EP/And

HARVARD MEDICAL SCHOOL

PHYSICIANS' HEALTH STUDY

- **Please note the time period for questions 5–8 is January 1, 1995 to December 31, 1995.**
- **Please check YES or NO to EVERY item even if you have previously reported it.**
- **If you respond YES to ANY item in questions 6, 7 or 8, please provide exact month and year of diagnosis or procedure.**
- **If you checked YES to ANY item in 6, 7 or 8, please sign and date the consent form on the back.**

1. Date of birth: _____/_____/19_____ (necessary for verification) (Month / Day / Year) 2. Social Security Number _ _ _ - _ _ - _ _ _ _ (Optional)

3. WHAT IS YOUR HEIGHT? _____ (in inches) 4. WHAT IS YOUR CURRENT WEIGHT? _____ lbs.

5. FROM JANUARY 1, 1995 THROUGH DECEMBER 31, 1995, had you STARTED taking medication for hypertension?

❑ NO ❑ YES

6. FROM JANUARY 1, 1995 THROUGH DECEMBER 31, 1995, were you NEWLY DIAGNOSED as having any of the following conditions? (Please check YES or NO for ALL items and provide date for each diagnosis.)

	NO	YES	DATE of DX MONTH/YEAR
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	❑	❑	_____

	NO	YES	DATE of DX MONTH/YEAR
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	❑	❑	_____
Abdominal aortic aneurysm	❑	❑	_____
Renal disease	❑	❑	_____
Varicose veins	❑	❑	_____
Vasectomy	❑	❑	_____
Glaucoma	❑	❑	_____
Periodontal disease	❑	❑	_____
Teeth lost in past year	❑	❑	_____
If YES, how many _____			

Other conditions requiring medical treatment _____

7. FROM JANUARY 1, 1995 THROUGH DECEMBER 31, 1995, 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.)

	NO	YES		MONTH/YEAR
Cataract	❑	❑	Date of cataract diagnosis	_____
Cataract extraction	❑	❑	Date of cataract extraction	_____
Macular degeneration	❑	❑	Date of macular degeneration diagnosis	_____

8. FROM JANUARY 1, 1995 THROUGH DECEMBER 31, 1995, 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.)

	NO	YES		MONTH/YEAR
Cataract	❑	❑	Date of cataract diagnosis	_____
Cataract extraction	❑	❑	Date of cataract extraction	_____
Macular degeneration	❑	❑	Date of macular degeneration diagnosis	_____

→ PLEASE CONTINUE ON REVERSE

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 Medical School, 900 Commonwealth Avenue East, Boston, MA 02215, 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. 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.

	6+ PER DAY	4–5 PER DAY	2–3 PER DAY	1 PER DAY	5–6 PER WEEK	2–4 PER WEEK	1 PER WEEK	1–3 PER MONTH	RARELY NEVER
(1) Broccoli (1/2 cup)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(2) Brussel sprouts (1/2 cup)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(3) Carrots (whole or 1/2 cup)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(4) Spinach, cooked (1/2 cup)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(5) Spinach/dark green lettuce salad	❑	❑	❑	❑	❑	❑	❑	❑	❑
(6) Yellow squash (1/2 cup)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(7) Yams or sweet potatoes (1/2 cup)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(8) Tomato juice (small glass)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(9) Tomatoes (1)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(10) Orange juice (small glass)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(11) Cantaloupe (1/4 melon)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(12) Peaches, apricots or nectarines (fresh, frozen or canned)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(13) Dried apricots (1/2 cup)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(14) Liver (3–4 oz.)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(15) Cold breakfast cereal (1 cup)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(16) Eggs (1)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(17) Whole milk (8 oz. glass)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(18) Skim or low fat milk (8 oz. glass)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(19) Red chili sauce (1 tbsp.)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(20) Regular beer (1 glass, bottle, can)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(21) Light beer, e.g., Bud Light (1 glass, bottle, can)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(22) Red wine (4 oz. glass)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(23) White wine (4 oz. glass)	❑	❑	❑	❑	❑	❑	❑	❑	❑
(24) Liquor, e.g., whiskey, gin, etc. (1 drink or shot)	❑	❑	❑	❑	❑	❑	❑	❑	❑

Date of birth: _____/_____/_____
(necessary for verification)

Please fill out the table below, which describes your use of pain relieving medications **(both prescription and non prescription)** since you were enrolled in the PHS **(about 1982.) Exclude aspirin provided by the PHS**. When you are finished with this page please continue on the back.

