



*Harvard School of Public Health  
Department of Nutrition  
677 Huntington Avenue  
Boston, Massachusetts 02115  
(617) 998-1067  
hpfs@hsph.harvard.edu*

**This is your ID →**

Dear Colleague:

As the Health Professionals Follow-Up Study enters its 26<sup>th</sup> year, the results coming from this study are contributing more than ever to our understanding of the many issues surrounding men's health. As always, these developments are possible only because of your continued dedicated involvement.

The hundreds of research articles that have been published using Health Professionals Follow-Up Study data are a tribute to the great value of your participation. Findings from our work are regularly featured in major scientific journals and the mainstream press.<sup>1-5</sup> This information helps shape national health guidelines and recommendations. Going forward, we are continuing to focus on how to decrease the risk of cancer, heart disease and other major chronic diseases in men. In addition, we are increasing our efforts to address issues of great importance to older men, such as how to maintain cognitive function and maximize quality of life. As such, your ongoing participation remains critical to help current and future generations of men live healthier lives.

For the first time we are offering you the opportunity to answer our questionnaire either online or by returning the attached survey. We now have much experience with online questionnaires from our companion Nurses' Health Study II, and many participants strongly prefer this new way of responding. I would add that participating online greatly reduces costs of postage and processing, which has become important in this era of declining funding for research, and there are important environmental benefits as well.

To update your health status we ask that you complete the attached traditional form OR use your ID number (printed above) to log-in to our online questionnaire at [www.HPFSTUDY.org](http://www.HPFSTUDY.org). We hope that giving you options will make your continued involvement in the study more convenient. This questionnaire should take about 30 minutes to complete.

Your prompt reply is helpful and greatly appreciated. As always, your answers will be kept strictly confidential and will be aggregated with other participants' responses for medical statistical purposes. You are an original member of the Health Professionals Follow-Up Study and as such, you are an indispensable colleague in our research. Whether you are retired or still working and whether your health has been excellent or if you have been ill, your response is equally important. In short, **no matter what your circumstances, we want to hear from you!**

It is with our deepest gratitude that we thank you again for the ongoing commitment and care that you have generously provided as we continue to learn about men's health.

Sincerely,

*Walter Willett*

Walter C. Willett, M.D.  
Principal Investigator

**Do you have an e-mail address for occasional updates?**

Please print neatly and differentiate numbers and letters (e.g., 1 vs I or i, 0 vs O, 5 vs S)

<sup>1</sup> *JAMA*. 2011;305(24):2548-55 (Smoking and prostate cancer survival and recurrence.)

<sup>2</sup> *J Clin Onc*. 2011;29(6):726-32 (Physical activity and survival after prostate cancer diagnosis in the Health Professionals Follow-Up Study.)

<sup>3</sup> *Am J Clin Nutr*. 2011;93(4):817-25 (Folate intake and risk of colorectal cancer and adenoma: modification by time.)

<sup>4</sup> *JNCI*. 2011;103(11):876-84 (Coffee Consumption and Prostate Cancer Risk and Progression in the Health Professionals Follow-up Study.)

<sup>5</sup> *Am J Med*. 2010;123(3):231-37 (Analgesic use and the risk of hearing loss in men.)

## INSTRUCTIONS:



## INTERNET:

Go to our website at [www.HPFSTUDY.org](http://www.HPFSTUDY.org) and use your ID number (see front page of this page) and your birth date to log in. Follow the instructions on the screen to complete the survey online.

## PAPER FORM:

Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely. The form is designed to be read by optical-scanning equipment, so it is important that you keep any write-in responses within the spaces provided and erase any incorrect marks completely. If you have comments, please write them on a separate piece of paper.

## USE OF BIOLOGICAL SAMPLES

In performing specialized analyses on blood, toenails, tissue or urine samples that have been provided by participants in this study, we often collaborate with laboratories outside our university who are capable of doing these. These samples are always sent without any personal identifier to ensure confidentiality. On the basis of these analyses, it is possible that these tests could be found to have value in clinical practice. To make such a test available to health care providers, it is usually necessary that they be developed as a commercial product. Although we would work to facilitate such applications, under no circumstances would members of our research group personally profit financially from this research. Also, you would not receive any compensation for use of these samples. You may withdraw your sample at any time to the extent the data derived from them have not yet been aggregated. As always, our goal is to ensure that research findings are translated into ways that can most effectively benefit men everywhere.

