HARVARD MEDICAL SCHOOL



PHYSICIANS' HEALTH STUDY

	Please complete	all 16	que	stions a	nd return	this form in th	e prepaid	l envelo	pe provid	ed			
1.	Date of birth:	19	/ear	_ (nece	ssary for	verification)		2. Cu	rrent wei	ght: _			lbs.
3.	OVER THE PAST TWELVE MONTHS, how many of the approximately 180 red capsules did you NC (Please do not count as missed those pills you made up or extra pills missed in a short month.) Took all the red capsules 10–30 not taken (6–17%) 31–90 not taken (18–50%) Took NONE or har)%)	1–100%)	
	Reason for not taking red capsules:						 	_					
4.	OVER THE PAST TWELVE MONTHS or VITAMIN A (other than multivitam	S, oth	er th	an stud	ly capsule	s, on how ma	ny DAYS	did you	ı take adı	dition	al BE	TA-CARC	TENE
	☐ 0 Days ☐ 1-13 Days ☐ 14-30	Days		31–60 l	Days 🗆	61-90 Days	□ 91–12	0 Days	□ 121-	180	Days	□ 180 +	Days
5.	OVER THE PAST TWELVE MONTH (Please check YES or NO for ALL it	S, ha ems.)	ave y	ou exp	erienced	any of the foll	owing?						
	Symptoms suggestive of gastritis Symptoms suggestive of peptic ulce Nausea Constipation Other symptoms	r	NO	YES	Hem	hea discoloration aturia bruising	NO	YES		r ble dache	•	NO	YES
6.	SINCE YOU FILLED OUT THE LAST any of the following IN YOUR RIGHT	I EYE	E? (+	Please (RE (abou check YE	t twelve month S or NO for A	ns ago), LL items	were yo s and p	ou NEWL rovide da	Y DIA te foi	eac	h diagnos	is.)
	Cataract Cataract extraction Macular degeneration		NO 	YES	Date	of cataract di of cataract ex of macular de	xtraction		nosis .			NTH/YEAR	
7.	SINCE YOU FILLED OUT THE LAST any of the following IN YOUR LEFT	QUE EYE?	ESTI ? (Pl	ONNAII ease ch	RE (about neck YES	twelve month or NO for AL	ns ago), L items	were yo and pro	u NEWL' vide date	Y DIA	GNC each	OSED as I diagnosis	naving
	Catavast		NO	YES							MON	NTH/YEAR	
	Cataract Cataract extraction Macular degeneration				Date	of cataract di of cataract ex of macular de	ktraction	ion diag	nosis _				
8.	SINCE YOU FILLED OUT THE LAST (any of the following conditions? (Plea	QUES ase c	STIOI heck	NNAIRE	(about two	elve months a	go), have d provide	e you be e date f	en NEWL or each o	Y DI. liagn	AGN(osis.)	OSED as I	having
		NO	VEC	DATE	of DX H/YEAR							DATE o	
	Myocardial infarction Pulmonary embolism Skin cancer, type					Benign pros Benign pros Arthritis						MONTH/	
	Deep vein thrombosis Stroke					Bronchitis							
	Cancer (non-skin): Site Coronary angioplasty (PTCA) Angina pectoris Coronary bypass (CABG)					Subconjunction Intermittent Carotid arter Other periples Site	claudica ry surge heral art	ition ry ery surg	jery				·
	Bleeding hemorrhoids Non-bleeding hemorrhoids Gout Diabetes mellitus Gastrointestinal bleeding Site					Gallstones Gallbladder Appendix re Renal disea Varicose ve Vasectomy	removal emoval ise						
)th	Transient cerebral ischemia (TIA) Peptic ulcer Liver disease Osteoporosis er conditions requiring medical treatm					Glaucoma Periodontal Teeth lost in If YES, ho	n past ye						

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 Preventive 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 StateZip	
	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 <u>DO NOT</u> 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 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 □ 180+ Days	
13.	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	
14.	OVER THE PAST TWELVE MONTHS, have you <u>STARTED</u> taking medication for hypertension? NO YES	
15.	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	
16.	Please indicate how often, on average, you have eaten each of the following foods during the past year. For seasonal foods, average your use over the full 12 months.	
	Rarely/	
	2+/Day Daily 5-6/Week 2-4/Week 1/Week 1-3/Month Never	
	(2) Brussel sprouts (½ cup)	
	(3) Carrots (whole or ½ cup)	
	(5) Spinach/dark green lettuce salad	
	(6) Yellow squash (½ cup)	
	(8) Tomato juice (small glass)	
	(10) Orange juice (small glass)	
	(11) Cantaloupe (¼ melon)	
	(fresh, frozen or canned)	
	(14) Liver (3–4 oz.)	
	(15) Cold breakfast cereal (1 cup)	
	(17) Whole milk (8 oz. glass)	
	(18) Skim or low fat milk (8 oz. glass)	