HARVARD MEDICAL SCHOOL



PHYSICIANS' HEALTH STUDY

			acotions and retai	rn this form in the prepaid envelope provi	dod		
Date of birth:/	_/19 Ye	(F ear	or identification	purposes)			
OVER THE PAST TWELVE MON extra pills in a short month or r			ny of the approx	kimately 180 white pills did you <u>NOT</u> t	ake? (D	o not co	ount as missed
☐ TOOK ALL THE WHITE PILLS	3			☐ 31–90 not taken (18–50%)			
☐ 1–9 not taken (5%)				☐ 91–162 not taken (51–90%)			
☐ 10-30 not taken (6-17%)				☐ Took NONE or hardly any (91–	100%)		
Reason for not taking white pill	s:						
OVER THE PAST TWELVE MON missed extra capsules in a shor				kimately 180 red capsules did you <u>NO</u>	T take?	(Do not	count as
☐ TOOK ALL THE RED CAPSU				☐ 31-90 not taken (18-50%)			
☐ 1–9 not taken (5%)				☐ 91–162 not taken (51–90%)			
☐ 10-30 not taken (6-17%)				☐ Took NONE or hardly any (91–	100%)		
Reason for not taking red capsu	ıles:				THE SAME OF THE SA		
aspirin and/or other platelet act Nuprin, Naprosyn, etc.? 0 Days 1 Day 2-3 I	ive, non Days 🗆	steroid	al anti-inflamma Days 🗌 7–10 D	y days did you take additional aspirin tory agents such as Motrin, Clinoril, In ays 11–20 Days 21–30 Days cutive days Mostly consecutive day	docin,	Feldene,	Advil,
				h), <u>other than study pills,</u> on how ma	ny DAY	S did yo	u take the
following: (Please answer ALL)	tems—	a, b, <u>aı</u>		1 Days 5-8 Days 9-14 Days 15-30	Days	31–60 Da	ys 61 + Days
a) Aspirin							
b) Medication containing aspirName of agent(s):	n						
c) Platelet active, nonsteroidal	anti-infla	mmate	0.000				
agents (e.g., Motrin, Feldene Name of agent(s):	, Napro	syn, etc	.) 🗆	es, did you take additional BETA-CARC		or VITAN	MIN A
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)?	, Napro VTHS, <u>o</u> Yes □ MIN A	syn, etc ther the No BET	an study capsule	es, did you take additional BETA-CARC	OTENE	or VITAN] 8–14	ΛΙΝ A □ 15 +
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)?	THS, o Yes [MIN A	syn, etc	an study capsule A-CAROTENE DNNAIRE (ABOU	es, did you take additional BETA-CARC Number per week: 1–3 4 T TWELVE MONTHS AGO), have you	OTENE	or VITAN] 8–14	MIN A □ 15 + DIAGNOSED
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAN SINCE YOU FILLED OUT THE LEGAL (STATE OF THE LEGAL (STAT	, Napros VTHS, o Yes ☐ MIN A LAST O	syn, etc	an study capsule A-CAROTENE DNNAIRE (ABOU	es, did you take additional BETA-CARC Number per week: 1–3 4 T TWELVE MONTHS AGO), have you	DTENE 1–7 □ i been	or VITAN 8–14 NEWLY	MIN A □ 15 + DIAGNOSED Date of DX
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAN SINCE YOU FILLED OUT THE It as having any of the following of	THS, o Yes [MIN A	ther that No BET UESTIC No No	an study capsule A-CAROTENE DNNAIRE (ABOU	Number per week: 1–3 4 TTWELVE MONTHS AGO), have you per NO for ALL items.	DTENE 1-7 i been Yes	or VITAN 8–14 NEWLY No	MIN A □ 15 + DIAGNOSED
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAN SINCE YOU FILLED OUT THE Ras having any of the following of the	, Napro	syn, etc	an study capsule A-CAROTENE DNNAIRE (ABOU	es, did you take additional BETA-CARC Number per week: IT TWELVE MONTHS AGO), have you or NO for ALL items.) Arthritis	OTENE 1-7 i been Yes	or VITAN 8–14 NEWLY	MIN A □ 15 + DIAGNOSED Date of DX