If you have questions about the analysis of samples or other studies, or if you wish not to have your specimens provided to outside laboratories, please send an email to [hpfs@hsph.harvard.edu](mailto:hpfs@hsph.harvard.edu) or write us at HPFS, Walter C. Willett, 677 Huntington Ave., Boston, MA 02115. One of our researchers can answer any questions you may have.

The research team has great respect for your continued study participation, and therefore would like to remind you of several important points, as is standard practice in research. We do so in recognition of the fact that consent is an ongoing process rather than a one-time agreement. Please do not hesitate to contact us if you have any questions regarding this information.

- a. You are participating in a research study that focuses on how to decrease the risk of cancer, heart disease, impaired cognitive function and other major chronic diseases in men. Participation involves the completion of questionnaires.
- b. Your participation is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled.
- c. There is a small risk of breach of confidentiality; however we have taken many steps to minimize this risk.
- d. Samples are sometimes shared with entities outside of Harvard as part of research collaborations; in such cases, we use a separate ID number to ensure confidentiality.
- e. You will not receive monetary compensation for participating.
- f. There are no direct benefits to you from study participation.
- g. If you wish to speak with someone not directly involved in this research study about your rights as a research participant, please contact the Harvard School of Public Health's Office for Human Research Administration at [617-432-2143](tel:617-432-2143) (local calls) or [866-606-0573](tel:866-606-0573) (long distance calls) or email at [irb@hsph.harvard.edu](mailto:irb@hsph.harvard.edu).
- h. If you have any questions regarding the study itself, please call the study Project Coordinator, Betsy Frost-Hawes at [866-762-6609](tel:866-762-6609).

If your name and address as printed on this questionnaire are no longer correct or are incomplete, or if you are providing your email address, please make any necessary changes on the letter and return it to us.

**Thank you for completing the 2012 Health Professionals Follow-Up Study questionnaire.**

Please use pencil! Thank you.

1

2012

Health Professionals Follow-Up Study

1. What is your current weight (pounds)?

--	--	--

1	2	3	4	5	6
7	8	9	10	11	12
Y	12	13	14		

0	0	0	1
1	1	1	2
2	2	2	3
3	3	3	4
4	4	4	5
5	5	5	a
6	6	6	b
7	7	7	c
8	8	8	d
9	9	9	e
			f
			g
			h
			i
			j
			k
			l

2. Current Marital Status:  Married  Divorced/Separated  Widowed  Never married

3. Living Arrangement:  Alone  With wife  With other family  Assisted living  Nursing home  Other

4. Work Status:  Full-time  Part-time  Retired  Disabled  Unemployed

5. Do you currently smoke cigarettes? (exclude pipe or cigars)

No  Yes  1-4 cigarettes/day  5-14/day  15-24/day  25-34/day  35-44/day  45 or more/day

6. In the past 2 years, have you had ...

- ... a physical exam?  No  Yes, for symptoms  Yes, for routine screening
- ... a rectal exam?  No  Yes, for symptoms  Yes, for routine screening
- ... an eye exam?  No  Yes, for symptoms  Yes, for routine screening
- ... blood glucose check?  No  Yes, for symptoms  Yes, for routine screening
- ... screening for Vitamin D?  No  Yes, normal  Yes, low
- ... screening for PSA?  No  Yes, for symptoms  Yes, for routine screening
- If "yes," PSA level?  <2  2-2.9  3-3.9  4-5.9  6-7.9  8-9.9  10-14.9  15+
- If "yes" for PSA screening, was your PSA elevated?  No  Unknown  Yes
- ... upper endoscopy (esophagus/stomach)?  No  Yes
- ... a (Virtual) CT colonoscopy?  No  Yes
- ... a colonoscopy?  No  Yes
- ... a sigmoidoscopy?  No  Yes

