



72 mths (B)

HARVARD MEDICAL SCHOOL

PHYSICIANS' HEALTH STUDY

Please complete all 13 questions and return this form in the prepaid envelope provided

1. Date of birth: \_\_\_/\_\_\_/19\_\_\_ (Necessary for verification)
Month Day Year

2. OVER THE PAST TWELVE MONTHS, how many of the approximately 180 red capsules did you NOT take? (Please do not count as missed those pills you made up or extra pills missed in a short month.)
TOOK ALL THE RED CAPSULES 10-30 not taken (6-17%) 91-162 not taken (51-90%)
1-9 not taken (5%) 31-90 not taken (18-50%) Took NONE or hardly any (91-100%)

3. OVER THE PAST TWELVE MONTHS, on how many DAYS did you take multiple vitamins?
0 Days 1-13 Days 14-30 Days 31-60 Days 61-90 Days 91-120 Days 121-180 Days 180+ Days

4. OVER THE PAST TWELVE MONTHS, other than study capsules, on how many DAYS did you take additional BETA-CAROTENE or VITAMIN A (other than multivitamins)?
0 Days 1-13 Days 14-30 Days 31-60 Days 61-90 Days 91-120 Days 121-180 Days 180+ Days

5. Are you currently taking any of the following drugs (fish oil, Coumadin or Heparin) which interfere with blood clotting?
No Fish oil: Brand Coumadin Heparin

6. OVER THE PAST TWELVE MONTHS, have you experienced any of the following? (Please check YES or NO for ALL items.)
Symptoms suggestive of gastritis Diarrhea Epistaxis
Symptoms suggestive of peptic ulcer Skin discoloration Other bleeding
Nausea Hematuria Headache
Constipation Easy bruising Migraine
Other symptoms

7. OVER THE PAST TWELVE MONTHS, were you diagnosed as having a cataract:
In your RIGHT eye? No Yes Date of RIGHT eye diagnosis Month/Year
In your LEFT eye? No Yes Date of LEFT eye diagnosis Month/Year

8. OVER THE PAST TWELVE MONTHS, did you have a cataract extraction:
In your RIGHT eye? No Yes Date of extraction in RIGHT eye Month/Year
In your LEFT eye? No Yes Date of extraction in LEFT eye Month/Year

9. OVER THE PAST TWELVE MONTHS, have you been NEWLY DIAGNOSED as having any of the following conditions? (Please check YES or NO for ALL items and PROVIDE DATE FOR EACH DIAGNOSIS.)
Myocardial infarction Gallstones
Pulmonary embolism Gallbladder removal
Skin cancer, type Appendix removal
Deep vein thrombosis Renal disease
Stroke Subconjunctival hemorrhage
Cancer (non-skin): Site Intermittent claudication
Coronary angioplasty (PTCA) Carotid artery surgery
Angina pectoris Other peripheral artery surgery
Coronary bypass (CABG) Site
Bleeding hemorrhoids Arthritis
Non-bleeding hemorrhoids Gout
Melena Diabetes mellitus
Hematemesis Bronchitis
Other GI bleeding Varicose veins
Site Vasectomy
Transient cerebral ischemia (TIA) Glaucoma
Peptic ulcer Periodontal disease
Liver disease Teeth lost in past year
Osteoporosis If YES, how many

Other conditions requiring medical treatment

IF YES to ANY items in #9: Please provide details on back — especially for diagnosis, progression of disease and treatment.

PLEASE CONTINUE ON REVERSE

