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132	/

PHYSICIANS'	HEALTH STUDY

(21)

(26)

HARVARD MEDICAL SCHOOL

Please complete this questionnaire regardless of whether you are willing to participate so that we may determine if participants differ from non-participants in any systematic way. All information will be regarded as <u>strictly confidential</u> and will be used only for medical statistical purposes. PLEASE BE SURE TO COMPLETE ALL ITEMS.

1.	Date of	birth:(27) m	/ no。(29) day	/19 / (31) ye		Sex: (33)	M□F□	3.	Height (34)	t:in inc		. Weig	ght(36)	lbs.
5.	Do you	have a persor	nal history	of any of t	he follow	ing? (Ple	ease check e	either '	'yes'' c	or "no" to	o all items)			
					YES	NO					and the		YES	МО
	(39)	Myocardial	infarction					(55	2007 Albania (1994)	gina pect	oris			
	(40)	Stroke		·:- (TI	A) 🗆			(56		abetes thritis				
	(41) (42)	Transient ce Current live		emia (117		ä				iodontal	disease		ä	ä
	(42)	Current rena				ă		(59		taracts	discuse			ä
	(44)	Peptic ulcer			ō			(60	AND THE RESERVE AND ADDRESS OF	llstones				
	(45)	Gout						(61) Pul	monary e	embolism			
	(46)	Cancer: Site						(62	2) Dec	ep vein th	nrombosis			
6.	Do you	have any per	sonal histo	ry of adver	se effects	to aspir	in or any o	ther m	edical	contraind	lication to it		No □ Yes	
7.	On aver	age, are you	currently to	akina asniri	n or asnir	in-conta	ining comp	ounds	as from	mently as	once ner w	eek?		
	On aver	age, are you c	Juli Cittly to	iking aspirii	ii oi aspii	III-corre	ming comp	Journas	as ireq	lucility as	office per w		No □ Yes	П
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8.	IF CUR	ou ever taken RENT:	multiple vi Bran	itamins regu id (66)	ularly?		Years (6				Past only #/wee		Current	Ш
9.		ou ever taken RENT:	regularly a Year	capsule co	ntaining <u>o</u>	only vita	min A? #/week	(73) (76)	Never		Past only Size (/ 🗆 78)	Current	
_ 10.		ou ever taken	regularly a		taining or	ıly vitan	nin C?	(80)	Never		Past only	<i>,</i> \Box	Current mgm	
	400 O 15 W. Ch.										Past only		Current	
11. 12.	IF CUR		Year	s (21)	- deservation		#/week	(23) _			Size ((25)	units	
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INFORMED CONSENT

I hereby consent to participate in the Physicians' Health Study. My collaboration will include:

- Taking one tablet or capsule daily from the monthly calendar packs I am sent;
- Completing, every six months, a brief questionnaire asking about my compliance and my recent health;
- Giving Charles H. Hennekens, MD permission to validate, from medical records, any relevant illnesses I report.

I understand that participants will not be able to choose their treatment group and that <u>I will not know</u> my treatment group, though the daily pills will contain alternate day aspirin (Bufferin, 325 mg), alternate day beta-carotene (Solatene, 30 mg), both or neither.

I further understand that:

- a) In a minority of takers, Bufferin can cause hypersensitivity, dyspepsia or other stomach upset, and it increases the tendency to bleed, particularly in the gastrointestinal tract, although generally at much higher doses than used in this study. If I should experience discomfort and wish to continue taking study medication, I may request a coated preparation.
- b) In doses higher than that given in this trial, Solatene produces yellow pigmentation of the skin and/or occasional looser stools in some individuals, though both effects are completely reversible.

I understand that all information will be kept strictly confidential, that I can contact study personnel if I have any questions, and that I may request other reference material on the possible role of aspirin in cardiovascular disease and beta-carotene in cancer. I further understand that I can withdraw from the study at any time.

		in the Physicians' Healt
		sible (but unproven) ber
efits of asp	pirin and beta-ca	arotene in healthy people
	Yes	No 🗆
Signed		127 131
Date		

WHETHER OR NOT YOU CONSENT TO PARTICIPATE, we shall be grateful if you would complete the questionnaire on the reverse and return it in the reply-paid envelope.

THANK YOU!