**HARVARD MEDICAL SCHOOL** **PHYSICIANS' HEALTH STUDY**

**Please complete all 22 questions and return this form in the prepaid envelope provided**

1. Date of birth: _____/_____/ 19_____ (necessary for verification) 2. Current weight: _____ lbs.
   Month Day Year

3. 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: _____

4. OVER THE PAST TWELVE MONTHS, other than study capsules, on how many DAYS did you take individual BETA-CAROTENE or VITAMIN A? (Please DO NOT include 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.)

| | NO | YES | | NO | YES | | NO | YES |
|---|---|---|---|---|---|---|---|---|
| Symptoms suggestive of gastritis | ☐ | ☐ | Diarrhea | ☐ | ☐ | Epistaxis | ☐ | ☐ |
| Symptoms suggestive of peptic ulcer | ☐ | ☐ | Skin discoloration | ☐ | ☐ | Other bleeding | ☐ | ☐ |
| Nausea | ☐ | ☐ | Hematuria | ☐ | ☐ | Headache | ☐ | ☐ |
| Constipation | ☐ | ☐ | Easy bruising | ☐ | ☐ | Migraine | ☐ | ☐ |

   Other symptoms _____

6. SINCE YOU FILLED OUT THE LAST QUESTIONNAIRE (about twelve months ago), were you NEWLY DIAGNOSED as having any of the following IN YOUR RIGHT EYE? (Please check YES or NO for ALL items and provide date for each diagnosis.)

| | NO | YES | | MONTH/YEAR |
|---|---|---|---|---|
| Cataract | ☐ | ☐ | Date of cataract diagnosis | _____ |
| Cataract extraction | ☐ | ☐ | Date of cataract extraction | _____ |
| Macular degeneration | ☐ | ☐ | Date of macular degeneration diagnosis | _____ |

7. SINCE YOU FILLED OUT THE LAST QUESTIONNAIRE (about twelve months ago), were you NEWLY DIAGNOSED as having any of the following IN YOUR LEFT EYE? (Please check YES or NO for ALL items and provide date for each diagnosis.)

| | NO | YES | | MONTH/YEAR |
|---|---|---|---|---|
| Cataract | ☐ | ☐ | Date of cataract diagnosis | _____ |
| Cataract extraction | ☐ | ☐ | Date of cataract extraction | _____ |
| Macular degeneration | ☐ | ☐ | Date of macular degeneration diagnosis | _____ |

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.)

| | NO | YES | DATE of DX MONTH/YEAR | | NO | YES | DATE of DX MONTH/YEAR |
|---|---|---|---|---|---|---|---|
| Myocardial infarction | ☐ | ☐ | _____ | Benign prostatic hyperplasia | ☐ | ☐ | _____ |
| Pulmonary embolism | ☐ | ☐ | _____ | Benign prostatic hyperplasia surgery | ☐ | ☐ | _____ |
| Skin cancer, type _____ | ☐ | ☐ | _____ | Arthritis | ☐ | ☐ | _____ |
| Deep vein thrombosis | ☐ | ☐ | _____ | Bronchitis | ☐ | ☐ | _____ |
| 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 | ☐ | ☐ | _____ | Gallstones | ☐ | ☐ | _____ |
| Non-bleeding hemorrhoids | ☐ | ☐ | _____ | Gallbladder removal | ☐ | ☐ | _____ |
| Gout | ☐ | ☐ | _____ | Appendix removal | ☐ | ☐ | _____ |
| Diabetes mellitus | ☐ | ☐ | _____ | Renal disease | ☐ | ☐ | _____ |
| Gastrointestinal 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 #8: Please provide details on back — especially for diagnosis, progression of disease and treatment.

→ PLEASE CONTINUE ON REVERSE

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, Professor of Medicine and Preventive 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 non-steroidal 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. 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

14. OVER THE PAST TWELVE MONTHS, have you STARTED taking medication for hypertension? ☐ NO ☐ YES

15. 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

16. Do you engage in a regular program of exercise vigorous enough to work up a sweat? ☐ NO ☐ YES

If YES: a) How many days per week? ☐ Less than 1 day per week ☐ 1–2 Days ☐ 3–4 Days ☐ 5–7 Days

b) How long have you had this pattern of exercise? ☐ Less than 1 year ☐ 1–2 Years ☐ 3–5 Years ☐ 6+ Years

c) How long is each average exercise session? ☐ 10 min. or less ☐ 11–24 Mins. ☐ 25–40 Mins. ☐ 41+ Mins.

17. With which hand do you: a) Write? ☐ L ☐ R b) Draw? ☐ L ☐ R c) Throw a ball? ☐ L ☐ R

18. Since enrollment in our study (about 9 yrs. ago) until 1/25/88, did you have a kidney or ureteral stone? ☐ NO ☐ YES

19. PRIOR TO enrollment, did you have a kidney or ureteral stone? ☐ NO ☐ YES

20. Using the instructions found on the cover letter, please record the following measurements to the nearest quarter inch:

| | inches | fraction | | inches | fraction |
|---|---|---|---|---|---|
| TORSO: | _____ | ____/4 | HIPS: | _____ | ____/4 |

We would appreciate the following OPTIONAL information which helps us to maintain high follow-up rates:

21. The name and address of someone who could give us your new address should you move:

Name _____ Address _____

City _____ State _____ Zip _____

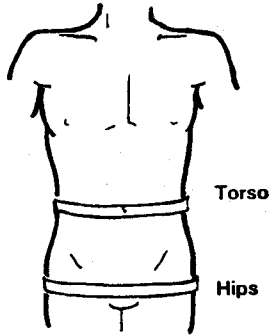
22. Your current telephone numbers should we need to reach you:

Home (  ) _____ Office (  ) _____

## SPECIAL INSTRUCTIONS FOR QUESTION #20

This item asks about body measurements. We have enclosed a simple tape measure to help you. This information will be more accurate if you follow these suggestions:

- Make measurements while standing.
- Avoid measuring over bulky clothing.
- Try to record answers to the nearest quarter inch.




TORSO: measure at the level of your navel.

HIPS: measure around the largest circumference between your waist and your thighs.