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAM SINCE YOU FILLED OUT THE Agent as having any of the following of Myocardial infarction Pulmonary embolism	, Napro	ther the No BET WESTIC No (Ple	an study capsule A-CAROTENE DNNAIRE (ABOU Base check YES of Date of DX Month/Year	Number per week: 1–3 4 TT TWELVE MONTHS AGO), have your NO for ALL items.) Arthritis Gout	DTENE 1-7 i been Yes	or VITAN 1 8-14 NEWLY No	MIN A ☐ 15 + DIAGNOSED Date of DX Month/Year
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAM SINCE YOU FILLED OUT THE As having any of the following of Myocardial infarction Pulmonary embolism Skin cancer, type	, Napro	ther the No BET UESTIC No	an study capsule A-CAROTENE DNNAIRE (ABOU Base check YES of Date of DX Month/Year	Pes, did you take additional BETA-CARC Number per week: 1–3 1–3 1/4 IT TWELVE MONTHS AGOJ, have you or NO for ALL items.) Arthritis Gout Gallstones	OTENE 4-7 Li been Yes	or VITAN 1 8-14 NEWLY No	MIN A ☐ 15 + DIAGNOSED Date of DX Month/Year
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAM SINCE YOU FILLED OUT THE As having any of the following of Myocardial infarction Pulmonary embolism	, Napro	ther the No BET WESTIC No (Ple	an study capsule A-CAROTENE DNNAIRE (ABOU Base check YES of Date of DX Month/Year	Number per week: 1–3 4 TT TWELVE MONTHS AGO), have your NO for ALL items.) Arthritis Gout	OTENE 1-7 i been Yes	or VITAN 1 8-14 NEWLY No	MIN A ☐ 15 + DIAGNOSED Date of DX Month/Year
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAM SINCE YOU FILLED OUT THE As having any of the following of Myocardial infarction Pulmonary embolism Skin cancer, type	, Napro	ther the No BET UESTIC No	an study capsule A-CAROTENE DNNAIRE (ABOU Base check YES of Date of DX Month/Year	Pes, did you take additional BETA-CARC Number per week: 1–3 1–3 1/4 IT TWELVE MONTHS AGOJ, have you or NO for ALL items.) Arthritis Gout Gallstones	OTENE 4-7 Li been Yes	or VITAN 1 8-14 NEWLY No	MIN A ☐ 15 + DIAGNOSED Date of DX Month/Year
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAN SINCE YOU FILLED OUT THE Las having any of the following of the following of the following with the property of the following of th	Napro	ther that No BET UESTIC No CONTROL NO CONTRO	an study capsule A-CAROTENE DNNAIRE (ABOU Base check YES of Date of DX Month/Year	Number per week: 1–3 AT TWELVE MONTHS AGO), have you or NO for ALL items. Arthritis Gout Gallstones Gallbladder removal	OTENE 4-7 Li been Yes	or VITAN 1 8-14 NEWLY No	MIN A ☐ 15 + DIAGNOSED Date of DX Month/Year
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAN SINCE YOU FILLED OUT THE Las having any of the following of the following of the following with the property of the following of th	Napro	ther that No BET UESTIC No DO	an study capsule A-CAROTENE DNNAIRE (ABOU Base check YES of Date of DX Month/Year	Number per week: 1–3 77 TWELVE MONTHS AGO), have you or NO for ALL items. Arthritis Gout Gallstones Gallbladder removal Bronchitis	OTENE 1-7 □ 1 been Yes □ □	or VITAN 8-14 NEWLY No	MIN A ☐ 15 + DIAGNOSED Date of DX Month/Year
