011 _____ _____/_____/_____
(4) (11) (12) (20)

_____
(21) (26)

HARVARD MEDICAL SCHOOL

PHYSICIANS' HEALTH STUDY

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 **strictly confidential** and will be used only for medical statistical purposes. PLEASE BE SURE TO COMPLETE ALL ITEMS.

1. Date of birth: _____/_____/19_____ (27) mo. (29) day (31) year
2. Sex: M ☐ F ☐ (33)
3. Height: _____ (34) in inches
4. Weight _____ lbs. (36)

5. Do you have a personal history of any of the following? (Please check either "yes" or "no" to all items)

		YES	NO			YES	NO
(39)	Myocardial infarction	☐	☐	(55)	Angina pectoris	☐	☐
(40)	Stroke	☐	☐	(56)	Diabetes	☐	☐
(41)	Transient cerebral ischemia (TIA)	☐	☐	(57)	Arthritis	☐	☐
(42)	Current liver disease	☐	☐	(58)	Periodontal disease	☐	☐
(43)	Current renal disease	☐	☐	(59)	Cataracts	☐	☐
(44)	Peptic ulcer	☐	☐	(60)	Gallstones	☐	☐
(45)	Gout	☐	☐	(61)	Pulmonary embolism	☐	☐
(46)	Cancer: Site (47) _____ (51) _____	☐	☐	(62)	Deep vein thrombosis	☐	☐

6. Do you have any personal history of adverse effects to aspirin or any other medical contraindication to its use? (63) No ☐ Yes ☐
7. **On average,** are you currently taking aspirin or aspirin-containing compounds as frequently as once per week? (64) No ☐ Yes ☐
8. Have you ever taken multiple vitamins regularly? (65) Never ☐ Past only ☐ Current ☐
   IF CURRENT: Brand (66) _____ Years (69) _____ #/week (71) _____
9. Have you ever taken regularly a capsule containing **only** vitamin A? (73) Never ☐ Past only ☐ Current ☐
   IF CURRENT: Years (74) _____ #/week (76) _____ Size (78) _____ units
10. 012 Have you ever taken regularly a tablet containing **only** vitamin C? (80) Never ☐ Past only ☐ Current ☐
    IF CURRENT: Years (12) _____ #/week (14) _____ Size (16) _____ mgm
11. Have you ever taken regularly a capsule containing **only** vitamin E? (20) Never ☐ Past only ☐ Current ☐
    IF CURRENT: Years (21) _____ #/week (23) _____ Size (25) _____ units
12. Other than aspirin-containing compounds or vitamins, are you currently taking any medications at least once per week? (29) No ☐ Yes ☐
    IF YES: Please specify: (Please print) (30) _____ (36) _____ (42) _____ (48) _____

13. a) CURRENT blood pressure level (54) _____/_____ mm HG or Don't know ☐
    b) Have you ever received drug treatment for hypertension? (60) Never ☐ Past only ☐ Current ☐
14. a) CURRENT level of blood cholesterol (61) _____ mg/100 ml or Don't know ☐
    b) Have you ever received drug treatment for high cholesterol? (64) Never ☐ Past only ☐ Current ☐
15. Have you ever smoked cigarettes regularly? (65) Never ☐ Past only ☐ Current ☐
    IF CURRENT: On average how many cigarettes do you **currently** smoke daily (1 pack = 20 cigs)? (66) _____ cigs
16. Have you ever smoked cigars regularly? (68) Never ☐ Past only ☐ Current ☐
17. Have you ever smoked a pipe regularly? (69) Never ☐ Past only ☐ Current ☐
18. How often do you exercise vigorously enough to work up a sweat? (70) Daily ☐ 5-6 times/wk ☐ 2-4 times/wk ☐ once/wk ☐ 1-3 times/month ☐ rarely/never ☐
19. How often do you usually consume the following? (Check the most appropriate box)

		2+/day	daily	5-6/wk	2-4/wk	1/wk	1-3/mth	Rarely/ Never
(71)	Broccoli or Brussel sprouts	☐	☐	☐	☐	☐	☐	☐
(72)	Carrots	☐	☐	☐	☐	☐	☐	☐
(73)	Spinach or other dark greens	☐	☐	☐	☐	☐	☐	☐
(74)	Yellow (winter) squash	☐	☐	☐	☐	☐	☐	☐
(75)	Tomatoes or tomato juice	☐	☐	☐	☐	☐	☐	☐
(76)	Alcoholic beverages (beer, wine or liquor)	☐	☐	☐	☐	☐	☐	☐
(77)	Cold breakfast cereal Usual brand (78) _____	☐	☐	☐	☐	☐	☐	☐
(80)	Liver	☐	☐	☐	☐	☐	☐	☐

PLEASE CONTINUE ON REVERSE

INFORMED CONSENT

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

a) Taking one tablet or capsule daily from the monthly calendar packs I am sent;

b) Completing, every six months, a brief questionnaire asking about my compliance and my recent health;

c) 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 *I will not know* 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.

I am willing to participate in the Physicians' Health Study to evaluate the possible (but unproven) benefits of aspirin and beta-carotene in healthy people.

Yes ☐ No ☐

Signed _____

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!