

Harvard School of Public Health Department of Nutrition 677 Huntington Avenue Boston, Massachusetts 02115 (617) 998–1067

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### Dear Colleague:

On behalf of our research group, I thank you once more for your invaluable participation in the Health Professionals Follow-Up Study. The response rate to our follow-up questionnaire in 2008 was again over 90%, insuring valid data on the relation of diet and other lifestyle factors to heart disease, stroke, cancer, prostatic symptoms, and other major illnesses.

Many important findings have been reported from this study during the last two years, including a positive relation between sugar-sweetened beverages and gout (BMJ, 2008, Vol. 336, p. 309), protective effects of regular exercise on diverticular disease (AMJ Gastroenterol, 2009, Vol. 104, p. 1221) and a small increase in risk of overall cancer among men with periodontal disease (Lancet Oncol, 2008, Vol. 9, p. 500). We will provide more detail on these and other analyses in our 2011 newsletter.

We are now conducting the twenty two-year follow-up of the study. For the validity of statistical analyses, it is essential that we receive updated information on your health status. Most importantly, we are requesting information about the diagnosis of specific diseases since January 1, 2008.

Again, I am grateful for the invaluable contribution of your time and effort toward our investigation of factors that influence the health of men. With your continued participation, this study has become one of the most important investigations of the long-term effects of diet in men.

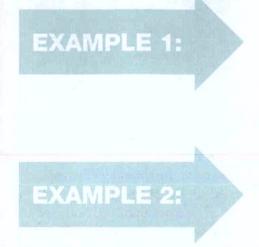
Sincerely,

Walter Willett

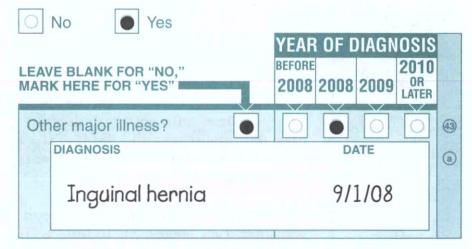
Walter Willett, M.D. Principal Investigator

## INSTRUCTIONS

Use a No. 2 pencil to fill in the appropriate circle completely, or write the requested information in the boxes provided. If you have any comments, please write them on a separate piece of paper.



3. Do you currently smoke a pipe, cigar or cigarettes?



Keep all handwriting within borders of the response box.

# Federal research regulations require us to include the following information:

There are no direct benefits to you from participating in this study.

The risk of breach of confidentiality associated with participation in this study is very small.

Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty.

You may skip any question you do not wish to answer.

You will not receive monetary compensation for participating.

If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Office of Human Research at the Harvard School of Public Health (866-606-0573).

If you have any questions regarding your status in our study or a question pertaining to the questionnaire, please call the study Project Coordinator, Betsy Frost-Hawes, at 866-762-6609.

Thank you for completing the 2010 Health Professionals Follow-Up Study short questionnaire.

Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the enclosed postage paid envelope.

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HEALTH PROFESSIONALS FOLLOW-UP STUDY  Please WRITE in your date of birth:  MONTH DAY YEAR					2. Your CURRENT weight:		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
					3. Do you currently smoke pipe, cigar or cigarettes?  No Yes							
ince January 1, 2008, ha		YEAR OF DI			ng clinician diagnosed condit	ions	-	OF D	IAGN			
IARK HERE FOR "YES"	J	2008 2008 2		4	LEAVE BLANK FOR "NO," MARK HERE FOR "YES"	J		2008	2009	OR LATER		
High blood pressure	Y			1	Colon or rectal polyp	Ŷ					(2)	
Diabetes mellitus	Y			2	Cancer of the colon or rectum	Ŷ					(2)	
Elevated cholesterol	Y	00		3	Basal cell skin cancer	Ŷ					(2)	
Elevated triglycerides	Y			4	Squamous cell skin cancer	Ŷ					(2)	
Myocardial infarction (heart attack)	Y			(5)	Melanoma	Ŷ					(2)	
Hospitalized for this MI?	No	Yes		(8)	Prostatic enlargement treated by drugs, surgery, or laser	Ŷ					(2)	
Angina pectoris	Y			6	Prostate cancer	Ŷ					(3	
Confirmed by an angiogram?	No	Yes		3	Lymphoma or leukemia	· (Y)					(3	
Coronary artery bypass or coronary angioplasty, stent	Y			7	Other cancer	Ŷ					(3	
Congestive heart failure (CHF)	Ŷ	00		(8)	specify site and year:						(	
Atrial fibrillation	Y	00		9	Parkinson's disease	Y					(3	
Pulmonary embolus	Ŷ	00		10	Periodontal disease with bone loss	Ŷ					(3	
TIA (Transient Ischemic Attack)	Y			11	Ulcerative colitis/ Crohn's disease	Ŷ					(3	
Stroke (CVA)	Ŷ			12	Barrett's esophagus	Ŷ					(3	
Carotid artery surgery	Y			13	Diverticulitis or Diverticulosis	Ŷ		Ö			(3	
Intermittent claudication	Ŷ	00		14)	Kidney stones	Ŷ					(3	
Surgery or angioplasty for arterial disease of the leg	Y			15	Gout	Y					(3	
Aortic aneurysm	Ŷ			16	Emphysema or chronic bronchitis (COPD)	Ŷ		0			(4	
Glaucoma	Ŷ			0	Other major illness?	Y					(4)	
Cataract (1st Diagnosis)	Ŷ			18	DIAGNOSIS			DA	TE		(	
Cataract extraction	Ŷ			19	Fracture of hip or forearm (wrist)	Ŷ					(4)	
Macular degeneration	Ŷ	00		20	Please specify fracture site a		rcumst	ances	on b	ack.	0	
Rheumatoid arthritis	Y			21)	Colonoscopy	Y					(	
Other arthritis					Sigmoidoscopy	Y			0		9	

PSA Test within past 2 years?

If yes, was it elevated?

23

○ No

No Unknown

Yes

Yes b

Y

Other arthritis (e.g., osteoarthritis)

Hip replacement

If hip or forearm fracture, please specify exact d If a fall, include site of fracture, cause, impact, s					00000	0000	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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