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAN SINCE YOU FILLED OUT THE Las having any of the following of the following of the following with the property of the part of the	Napro	ther that No BET UESTIC No DO	an study capsule A-CAROTENE DNNAIRE (ABOU Base check YES of Date of DX Month/Year	Number per week: 1–3 4 T TWELVE MONTHS AGO), have you or NO for ALL items.) Arthritis Gout Gallstones Gallbladder removal Bronchitis Hemorrhoids	OTENE 1-7	or VITAN 8-14 NEWLY No	MIN A ☐ 15 + DIAGNOSED Date of DX Month/Year
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAN SINCE YOU FILLED OUT THE LEAST HAVING AND THE FORM THE PAST TWELVE MON (other than multivitamins)? Myocardial infarction Pulmonary embolism Skin cancer, type Deep vein thrombosis Stroke Cancer: Site Coronary bypass/angioplasty Angina pectoris	, Napro	ther the No BET UESTIC No	an study capsule A-CAROTENE DNNAIRE (ABOU Base check YES of Date of DX Month/Year	Number per week: 1–3 4 T TWELVE MONTHS AGO), have your NO for ALL items. Arthritis Gout Gallstones Gallbladder removal Bronchitis Hemorrhoids Varicose veins Appendix removal	OTENE 1-7	or VITAN 8-14 NEWLY No	MIN A ☐ 15 + DIAGNOSED Date of DX Month/Year
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAN SINCE YOU FILLED OUT THE Las having any of the following of the	, Napro	ther the No BET UESTIC No	an study capsule A-CAROTENE DNNAIRE (ABOU Base check YES of Date of DX Month/Year	Number per week: 1–3 4 TTWELVE MONTHS AGO), have your NO for ALL items.) Arthritis Gout Gallstones Gallbladder removal Bronchitis Hemorrhoids Varicose veins Appendix removal Intermittent claudication	OTENE 1-7	or VITAN 8-14 NEWLY No	MIN A ☐ 15 + DIAGNOSED Date of DX Month/Year
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAN SINCE YOU FILLED OUT THE Las having any of the following of the	, Napro	ther the No BET UESTIC No	an study capsule A-CAROTENE DNNAIRE (ABOU Base check YES of Date of DX Month/Year	Number per week: 1–3 4 TTWELVE MONTHS AGO), have your NO for ALL items.) Arthritis Gout Gallstones Gallbladder removal Bronchitis Hemorrhoids Varicose veins Appendix removal Intermittent claudication Carotid artery surgery	TENE 1-7	or VITAN 8-14 NEWLY No	MIN A ☐ 15 + DIAGNOSED Date of DX Month/Year
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAN SINCE YOU FILLED OUT THE Las having any of the following of the	, Napro	ther the No BET UESTIC No	an study capsule A-CAROTENE DNNAIRE (ABOU Base check YES of Date of DX Month/Year	Number per week: 1–3 4 TTWELVE MONTHS AGO), have your NO for ALL items.) Arthritis Gout Gallstones Gallbladder removal Bronchitis Hemorrhoids Varicose veins Appendix removal Intermittent claudication	OTENE 1-7	or VITAN 8-14 NEWLY No	MIN A ☐ 15 + DIAGNOSED Date of DX Month/Year
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAN SINCE YOU FILLED OUT THE Las having any of the following of the	, Napro	ther the No BET UESTIC No	an study capsule A-CAROTENE DNNAIRE (ABOU Base check YES of Date of DX Month/Year	Number per week:	TENE 1-7	or VITAN 8-14 NEWLY No	MIN A ☐ 15 + DIAGNOSED Date of DX Month/Year