Beginning with #11, answer the question(s) for each group of medications listed. If you used more than one compound in each group answer the questions for the sum of all medications used in that group. *Please provide specific brand(s) you most commonly use.* ***(Please print clearly)***	**A. Aspirin and buffered aspirin alone** (not including aspirin provided by PHS) Specific Brand(s): _____ _____ _____ _____	**B. Combinations primarily containing aspirin** such as Alka-seltzer, Fiorinal, Percodan, Stanback, etc. Specific Brand(s): _____ _____ _____ _____	**C. Acetaminophen alone** such as Tylenol, Datril,etc. Specific Brand(s): _____ _____ _____ _____	**D. Combinations primarily containing acetaminophen** such as Parafon, Comtrex, Fioricet, Darvocet, Anacin 3, etc. Specific Brand(s): _____ _____ _____ _____
11. Have you taken any of these medications more than **12 times** during the period you were enrolled in the PHS (**since 1982**)?	❑ YES (continue below) ❑ NO (skip to Group B)	❑ YES (continue below) ❑ NO (skip to Group C)	❑ YES (continue below) ❑ NO (skip to Group D)	❑ YES (continue below) ❑ NO (skip to next page)
12. On average, over the **past year:** How many days per month, **on average,** did you take any of the listed medications? On days you took these medications, **on average,** how many pills did you take?	_____ days per month _____ pills per day	_____ days per month _____ pills per day	_____ days per month _____ pills per day	_____ days per month _____ pills per day
13. Has this been your pattern for the duration of the time you were enrolled in the PHS (**since 1982**)?	❑ YES (skip to Group B) ❑ NO (continue below)	❑ YES (skip to Group C) ❑ NO (continue below)	❑ YES (skip to Group D) ❑ NO (continue below)	❑ YES (skip to next page) ❑ NO (continue below)
14. For how many years has this been your pattern of use?	_____ years	_____ years	_____ years	_____ years
15. Please describe your **average** use of these medications for the period after you were enrolled in the PHS (**since 1982**) but before your current pattern described above: How many days per month, **on average**, did you take any of these medications? On days you took these medications, **on average**, how many pills did you take?	_____ days per month _____ pills per day (Go to Group B)	_____ days per month _____ pills per day (Go to Group C)	_____ days per month _____ pills per day (Go to Group D)	_____ days per month _____ pills per day (Go to next page)

→ PLEASE CONTINUE ON REVERSE

Please fill out the table below, which describes your use of pain relieving medications **(both prescription and non prescription)** since you were enrolled in the PHS **(about 1982). Exclude aspirin provided by the PHS.**

Beginning with #11, answer each question that applies for each group of medications listed. If you used more than one compound in each group answer the questions for the sum of all medications used in that group. *Please provide specific brand(s) you most commonly use.* ***(Please print clearly)***	**E. Combinations containing both acetaminophen and Aspirin** such as Excedrin, Vanquish, etc. Specific Brand(s): _____ _____ _____ _____	**F. Nonsteroidal anti-inflammatory medications** such as ibuprofen (Motrin, Advil), naproxen (Naprosyn), Indocin, Dolobid, etc. Specific Brand(s): _____ _____ _____ _____	**G. Other pain relief medications used as single agents.** Specific Brand(s): _____ _____ _____ _____	**H. Other pain relief combinations.** Specific Brand(s): _____ _____ _____ _____
11. Have you taken any of these medications more than **12 times** during the period you were enrolled in the PHS (**since 1982**)?	❑ YES (continue below) ❑ NO (skip to Group F)	❑ YES (continue below) ❑ NO (skip to Group G)	❑ YES (continue below) ❑ NO (skip to Group H)	❑ YES (continue below) ❑ NO (stop here)
12. On average, over the **past year:** How many days per month, **on average,** did you take any of the listed medications?	_____ days per month	_____ days per month	_____ days per month	_____ days per month
On days you took these medications, **on average,** how many pills did you take?	_____ pills per day	_____ pills per day	_____ pills per day	_____ pills per day
13. Has this been your pattern for the duration of the time you were enrolled in the PHS (**since 1982**)?	❑ YES (skip to Group F) ❑ NO (continue below)	❑ YES (skip to Group G) ❑ NO (continue below)	❑ YES (skip to Group H) ❑ NO (continue below)	❑ YES (stop here) ❑ NO (continue below)
14. For how many years has this been your pattern of use?	_____ years	_____ years	_____ years	_____ years
15. Please describe your **average** use of these medications for the period after you were enrolled in the PHS (**since 1982**) but before your current pattern described above: How many days per month, **on average**, did you take any of these medications?	_____ days per month	_____ days per month	_____ days per month	_____ days per month
On days you took these medications, **on average**, how many pills did you take?	_____ pills per day (Go to Group F)	_____ pills per day (Go to Group G)	_____ pills per day (Go to Group H)	_____ pills per day