HARVARD MEDICAL SCHOOL



PHYSICIANS' HEALTH STUDY

. Date of birth: 19_ Month Day	(Ne Year	cessa	ry for veri	fication)					
. OVER THE PAST TWELVE MONT missed those pills you made up o ☐ TOOK ALL THE RED CAPSU ☐ 1-9 not taken (5%)	or extra p LES	ills m	issed in a □ 10-30 n	short month.)		91-162 no	ot taken	(51-90)%)
OVER THE PAST TWELVE MON 0 Days 1-13 Days 14-	ITHS, on	how r	many DAY	S did you take multiple	vitamins	?			
OVER THE PAST TWELVE MON or VITAMIN A (other than multivit □ 0 Days □ 1-13 Days □ 14-3	amins)?								
Are you currently taking any of th ☐ No ☐ Fish oil: E	ne followi Brand	ng dru	ıgs (fish oi 	il, Coumadin or Heparir □ Coum		nterfere	with bloo		tting?
OVER THE PAST TWELVE MON	THS, ha	ve you	experien	ced any of the following	g? (Pleas	e check '	YES or I	NO for	ALL items.
Symptoms suggestive of gastritic Symptoms suggestive of peptic Nausea Constipation	Cara Cara	No	Yes	Diarrhea Skin discoloration Hematuria Easy bruising			Epistaxi Other bl Headacl Migraine	eedinç ne	No - - - -
Other symptoms									11 12 12 1
No Y In your RIGHT eye? □ I	RIGHT eye? Date of RIGHT eye diagnosis								
그리는 이 경험이라서 보는 중심점점		vou l	nave a cat	ายวิทย์สามารถเผลูโดยชื่อสู่เสียสารได้ได้					
OVER THE PAST TWELVE MON No Y In your RIGHT eye? In your LEFT eye? OVER THE PAST TWELVE MO	ITHS, did 'es _ NTHS, h	ave y	ou been	aract extraction: Date of extraction in I Date of extraction in I NEWLY DIAGNOSED	RIGHT ey EFT eye as havin			onth/Ye	
OVER THE PAST TWELVE MON No Y In your RIGHT eye? In your LEFT eye?	ITHS, did 'es 	ave y	ou been OVIDE DA Date of D	aract extraction: Date of extraction in F Date of extraction in L NEWLY DIAGNOSED ATE FOR EACH DIAGN	RIGHT ey EFT eye as havin				
OVER THE PAST TWELVE MON No Y In your RIGHT eye? In your LEFT eye? OVER THE PAST TWELVE MO	ITHS, did 'es _ NTHS, h	ave ynd PR Yes	ou been OVIDE DA	aract extraction: Date of extraction in F Date of extraction in L NEWLY DIAGNOSED ATE FOR EACH DIAGN DX ar Gallstones	RIGHT ey LEFT eye as havin IOSIS.)		f the fol		conditions
OVER THE PAST TWELVE MON No Y In your RIGHT eye? In your LEFT eye? OVER THE PAST TWELVE MO (Please check YES or NO for ALL Myocardial infarction Pulmonary embolism Skin cancer, type Deep vein thrombosis Stroke Cancer (non-skin): Site Coronary angioplasty (PTCA) Angina pectoris	THS, did /es	ave ynd PR Yes	ou been OVIDE DA Date of I Month/Ye	aract extraction: Date of extraction in F Date of extraction in L NEWLY DIAGNOSED ATE FOR EACH DIAGN OX ar Gallstones Gallbladder rem Appendix remov Renal disease Subconjunctival	RIGHT eye LEFT eye as havin IOSIS.) noval val hemorrh udication urgery I artery s	g any of	f the fol	Yes	conditions Date of DX
OVER THE PAST TWELVE MON No Y In your RIGHT eye? In your LEFT eye? OVER THE PAST TWELVE MO (Please check YES or NO for ALL Myocardial infarction Pulmonary embolism Skin cancer, type Deep vein thrombosis Stroke Cancer (non-skin): Site Coronary angioplasty (PTCA)	THS, did	ave ynd PR Yes	ou been OVIDE DA Date of I Month/Ye	aract extraction: Date of extraction in Final Date of extraction in Line D	RIGHT eye LEFT eye as havin IOSIS.) noval val hemorrh udication urgery I artery s	g any of	f the fol	Yes	Date of DX Month/Year

	그러도 되어 되는 것도 말한 중에 되는 이 가는 일이 하는 것이다. 그 말을 모든 이 나는 사람들이 되는 것은 그는 것이 되었다.										
10.	If you have any of the conditions listed in questions 7, 8 or 9, 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, 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:										
	Diagnosis:										
	Name of hospital/physician										
	Address										
	City State Zip										
	Dates of hospitalization/treatment										
	Signed Date										
	JANUARY 25, 1988 we sent you a letter informing you of your aspirin assignment. We need to record your randomized com- nce prior to that date as well as your use/nonuse of aspirin since that date.										
11.	FROM TO JANUARY 25, 1988, how many of the white pills from your calendar packs 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 white pills ☐ Missed 6-17% ☐ Missed 51-91% ☐ Missed 1-5% ☐ Missed 18-50% ☐ Missed 91-100%										
12.	FROM TO JANUARY 25, 1988, other than study pills, on how many DAYS did you take additional 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 □ 180+ Days										
13.	FROM TO JANUARY 25, 1988, other than study pills, on how many DAYS did you take additional platelet active or nonsteroidal 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										
14.	SINCE JANUARY 25, 1988, on how many DAYS have you taken 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 □ 180+ Days										
15.	SINCE JANUARY 25, 1988, on how many DAYS have you taken platelet active or nonsteroidal 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										
16.	For seasonal foods, average your use over the full 12 months.										
	Rarely/ 2+/ day daily 5-6/wk 2-4/wk 1/wk 1-3/mth never										
	(1) Broccoli (1/2 c.)										
	(2) Brussels sprouts (1/2 c.)										
	(4) Spinach, cooked (1/2 c.)										
	(5) Spinach/Dark green lettuce salad (6) Yellow squash										
	(7) Yams or sweet potatoes (1/2 c.)										
	(8) Tomato Juice (small glass)										
	(9) Tomatoes (1)										
	(11) Cantaloupe (1/4 melon) \Box \Box \Box \Box \Box \Box										
	(12) Peaches, apricots or nectarines (fresh, frozen or canned)										
	(13) Dried apricots (1/2 c.)										
	(14) Liver (3-4 oz.)										
	(16) Eggs (1)										
	(17) Whole milk (8 oz. glasses)										
	(18) 5km or low lat mik (8 Oz. diasses)										

(19) Red chili sauce (1 tbsp)