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAN SINCE YOU FILLED OUT THE Las having any of the following of the	, Napro	ther that No BET UESTIC No BET	an study capsule A-CAROTENE DNNAIRE (ABOU Base check YES of Date of DX Month/Year	Number per week:	OTENE 1-7	or VITAN 8-14 NEWLY No	MIN A ☐ 15 + DIAGNOSED Date of DX Month/Year
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAN SINCE YOU FILLED OUT THE Las having any of the following of the	, Napro	ther that No BET UESTIC No BET	an study capsule A-CAROTENE DNNAIRE (ABOU Base check YES of Date of DX Month/Year	Number per week:	OTENE 1-7	or VITAN 8-14 NEWLY No	MIN A ☐ 15 + DIAGNOSED Date of DX Month/Year
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAN SINCE YOU FILLED OUT THE Las having any of the following of the	, Napro	ther that No BET UESTIC No CONTROL OF CONTRO	an study capsule A-CAROTENE DNNAIRE (ABOU Base check YES of Date of DX Month/Year	Number per week:	OTENE 1-7	or VITAN 8-14 NEWLY No	MIN A □ 15 + DIAGNOSED Date of DX Month/Year
agents (e.g., Motrin, Feldene Name of agent(s): OVER THE PAST TWELVE MON (other than multivitamins)? IF YES: Which type? VITAN SINCE YOU FILLED OUT THE Las having any of the following of the	, Napro:	ther that No BET UESTIC No CONTROL OF CONTRO	an study capsule A-CAROTENE DNNAIRE (ABOU Base check YES of Date of DX Month/Year	Number per week: 1–3 4 TTWELVE MONTHS AGO), have your NO for ALL items.) Arthritis Gout Gallstones Gallbladder removal Bronchitis Hemorrhoids Varicose veins Appendix removal Intermittent claudication Carotid artery surgery Other peripheral artery surgery IFYES, Site Subconjunctival hemorrhage Glaucoma Osteoporosis	OTENE 1-7	or VITAN 8-14 NEWLY No	MIN A □ 15 + DIAGNOSED Date of DX Month/Year

IFYES to ANY items in #7: Please provide details on back—especially for diagnosis, progression of disease and treatment.

	l in your RIG		Yes N	First DX			
Have you EVER had a cataract extraction	in your RIG	HT eye?		Surgery			
Have you EVER had a cataract diagnosed Have you EVER had a cataract extraction							
If you have any of the conditions listed in be used solely for medical statistical pur							nt form. This inform
I hereby grant permission to Charles H. Brookline, MA 02146, to review a copy of						vard Medi	ical School, 55 Pon
Name of hospital/physician							
Address							
						8	VIII
City				State _			Zip
Dates of hospitalization/treatment							
Signed						Date	
SALES INCOME.							
10. SINCE YOU FILLED OUT THE LAST QU			JT TWELV	/E MONTHS A	GO), hav	ve you exp	perienced any of th
following? (Please check YES or NO for	10.00				· -	37	
Symptoms suggestive of gastritis	Yes No		1/4	Hematuria	Yes	No	
Symptoms suggestive of gastrus Symptoms suggestive of peptic ulcer				Easy bruising	Б		
Nausea				Epistaxis	n	H	
Constipation		_		Other bleeding		ā	
Diarrhea]		Headache			
Skin discoloration			- 1	Migraine			
Other symptoms				Migraine			
				Vigraine .			
