

11 mg



HARVARD MEDICAL SCHOOL

PHYSICIANS' HEALTH STUDY

Please complete all 21 questions and return this form in the prepaid envelope provided

1. Date of birth: ___/___/19___ (necessary for verification) 2. Current weight: ___ lbs.

3. What is your current marital status? [] Married [] Divorced/Separated [] Widowed [] Never Married

4. OVER THE PAST TWELVE MONTHS, how many of the approximately 180 red capsules did you NOT take? [] Took all the red capsules [] 1-9 not taken (5%) [] 10-30 not taken (6-17%) [] 31-90 not taken (18-50%) [] 91-162 not taken (51-90%) [] Took NONE or hardly any (91-100%)

Reason for not taking red capsules: _____

5. OVER THE PAST TWELVE MONTHS, have you experienced any of the following? (Please check YES or NO for ALL items.)

Table with 3 columns of symptoms: Gastritis/Peptic ulcer, Diarrhea/Skin discoloration/Hematuria/Easy bruising, Epistaxis/Other bleeding/Headache/Migraine. Each symptom has NO and YES checkboxes.

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.)

Table for Right Eye diagnosis: Cataract, Cataract extraction, Macular degeneration. Includes NO/YES checkboxes and DATE of DX MONTH/YEAR.

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.)

Table for Left Eye diagnosis: Cataract, Cataract extraction, Macular degeneration. Includes NO/YES checkboxes and DATE of DX MONTH/YEAR.

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

Large table for various medical conditions: Myocardial infarction, Stroke, Cancer, Arthritis, etc. Includes NO/YES checkboxes and DATE of DX MONTH/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, Professor of Medicine and Ambulatory Care and Prevention, Harvard Medical School, 900 Commonwealth Avenue East, Boston, MA 02215, 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 did you take 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 181+ Days

PLEASE NOTE THAT QUESTIONS #11-16 RELATE TO YOUR OWN PERSONAL MEDICATIONS (NOT THE STUDY PILLS)

OVER THE PAST 12 MONTHS, on how many DAYS did you take:

11. Aspirin or medication containing aspirin (Alka Seltzer, etc.)?
 0 Days 1-13 Days 14-30 Days 31-60 Days 61-90 Days 91-120 Days 121-180 Days 181+ Days

12. 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 181+ Days

13. Multivitamins?
 0 Days 1-13 Days 14-30 Days 31-60 Days 61-90 Days 91-120 Days 121-180 Days 181+ Days

14. INDIVIDUAL SUPPLEMENTS of Vitamin A or INDIVIDUAL Beta-carotene? (NOT Multivitamins)
 0 Days 1-13 Days 14-30 Days 31-60 Days 61-90 Days 91-120 Days 121-180 Days 181+ Days

15. INDIVIDUAL SUPPLEMENTS of Vitamin E? (NOT Multivitamins)
 0 Days 1-13 Days 14-30 Days 31-60 Days 61-90 Days 91-120 Days 121-180 Days 181+ Days

16. INDIVIDUAL SUPPLEMENTS of Vitamin C? (NOT Multivitamins)
 0 Days 1-13 Days 14-30 Days 31-60 Days 61-90 Days 91-120 Days 121-180 Days 181+ Days

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

18. 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

19. Have you EVER been diagnosed as having an abdominal aortic aneurysm? NO YES Date of Diagnosis _____/_____/_____
mo yr

20. Within the last 20 years, how many times did you PURPOSELY lose 10 or more pounds?
 0 Times 1-2 Times 3-4 Times 5-6 Times 7+ Times

21. Which of the following, most closely approximates your hair pattern at age 45? (Please check ONE BOX ONLY.)

