	our RIGHT eye? 🗆 🗅 Date of RIGHT eye diagnosis								
	OVER THE PAST TWELVE MONTH No Yes In your RIGHT eye? In your LEFT eye?			D D	ate of extraction in I ate of extraction in I	LEFT ey	9		onth/Ye	
, .	OVER THE PAST TWELVE MONT (Please check YES or NO for ALL it			OVIDE DATE		Table 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ng any	or the to	llowing	
	Myocardial infarction Pulmonary embolism Skin cancer, type Deep vein thrombosis	No	Yes	Date of DX Month/Year	Gallstones Gallbladder ren Appendix remo Renal disease			No 	Yes	Date of DX Month/Year
	Stroke Cancer (non-skin): Site Coronary angioplasty (PTCA) Angina pectoris Coronary bypass (CABG)				Subconjunctival Intermittent clau Carotid artery s Other periphera Site	udication urgery				
	Bleeding hemorrhoids Non-bleeding hemorrhoids Melena Hematemesis Other GI bleeding Site					J S				
	Transient cerebral ischemia (TIA) Peptic ulcer Liver disease Osteoporosis					st year				

Brookline, MA 02146, to review a copy of t							
Diagnosis:							
lame of hospital/physician							
\ddress		\$61.0 <u>1.7524</u> Quantitati					
ity :			State		Zi _l	ρ	
Dates of hospitalization/treatment							
Signed			Date				
OVER THE PAST TWELVE MONTHS, on he	ow many DAY	S have yo	u taken aspir	in (including f	rom your c	alendar pad	ks) or medi
on containing aspirin (Alka Seltzer, etc.)?							co
☐ 0 Days ☐ 1-13 Days ☐ 14-30 Days	⊔ 31-60 Da	ys. ⊔ 61	-90 Days □	91-120 Days	3 ∐ 121-1	180 Days	⊔ 180+ Da
OVER THE PAST TWELVE MONTHS, on he	ow many DAY	S have yo	u taken plate	let active or n	onsteroida	l anti-inflam	matory age
Persantine, Anturane, Advil, Feldene, Nap							i de la Prima de la Companya de la C
🗆 0 Days 🖂 1-13 Days 🖂 14-30 Days	☐ 31-60 Da	ys 🗆 61	-90 Days 🗆	91-120 Day	i 🗆 121-1	180 Days	□ 180+ Da
기가 되었다. 1982년 - 1985년 - 1982년 - 1982년 1982년 - 1982년		12 3 4 1 2 2 3 4 3 4 5 4 5 4 5 4 5 4 5 4 5 6 5 6 5 6 5 6 5					
Please indicate how often, on average, you h	nave eaten ead	ch of the fo	ollowing foods	during the pa	ast year. Fo	r seasonal	foods, avera
our use over the full 12 months.							
		espitality	5-6/wk	2-4/wk	1/wk	1-3/mth	Rarely/
			D-D/WK	Z-4/WK	I/WK	1-3/111111	never
1) Broccali /1/2 o)	2+/ day □	daily					П
1) Broccoli (1/2 c.)		D	D	О			
2) Brussels sprouts (1/2 c.)							
2) Brussels sprouts (1/2 c.) 3) Carrots (whole or 1/2 c.)		D	D	О			
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