Initial reason(s) you had a colonoscopy/ sigmoidoscopy?  Visible blood  Occult fecal blood  Abdominal pain  Family history of colon cancer  Diarrhea/constipation  Barium enema  Virtual (CT) colonography  Prior polyps  Asymptomatic or routine screening

7. Have you ever had gastrointestinal bleeding that required hospitalization or a transfusion?

No  Yes a) Sites:  Esophagus  Stomach  Duodenum  Colon/Rectum  Other  Site(s) unknown  
 b) What years?  Before 2004  '04-'05  '06-'07  '08-'09  '10-'11  2012 or later

8. Do you have difficulty climbing a flight of stairs or walking eight blocks due to a physical impairment?  No  Yes

9. What is your usual walking pace outdoors?  Unable to walk eight blocks or climb a flight of stairs due to physical impairment.  Easy, casual (less than 2 mph)  Normal, average (2-2.9 mph)  Brisk pace (3-3.9 mph)  Very brisk/striding (4 mph or faster)

10. How many flights of stairs (not steps) do you climb daily? (Do not include time spent on stair or exercise machines.)

No flights  1-2 flights  3-4 flights  5-9 flights  10-14 flights  15 or more flights

11. During the past year, what was your average total time per week at each activity?

AVERAGE TOTAL TIME PER WEEK

	NONE	1-4 Min.	5-19 Min.	20-39 Min.	40-80 Min.	1.5 Hrs.	2-3 Hrs.	4-6 Hrs.	7-10 Hrs.	11-20 Hrs.	21-30 Hrs.	31-40 Hrs.	40+ Hrs.
Walking to work or for exercise (including golf)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jogging (slower than 10 minutes/mile)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running (10 minutes/mile or faster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bicycling (including stationary machine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biking intensity: <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lap swimming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swimming intensity: <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tennis intensity: <input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squash or racquetball	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other aerobic exercise (e.g., exercise classes, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other lower intensity exercise (e.g., yoga, bowling)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate outdoor work (e.g., yardwork, gardening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heavy outdoor work (e.g., digging, chopping)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weight training/resistance exercises <input type="radio"/> arms <input type="radio"/> legs (include machines such as LifeFitness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standing or walking around work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standing or walking around home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting at work or commuting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting at home while watching TV/VCR/DVD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other sitting at home (e.g., desk, eating, computer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In an average week, on how many days do you usually exercise (include brisk walking or more strenuous activity)?

None  1 day  2 days  3 days  4 days  5 days  6 days  7 days

13. Please indicate the name of someone at a DIFFERENT PERMANENT ADDRESS to whom we might write in the event we are unable to contact you:  
 Contact phone # or email address

