



96 mth

HARVARD MEDICAL SCHOOL

PHYSICIANS' HEALTH STUDY

Please complete all 16 questions and return this form in the prepaid envelope provided

1. Date of birth: ___/___/19___ (necessary for verification) 2. Current weight: _____ lbs.

3. OVER THE PAST TWELVE MONTHS, how many of the approximately 180 red capsules did you NOT take? (Please do not count as missed those pills you made up or extra pills missed in a short month.)

Reason for not taking red capsules: _____

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)?

5. OVER THE PAST TWELVE MONTHS, have you experienced any of the following? (Please check YES or NO for ALL items.)

6. SINCE YOU FILLED OUT THE LAST QUESTIONNAIRE (about twelve months ago), were you NEWLY DIAGNOSED as having any of the following IN YOUR RIGHT EYE? (Please check YES or NO for ALL items and provide date for each diagnosis.)

Cataract, Cataract extraction, Macular degeneration

7. SINCE YOU FILLED OUT THE LAST QUESTIONNAIRE (about twelve months ago), were you NEWLY DIAGNOSED as having any of the following IN YOUR LEFT EYE? (Please check YES or NO for ALL items and provide date for each diagnosis.)

Cataract, Cataract extraction, Macular degeneration

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.)

Myocardial infarction, Pulmonary embolism, Skin cancer, type, Deep vein thrombosis, Stroke, Cancer (non-skin): Site, Coronary angioplasty (PTCA), Angina pectoris, Coronary bypass (CABG), Bleeding hemorrhoids, Non-bleeding hemorrhoids, Gout, Diabetes mellitus, Gastrointestinal bleeding, Site, Transient cerebral ischemia (TIA), Peptic ulcer, Liver disease, Osteoporosis, Benign prostatic hyperplasia, Benign prostatic hyperplasia surgery, Arthritis, Bronchitis, Subconjunctival hemorrhage, Intermittent claudication, Carotid artery surgery, Other peripheral artery surgery, Site, Gallstones, Gallbladder removal, Appendix removal, Renal disease, Varicose veins, Vasectomy, Glaucoma, Periodontal disease, Teeth lost in past year, If YES, how many

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. PLEASE CONTINUE ON REVERSE