Other symptoms	pill is availai	ble upon re	quest.	353			
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average,	pill is availai	ble upon re	quest.	353			For seasonal food
Other symptoms	<i>pill is availai</i> you have ea	ble upon re	<i>quest.</i> of the follo	owing foods du	uring the	past year.	Rarely/
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average,	pill is availai	ble upon re	quest.	owing foods du	uring the	past year.	Rarely/ Never
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average, your use over the full 12 months.	<i>pill is availat</i> you have ea 2+/day	<i>ble upon re</i> aten each d daily	quest. of the follo	owing foods do	uring the	past year.	Rarely/
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average, your use over the full 12 months. (1) Broccoli (1/2 c.)	pill is availai you have ea 2+/day	daily	guest. of the follo	owing foods do 2–4/wk	uring the	past year.	Rarely/ Never
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average, your use over the full 12 months. (1) Broccoli (½ c.) (2) Brussel sprouts (½ c.)	you have ea	daily	guest. of the follo	2-4/wk	uring the	past year.	Rarely/ Never
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average, your use over the full 12 months. (1) Broccoli (½ c,) (2) Brussel sprouts (½ c,) (3) Carrots (whole or ½ c, cooked) (4) Spinach, cooked (½ c.) (5) Spinach/dark green lettuce salad	you have ea	daily	guest. 5-6/wk	2-4/wk	uring the	past year.	Rarely/ Never
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average, your use over the full 12 months. (1) Broccoli (½ c.) (2) Brussel sprouts (½ c.) (3) Carrots (whole or ½ c. cooked) (4) Spinach, cooked (½ c.) (5) Spinach/dark green lettuce salad (6) Yellow squash (½ c.)	pill is availal	daily	guest. 5-6/wk	2-4/wk	1/wk	past year.	Rarely/ Never
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average, your use over the full 12 months. (1) Broccoli (½ c.) (2) Brussel sprouts (½ c.) (3) Carrots (whole or ½ c. cooked) (4) Spinach, cooked (½ c.) (5) Spinach/dark green lettuce salad (6) Yellow squash (½ c.) (7) Yams or sweet potatoes (½ c.)	you have ea	daily	guest. 5-6/wk	2-4/wk	1/wk	past year.	Rarely/ Never
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average, your use over the full 12 months. (1) Broccoli (½ c.) (2) Brussel sprouts (½ c.) (3) Carrots (whole or ½ c. cooked) (4) Spinach, cooked (½ c.) (5) Spinach/dark green lettuce salad (6) Yellow squash (½ c.) (7) Yams or sweet potatoes (½ c.) (8) Tomato juice (small glass)	you have ea	daily	5-6/wk	2-4/wk	1/wk	past year.	Rarely/ Never
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average, your use over the full 12 months. (1) Broccoli (½ c.) (2) Brussel sprouts (½ c.) (3) Carrots (whole or ½ c. cooked) (4) Spinach, cooked (½ c.) (5) Spinach/dark green lettuce salad (6) Yellow squash (½ c.) (7) Yams or sweet potatoes (½ c.) (8) Tomato juice (small glass) (9) Tomatoes (1)	you have ea	daily	5-6/wk	2-4/wk	1/wk	past year.	Rarely/ Never
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average, your use over the full 12 months. (1) Broccoli (½ c.) (2) Brussel sprouts (½ c.) (3) Carrots (whole or ½ c. cooked) (4) Spinach, cooked (½ c.) (5) Spinach/dark green lettuce salad (6) Yellow squash (½ c.) (7) Yams or sweet potatoes (½ c.) (8) Tomato juice (small glass) (9) Tomatoes (1) (10) Orange juice (small glass)	you have ea	daily	5-6/wk	2-4/wk	1/wk	past year.	Rarely/ Never
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average, your use over the full 12 months. (1) Broccoli (½ c.) (2) Brussel sprouts (½ c.) (3) Carrots (whole or ½ c. cooked) (4) Spinach, cooked (½ c.) (5) Spinach/dark green lettuce salad (6) Yellow squash (½ c.) (7) Yams or sweet potatoes (½ c.) (8) Tomato juice (small glass) (9) Tomatoes (1) (10) Orange juice (small glass) (11) Cantaloupe (¼ melon)	you have ea	daily	5-6/wk	2-4/wk	1/wk	past year.	Rarely/ Never
