



HARVARD MEDICAL SCHOOL

PHYSICIANS' HEALTH STUDY

Please complete all 25 questions and return this form in the prepaid envelope provided

1. Date of birth: ___/___/19___ (Necessary for verification)
Month Day Year

2. OVER THE PAST TWELVE MONTHS, how many of the approximately 180 red capsules did you NOT take?
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: _____

3. 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

4. OVER THE PAST TWELVE MONTHS, other than study capsules, on how many DAYS did you take additional BETA-CAROTENE or VITAMIN A (other than 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.)
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. OVER THE PAST TWELVE MONTHS, were you diagnosed as having a cataract:
In your RIGHT eye? In your LEFT eye?
Date of RIGHT eye diagnosis Date of LEFT eye diagnosis

7. OVER THE PAST TWELVE MONTHS, did you have a cataract extraction:
In your RIGHT eye? In your LEFT eye?
Date of extraction in RIGHT eye Date of extraction in LEFT eye

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.)

Table with 3 columns: Condition, No, Yes, Date of DX Month/Year. Rows include Myocardial infarction, Gallstones, Stroke, Intermittent claudication, etc.

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, 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 _____

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 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

13. 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

14. Have you EVER had macular degeneration diagnosed:
In your RIGHT eye? No Yes Date of RIGHT eye diagnosis _____ Month/Year
In your LEFT eye? No Yes Date of LEFT eye diagnosis _____ Month/Year

15. Is your visual acuity decreased due to macular degeneration:
In your RIGHT eye? No Yes In your LEFT eye? No Yes

16. Have you EVER been diagnosed as having benign prostatic hyperplasia? No Yes Date of diagnosis _____ Month/Year

17. Have you EVER had surgery for benign prostatic hyperplasia? No Yes Date _____ Month/Year

18. What is your CURRENT blood pressure level? _____/_____mmHg or Don't Know

19. Are you CURRENTLY taking medication for hypertension? No Yes

20. Have you taken medication for hypertension at any time since you enrolled in our study (approx. 7 yrs.)? No Yes

21. What is your CURRENT level of blood cholesterol? _____mg/100 ml or Don't Know

22. Are you CURRENTLY taking medication for high cholesterol? No Yes

23. Have you taken medication for high cholesterol at any time since you enrolled in our study (approx. 7 yrs.)? No Yes

24. What is your blood group type? A B O AB Don't know;
Rh factor? Negative Positive Don't know

25. How often do you usually consume alcoholic beverages (beer, wine or liquor)?
 2+ /day daily 5-6/wk 2-4/wk 1/wk 1-3/mo rarely/never