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

381 PERP

a  
b  
c  
d  
e  
f  
g  
h  
i  
j  
k  
l  
m  
n  
o  
p  
q  
r

14. Since Jan. 1, 2010, have you had any of these clinician-diagnosed conditions?

	YEAR OF DIAGNOSIS				a						
	Before 2010	2010	2011	2012							
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1						
Diabetes mellitus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2						
Elevated cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3						
Elevated triglycerides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4						
Coronary bypass, angioplasty or stent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	5						
Myocardial infarction (heart attack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	6						
Hospitalized for this MI? <input type="radio"/> No <input type="radio"/> Yes					a						
Angina pectoris	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	7						
Confirmed by angiogram? <input type="radio"/> No <input type="radio"/> Yes					a						
Atrial fibrillation (more than 1 hour)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	8						
Congestive heart failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	9						
Deep vein thrombosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	10						
TIA (Transient Ischemic Attack)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11						
Stroke (CVA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12						
Carotid artery surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13						
Intermittent claudication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	14						
Surgery or angioplasty for arterial disease of the leg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15						
Pulmonary embolus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16						
Aortic aneurysm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17						
Gout	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18						
Rheumatoid arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19						
Other arthritis (e.g., osteoarthritis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20						
Chronic renal failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21						
Diverticulitis or Diverticulosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22						
Colon or rectal polyp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23						
Cancer of colon or rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24						
Prostatic enlargement, treated by drugs, surgery or laser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25						
Prostate cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26						
Bladder cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27						
Solar or actinic keratosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28						
Basal cell skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29						
Squamous cell skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30						
Melanoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	31						
Lymphoma or Leukemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	32						
Other cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	33						
Please specify site and year:					a						
Glaucoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	34						
Cataract (1st Diagnosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	35						
Cataract extraction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	36						
Macular degeneration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	37						
Osteoporosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	38						
Hip replacement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	39						
Hip fracture (proximal femur)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	40						
Due to major trauma (e.g., car accident) <input type="radio"/> No <input type="radio"/> Yes					a						
Other major illness or surgery since	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	41						
January 2010 Please specify:	0	1	2	3	4	5	6	7	8	9	w
	0	1	2	3	4	5	6	7	8	9	w
	0	1	2	3	4	5	6	7	8	9	w
	1	1	1	1	1	1	1	1	1	1	
	2	2	2	2	2	2	2	2	2	2	
	4	4	4	4	4	4	4	4	4	4	
	8	8	8	8	8	8	8	8	8	8	
	P	P	P	P	P	P	P	P	P	P	

14. (continued)

	Before 2010	2010	2011	2012	a
Leave blank for NO, mark here for YES					
Parkinson's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	42
ALS (Amyotrophic Lateral Sclerosis)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	43
Ulcerative colitis/Crohn's disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	44
Gastric or duodenal ulcer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	45
Barrett's esophagus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	46
Alcohol dependence problem	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	47
Hearing loss, by audiogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	48
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	49
Pernicious Anemia/B12 deficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	50
Emphysema or chronic bronchitis (COPD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	51
Periodontal disease with bone loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	52
Oral precancer/oral dysplasia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	53
Gall bladder removal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	54
Kidney stones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	55

15. Regular Medication (mark if used regularly in the past 2 years)

Acetaminophen (e.g., Tylenol)

Days/week:  1  2-3  4-5  6+ days

Tablets/wk:  1-2  3-5  6-14  15+ tablets

Aspirin or aspirin-containing products (e.g., Alka-Seltzer with aspirin)

Days/week:  1  2-3  4-5  6+ days

Tablets/wk:  1-2  3-5  6-14  15+ tablets

Dose/tab:  50-99 mg  100-249  250-349  350+

Ibuprofen (e.g., Advil, Motrin, Nuprin)

Days/week:  1  2-3  4-5  6+ days

Tablets/wk:  1-2  3-5  6-14  15+ tablets

Celebrex (COX-2 inhibitors)

Days/week:  1  2-3  4-5  6+ days

Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)

"Statin" cholesterol-lowering drug:

Mevacor (lovastatin)  Zocor (simvastatin)  Crestor  Pravachol (pravastatin)  Lipitor (atorvastatin)  Other

Other cholesterol-lowering drug [e.g., niacin, Lipid (gemfibrozil), Tricor (fenofibrate), Questran (cholestyramine), Colestid, Zetia]

Beta-blocker (e.g., Metoprolol, Lopressor, Tenormin, Corgard)

Calcium blocker (e.g., Calan, Procardia, Cardizem)

ACE inhibitors (e.g., Capoten, Vasotec, Zestril)

Angiotensin receptor blocker [e.g., valsartan (Diovan), losartan (Cozaar), irbesartan (Avapro)]

Thiazide diuretic  Lasix

Other anti-hypertensive (e.g., clonidine, doxazosin)

Steroids taken orally (e.g., Prednisone, Decadron, Medrol)

Finasteride/Proscar  Propecia  Avodart

Alpha-blocker for BPH (e.g., Hytrin (terazosin), Flomax)

