

	complete	all 12 q	uestions and re	turn this fo	orm in the pre	paid envelope p	provided				
Please	complete				The second secon						
Date of birth:/	/10	/F	or identification	n nurnos	es)						
									desa Martinario e territoria di constitucione di		
OVER THE PAST TWELVE MONTHS, how many of the approximately 180 white pills did you NOT take? (Do not include extra pill											
	short month or made-up pills as missed pills.)					less (10 E00/)					
☐ TOOK ALL THE WHITE PIL	.5					ken (18–50%)					
☐ 1–9 not taken (5%)						aken (51–90%)					
☐ 10–30 not taken (6–17%) Reason for not taking white p	ills:				IOOK INCINE	or hardly any	(91-100%)				
		percentation	f .1		100 - 1 - 111	L'A MOT	-1-2 (D		ode actor offi		
	ER THE PAST TWELVE MONTHS, how many of the approximately 180 red pills did you <u>NOT</u> take? (Do not include extra pills a short month or made-up pills as missed pills.)										
☐ TOOK ALL THE RED PILLS	-	ALL DESCRIPTION OF THE	Entitioned.	П	31-90 not ta	ken (18-50%)					
☐ 1–9 not taken (5%)				☐ 91–162 not taken (51–90%)							
☐ 10–30 not taken (5%)											
Reason for not taking red pills					☐ Took NONE or hardly any (91–100%)						
OVER THE PAST MONTH, oth											
and/or other platelet active, no Naprosyn, etc?	onsteroida	al anti-	inflammatory	agents su	ch as Motrir	i, Clinorii, Indo	cin, Feldene	e, ivieci	omen, lolecti		
□ 0 Days □ 1 Day □ 2–3	Davs F	7 4-61	Davs 🗆 7–10	Davs [11–20 Day	s 🗆 21–30 Da	avs				
If taken on more than one day								Spora	adic		
The state of the s											
OVER THE PAST TWELVE MO	NTHS (in	cluding	g the past mor	nth), <i>other</i>	than study	<i>pills,</i> on how r	nany DAYS	did yo	u take		
any of the following:			0 Days 1	-4 Days	5–8 Days	9-14 Days 15	-30 Dave 1	31_60 F	Days 61 + Da		
				in the same of the	5-6 Days	5-14 Days 15	—30 Days 、	51-00 D	ays of F Di		
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a) Aspirin	irin				H	П	П		П		
b) Medication containing asp	irin										
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b) Medication containing asp Name of agent(s):c) Platelet active, nonsteroida	ıl anti-	eldene						Ī			
b) Medication containing asp Name of agent(s): c) Platelet active, nonsteroida inflammatory agents (eg, l	ıl anti- Motrin, Fe										
b) Medication containing asp Name of agent(s): c) Platelet active, nonsteroida inflammatory agents (eg, I Naprosyn, etc.). Name of a	al anti- Motrin, Fe agent(s):						ENE or VIT				
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IFYES to ANY items in #7: Please provide details on back—especially for diagnosis, progression of disease and treatment.

8.	If you have any of the conditions listed in question 7, please complete and sign the following consent form. Obtaining hospital record or information from a treating physician is important in order that we may apply uniform criteria to evaluation of the medical endpoints. 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:												
	Name of hospital/physician												
	Address												
	City					State	Zip						
	Dates of hospitalization/treatme	ent											
	Signed			_		Date							
9.	SINCE YOU FILLED OUT THE LA (Please check YES or NO for AL	SINCE YOU FILLED OUT THE LAST QUESTIONNAIRE (ABOUT TWELVE MONTHS AGO), have you experienced any of the following?											
	(1 loade dilock 1 Lo of 140 lot AL	Littoria	5./	Yes	No		Yes	No					
	Symptoms suggestive of	of gastr	itis*			Melena							
	Symptoms suggestive of	of pepti	c ulcer*			Hematemesis							
	Nausea			15)		Other GI bleeding							
	Constipation					Site	-						
	Diarrhea					Hematuria							
	Skin discoloration					Easy bruising							
	Headache					Epistaxis							
	Migraine					Other bleeding							
	Other symptoms			5.7 s 5.3565 - 5 - 53.55	vroov syltanich trusc								
	*An enteric-coated prepar	ation is	available	upon i	request.								
10.	Have you EVER had any of the	lave you <i>EVER</i> had any of the following? Date Date											
		Yes	No		th/Year		Yes	No	Date Month/Year				
	Dx of osteoporosis			_		Intermittent claudication							
	Gallbladder removal			-		Carotid artery surgery							
	Appendix removal			-		Other peripheral artery surgery IF YES, Site							
11.		racture	resulting	g from	a fall from a	a standing or walking position (exclude tr	auma froi	m an au	ito accident,				
	skiing, etc.)												
	IFYES: Circumstances												
			1 **	-									
12.	Do you engage in a regular pro	gram o	of exercis	se vigo	rous enou	gh to work up a sweat? 🗌 Yes 🔲 No	<u> </u>		8				
	IFYES: a) How many days per	week?	☐ les	s than	1 day per v	veek 🗌 1–2 days 🗌 3–4 days 🗌 5-	-7 days						
	b) How long have you h	had thi	s patterr	of exe	ercise?	less than one year	3–5 years	□ 6	+ years				
	c) What types of vigoro					ng 🗆 cycling (include indoor) 🗀 oth	er						
	d) How long is each ave	erage e	exercise	sessior	n? 🗆 10 n	nins or less	mins 🗌	41 + r	nins				
	e) If you jog/run, how lo					3.1–4 miles ☐ more than 4 miles							