HARVARD MEDICAL SCHOOL



PHYSICIANS' HEALTH STUDY

1.	Date of birth: / /19	Year	_ (nece	essary for v	verification)	2. C	urrent weig	ht:										
3.	What is your current marital status?								4									
	☐ Married ☐ Divorced	d/Sepa	rated		☐ Widowe	ed	☐ Ne	ver Marrie	ed									
4.	OVER THE PAST TWELVE MONTHS, how many of the approximately 180 red capsules did you <u>NOT</u> take? (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%) ☐ 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:								. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
5.	OVER THE PAST TWELVE MONTH (Please check YES or NO for ALL ite	ms.)			d any of the followi													
	Symptoms suggestive of gastritis Symptoms suggestive of peptic ulcer Nausea Constipation		IO Y		Diarrhea Skin discoloration Hematuria Easy bruising	NO YES	Epista Other Head Migra	bleeding ache	NO Y									
	Other symptoms	·																
3.	SINCE YOU FILLED OUT THE LAST of the following IN YOUR RIGHT EYE Cataract	QUES ? (Ple NO	ase cr	neck YES d ES	out twelve months or NO for ALL items Date of cataract dia	and provide d	NEWLY D ate for eac	h diagnos	ED as having sis.) NTH/YEAR									
	Cataract extraction Macular degeneration	Ä			Date of cataract ex	traction	- -	-										
	masalar asgoristation		L		Date of macular de	generation diag	Jiiosis _		SINCE YOU FILLED OUT THE LAST QUESTIONNAIRE (about twelve months ago), were you NEWLY DIAGNOSED as having are of the following IN YOUR LEFT EYE? (Please check YES or NO for ALL items and provide date for each diagnosis.)									
' .	SINCE YOU FILLED OUT THE LAST	(Plea	se che	NAIRE (abo	out twelve months :	ago) were you	NEWLY DI	diagnosis	s.)									
	SINCE YOU FILLED OUT THE LAST	QUES (Plea: NO	se che	NAIRE (abook YES or ES	out twelve months :	ago), were you and provide dat agnosis traction	NEWLY DI e for each	diagnosis	ED as having 3.) NTH/YEAR									
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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 Ambulatory Care and Prevention, Harvard Medica School, 900 Commonwealth Avenue East, Boston, MA 02215, to review a copy of the records of my hospitalization or treatment fo									
	Diagnosis:									
	Name of hospital/physician									
	Address									
	City State Zip									
	Dates of hospitalization/treatment									
	Signed Date									
	OVER THE PAST TWELVE MONTHS, on how many DAYS did you take 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 □ 181+ Days									
	EASE NOTE THAT QUESTIONS #11-16 RELATE TO YOUR OWN PERSONAL MEDICATIONS (NOT THE STUDY PILLS)									
	ER THE PAST 12 MONTHS, on how many DAYS did you take:									
11.	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 □ 181+ Days									
12.	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 □ 181+ Days									
13.	Multivitamins? ☐ 0 Days ☐ 1–13 Days ☐ 14–30 Days ☐ 31–60 Days ☐ 61–90 Days ☐ 91–120 Days ☐ 121–180 Days ☐ 181+ Days									
14.	INDIVIDUAL SUPPLEMENTS of Vitamin A or INDIVIDUAL Beta-carotene? (<i>NOT</i> Multivitamins) □ 0 Days □ 1–13 Days □ 14–30 Days □ 31–60 Days □ 61–90 Days □ 91–120 Days □ 121–180 Days □ 181+ Days									
15.	INDIVIDUAL SUPPLEMENTS of Vitamin E? (<i>NOT</i> Multivitamins) □ 0 Days □ 1–13 Days □ 14–30 Days □ 31–60 Days □ 61–90 Days □ 91–120 Days □ 121–180 Days □ 181+ Days									
16.	INDIVIDUAL SUPPLEMENTS of Vitamin C? (<i>NOT</i> Multivitamins) □ 0 Days □ 1–13 Days □ 14–30 Days □ 31–60 Days □ 61–90 Days □ 91–120 Days □ 121–180 Days □ 181+ Days									
17.	OVER THE PAST TWELVE MONTHS, have you <u>STARTED</u> taking medication for hypertension? NO YES									
	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									
19.	Have you EVER been diagnosed as having an abdominal aortic aneurysm? NO YES Date of Diagnosis/									
	Within the last 20 years, how many times did you <u>PURPOSELY</u> lose 10 or more pounds? □ 0 Times □ 1–2 Times □ 3–4 Times □ 5–6 Times □ 7+ Times									
21.	Which of the following, most closely approximates your hair pattern at age 45? (Please check ONE BOX ONLY.)									