



84 mth

HARVARD MEDICAL SCHOOL

PHYSICIANS' HEALTH STUDY

Please complete all 25 questions and return this form in the prepaid envelope provided

- 1. Date of birth: \_\_\_/\_\_\_/19\_\_\_ (Necessary for verification)
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%)

Reason for not taking red capsules: \_\_\_\_\_

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

- 6. OVER THE PAST TWELVE MONTHS, were you diagnosed as having a cataract:
In your RIGHT eye?
In your LEFT eye?
Date of RIGHT eye diagnosis
Date of LEFT eye diagnosis

- 7. OVER THE PAST TWELVE MONTHS, did you have a cataract extraction:
In your RIGHT eye?
In your LEFT eye?
Date of extraction in RIGHT eye
Date of extraction in LEFT eye

- 8. 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 and PROVIDE DATE FOR EACH DIAGNOSIS.)

Table with 4 columns: Condition, No, Yes, Date of DX Month/Year. Rows include Myocardial infarction, Gallstones, Stroke, Cancer (non-skin), Coronary angioplasty (PTCA), Angina pectoris, Coronary bypass (CABG), Bleeding hemorrhoids, Non-bleeding hemorrhoids, Melena, Hematemesis, Other GI bleeding, Transient cerebral ischemia (TIA), Peptic ulcer, Liver disease, Osteoporosis, Gallbladder removal, Appendix removal, Renal disease, Subconjunctival hemorrhage, Intermittent claudication, Carotid artery surgery, Other peripheral artery surgery, Arthritis, Gout, Diabetes mellitus, Bronchitis, Varicose veins, Vasectomy, Glaucoma, Periodontal disease, Teeth lost in past year.

Other conditions requiring medical treatment \_\_\_\_\_

IF YES to ANY items in #8: Please provide details on back — especially for diagnosis, progression of disease and treatment.

9. If you have any of the conditions listed in questions 6, 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:

Diagnosis: \_\_\_\_\_

Name of hospital/physician \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Dates of hospitalization/treatment \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

10. OVER THE PAST TWELVE MONTHS, on how many DAYS have you taken the white pills from your calendar packs?  
 0 Days  1-13 Days  14-30 Days  31-60 Days  61-90 Days  91-120 Days  121-180 Days  180+ Days

11. OVER THE PAST TWELVE MONTHS, on how many DAYS have you taken aspirin or medication containing aspirin (Alka Seltzer, etc.)? Please DO NOT include the white pills from your calendar packs.  
 0 Days  1-13 Days  14-30 Days  31-60 Days  61-90 Days  91-120 Days  121-180 Days  180+ Days

12. OVER THE PAST TWELVE MONTHS, on how many DAYS have you taken platelet active or nonsteroidal anti-inflammatory agents (Persantine, Anturane, Advil, Feldene, Naprosyn, etc.)?  
 0 Days  1-13 Days  14-30 Days  31-60 Days  61-90 Days  91-120 Days  121-180 Days  180+ Days

13. 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

14. Have you EVER had macular degeneration diagnosed:  
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

15. Is your visual acuity decreased due to macular degeneration:  
In your RIGHT eye?  No  Yes In your LEFT eye?  No  Yes

16. Have you EVER been diagnosed as having benign prostatic hyperplasia?  No  Yes Date of diagnosis \_\_\_\_\_ Month/Year

17. Have you EVER had surgery for benign prostatic hyperplasia?  No  Yes Date \_\_\_\_\_ Month/Year

18. What is your CURRENT blood pressure level? \_\_\_\_\_/\_\_\_\_\_ mmHg or Don't Know

19. Are you CURRENTLY taking medication for hypertension?  No  Yes

20. Have you taken medication for hypertension at any time since you enrolled in our study (approx. 7 yrs.)?  No  Yes

21. What is your CURRENT level of blood cholesterol? \_\_\_\_\_ mg/100 ml or Don't Know

22. Are you CURRENTLY taking medication for high cholesterol?  No  Yes

23. Have you taken medication for high cholesterol at any time since you enrolled in our study (approx. 7 yrs.)?  No  Yes

24. What is your blood group type?  A  B  O  AB  Don't know;  
Rh factor?  Negative  Positive  Don't know

25. How often do you usually consume alcoholic beverages (beer, wine or liquor)?  
 2+ /day  daily  5-6/wk  2-4/wk  1/wk  1-3/mo  rarely/never