Prilosec, Nexium, Prevacid (lansoprazole), Protonix, Aciphex

H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)  0  0  0

Fosamax, Actonel, or other bisphosphonate  1  1  1

Clopidogrel or Ticlopidine (e.g., Plavix or Ticlid)  2  2  2

SSRIs (Celexa, Lexapro, Prozac, Paxil, Zoloft, Luvox)  3  3  3

Other antidepressants (e.g., Elavil, Tofranil, Pamelor)  4  4  4

Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium)  5  5  5

Coumadin (e.g., Warfarin)  6  6  6

Pradaxa (e.g., Dabigatran)  7  7  7

Insulin  Metformin  Avandia or Actos  8  8  8

Other oral hypoglycemic medication  9  9  9

16. Is this your correct date of birth?

Yes  No

If no, please write correct date. MONTH / DAY / YEAR

3/8" PERF

17. Do you currently take multivitamins? (Please report other individual vitamins in the next section.)

No Yes a) How many do you take per week? 2 or less 3-5 6-9 10 or more

b) What specific brand (or equivalency) do you usually take?

- Centrum Silver Centrum Other Theragran M One-A-Day Essential

e.g., AARP Alphabet II Formula 643 Multivitamins and Minerals

Not counting multivitamins, do you take any of the following preparations?

Table with 10 rows (a-i) and 10 columns. Rows include Vitamin A, Potassium, Vitamin C, Vitamin B6, Vitamin E, Calcium, Selenium, Vitamin D, and Zinc. Columns include frequency (No/Yes), timing (seasonal/monthly), and dosage options.

18. The following items are about activities you might do during a typical day.

Does your health now limit you in these activities? If so, how much? (Mark one response on each line.)

Yes, Limited A Lot Yes, Limited A Little No, Not Limited At All

Table with 10 rows of activities and 3 columns for response options. Activities include vigorous activities, moderate activities, lifting, climbing stairs, bending, walking, and bathing.

19. Do you have difficulty with your balance? No Yes

20. Do you use any of these devices for assistance with mobility, for example a walker, cane or walking stick? No Yes

21. Have you recently experienced any change in your ability to remember things?

Table with 7 rows of memory-related questions and 4 columns for Yes/No and a 9-point scale.

22. In a typical week during the past year, on how many days did you consume an alcoholic beverage of any type?

No days 1 day/week 2 days/wk 3 days/wk 4 days/wk 5 days/wk 6 days/wk 7 days /wk

23. In a typical month, what is the largest number of drinks of beer, wine, and/or liquor you have in one day?

None 1-2 drinks/day 3-5 6-9 10-14 15 or more drinks/day

24a. In a typical week during the past year, how often did you drink alone?

Never or don't drink <1/month 1-2/week 3-5/week almost every day

24b. On these days, how many drinks did you typically consume?

1 drink 2 drinks 3-4 5-6 7 or more drinks

Grid of circles for questions 23 and 24b, with numbers 1-9 in some cells.



25. Choose the best answer for how you felt the past month:

Table with 3 columns: Question, Yes, No. Contains 14 questions about life satisfaction and energy levels.

26. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

Over the last 4 weeks, how often have you been bothered by any of the following problems?

Table with 5 columns: Question, Not At All, Several Days, More Than Half The Days, Nearly Every Day. Contains 7 questions about being bothered by problems.

27. Please indicate the extent to which you agree or disagree with the following statements.

Table with 6 columns: Question, Disagree Strongly, Disagree A Little, Neither Agree Nor Disagree, Agree A Little, Agree Strongly. Contains 6 statements about expectations and optimism.

28. Have you ever attempted suicide?

Form with multiple choice questions about suicide attempts, including method used, medical attention, and frequency.

29. Does your home have interior stairs?

Form with multiple choice questions about interior stairs, including frequency of falls and when the home was built.

30. Do you own any of the following animals? (mark all that apply)

Form with checkboxes for various animals: Dog, Cat, Rabbit, Parrot, Other bird, Reptile, Horse, Farm animals, Other animal.

31. Over the past year, how often have you had heartburn or acid reflux?

Form with multiple choice questions about the frequency of heartburn or acid reflux.