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average, your use over the full 12 months. (1) Broccoli (½ c.) (2) Brussel sprouts (½ c.) (3) Carrots (whole or ½ c. cooked) (4) Spinach, cooked (½ c.) (5) Spinach/dark green lettuce salad (6) Yellow squash (½ c.) (7) Yams or sweet potatoes (½ c.) (8) Tomato juice (small glass) (9) Tomatoes (1) (10) Orange juice (small glass)	you have ea	daily	5-6/wk	2-4/wk	1/wk	past year.	Rarely/ Never
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average, your use over the full 12 months. (1) Broccoli (½ c.) (2) Brussel sprouts (½ c.) (3) Carrots (whole or ½ c. cooked) (4) Spinach, cooked (½ c.) (5) Spinach/dark green lettuce salad (6) Yellow squash (½ c.) (7) Yams or sweet potatoes (½ c.) (8) Tomato juice (small glass) (9) Tomatoes (1) (10) Orange juice (small glass) (11) Cantaloupe (¼ melon) (12) Peaches, apricots or nectarines	you have ea	daily	5-6/wk	2-4/wk	1/wk	past year.	Rarely/ Never
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average, your use over the full 12 months. (1) Broccoli (½ c.) (2) Brussel sprouts (½ c.) (3) Carrots (whole or ½ c. cooked) (4) Spinach, cooked (½ c.) (5) Spinach/dark green lettuce salad (6) Yellow squash (½ c.) (7) Yams or sweet potatoes (½ c.) (8) Tomato juice (small glass) (9) Tomatoes (1) (10) Orange juice (small glass) (11) Cantaloupe (¼ melon) (12) Peaches, apricots or nectarines (fresh, frozen, or canned) (13) Dried apricots (½ c.) (14) Liver (3–4 oz.)	you have ea	daily	5-6/wk	2-4/wk	1/wk	past year.	Rarely/ Never
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average, your use over the full 12 months. (1) Broccoli (½ c.) (2) Brussel sprouts (½ c.) (3) Carrots (whole or ½ c. cooked) (4) Spinach, cooked (½ c.) (5) Spinach/dark green lettuce salad (6) Yellow squash (½ c.) (7) Yams or sweet potatoes (½ c.) (8) Tomato juice (small glass) (9) Tomatoes (1) (10) Orange juice (small glass) (11) Cantaloupe (½ melon) (12) Peaches, apricots or nectarines (fresh, frozen, or canned) (13) Dried apricots (½ c.) (14) Liver (3–4 oz.) (15) Cold breakfast cereal (1 c.)	you have ea	daily	5-6/wk	2-4/wk	1/wk	past year.	Rarely/ Never
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average, your use over the full 12 months. (1) Broccoli (½ c.) (2) Brussel sprouts (½ c.) (3) Carrots (whole or ½ c. cooked) (4) Spinach, cooked (½ c.) (5) Spinach/dark green lettuce salad (6) Yellow squash (½ c.) (7) Yams or sweet potatoes (½ c.) (8) Tomato juice (small glass) (9) Tomatoes (1) (10) Orange juice (small glass) (11) Cantaloupe (½ melon) (12) Peaches, apricots or nectarines (fresh, frozen, or canned) (13) Dried apricots (½ c.) (14) Liver (3–4 oz.) (15) Cold breakfast cereal (1 c.) (16) Eggs (1)	you have ea	daily daily	5-6/wk	2-4/wk	1/wk	past year.	Rarely/ Never
Other symptoms Note: An enteric-coated preparation of the white 11. Please indicate how often, on average, your use over the full 12 months. (1) Broccoli (½ c.) (2) Brussel sprouts (½ c.) (3) Carrots (whole or ½ c. cooked) (4) Spinach, cooked (½ c.) (5) Spinach/dark green lettuce salad (6) Yellow squash (½ c.) (7) Yams or sweet potatoes (½ c.) (8) Tomato juice (small glass) (9) Tomatoes (1) (10) Orange juice (small glass) (11) Cantaloupe (½ melon) (12) Peaches, apricots or nectarines (fresh, frozen, or canned) (13) Dried apricots (½ c.) (14) Liver (3–4 oz.) (15) Cold breakfast cereal (1 c.)	you have ea	daily	5-6/wk	2-4/wk	1/wk	past year.	Rarely/ Never