3/8" PERF

32. Have you ever been diagnosed with diverticulitis of the colon that required antibiotics or hospitalization?

- No  Yes

If Yes:

a) Total number of episodes:

- 1  2  3  4  ≥5

b) Year(s) of all episodes:

- Before 1992  '92-'93  '94-'95  
 '96-'97  '98-'99  2000-'01  
 2002-'03  2004-'05  2006-'07  
 2008-'09  2010-'11  2012+

c) Surgery for diverticulitis?

- No surgery  After 1st episode  
 After 2nd episode  After later episode

33. Have you been diagnosed with diverticular bleeding that required blood transfusion and/or hospitalization?

- No  Yes

If Yes:

a) Total number of episodes:

- 1  2  3  4  ≥5

b) Year(s) of all episodes:

- Before 1992  '92-'93  '94-'95  
 '96-'97  '98-'99  2000-'01  
 2002-'03  2004-'05  2006-'07  
 2008-'09  2010-'11  2012+

c) Surgery for diverticular bleeding?

- No surgery  After 1st episode  
 After 2nd episode  After later episode

34. Have you ever been diagnosed with diverticulosis of the colon without diverticulitis or diverticular bleeding?

- No  Yes

35. Have any of the following biological relatives (exclude half siblings; include deceased) had:

Relative's Age at First Diagnosis

(Do not count half siblings)

	Before age 30	Age 30 to 49	Age 50 to 69	Age 70+	Age unknown
--	---------------	--------------	--------------	---------	-------------

Crohn's Disease?

- |                          |           |                       |                       |                       |                       |
|--------------------------|-----------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> No | Parent    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/>    | Sibling   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/>    | Offspring | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Ulcerative colitis?

- |                          |           |                       |                       |                       |                       |
|--------------------------|-----------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> No | Parent    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/>    | Sibling   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/>    | Offspring | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Other colitis?

- |                          |           |                       |                       |                       |                       |
|--------------------------|-----------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> No | Parent    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/>    | Sibling   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/>    | Offspring | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Colon or rectal cancer?

- |                          |                  |                       |                       |                       |                       |
|--------------------------|------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> No | One child        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/>    | Additional child | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

36. Have your parents or any siblings had dementia?

Mother:  No  Yes  < age 55  age 55-64  65+

Father:  No  Yes  < age 55  age 55-64  65+

Sibling:  No  Yes  < age 55  age 55-64  65+

37. Please indicate the times of day that you usually eat (mark all that apply):

- Before breakfast  Breakfast  
 Between breakfast and lunch  Lunch  
 Between lunch and dinner  Dinner  
 Between dinner and bed time  After going to bed

38. How many meals a week (lunch or dinner) do you eat that are prepared at home "from scratch?"

- 0  1-4  5-8  9-12  13-14

39a. For each of the following periods of your life, please add up the total amount of time you used antibiotics (exclude skin creams, mouthwash or isoniazid).

Total Time Using Antibiotics

	None	Less than 15 days	15 days to 2 months	2-4 months	4 months to 2 years	2-3 years	3-5 years	5+ years
Age <20	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 20-29	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 30-39	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 40-49	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 50-59	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 60-69	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 70-79	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 80+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39b. What was the most common reason that you used an antibiotic over these periods?

- Respiratory infection  UTI/Prostatitis  Acne/Rosacea  
 Chronic bronchitis  Dental  Other

40. Have you ever been clinically diagnosed with Alopecia areata?

- No  Yes  Before 1986  1986-1995  
 1996-2005  2006-now

41. Have you ever been clinically diagnosed with Vitiligo?

- No  Yes  Before 1986  1986-1995  
 1996-2005  2006-now

42. Have you ever had colored moles (pigmented nevi) surgically removed from your skin on the recommendation of a dermatologist (exclude melanoma)?

- No  Yes  Were any of the moles considered atypical (dysplastic)?

- No  Yes

b) How many atypical moles were surgically removed?

- 1  2-4  5-10  11+

43. How frequently do you have a bowel movement?

- More than once a day  Daily  
 Every other day  Every 3 days or less

44. How often do you use a laxative (such as softeners, bulking agents, fiber supplements or suppositories)?

- Never  Less than once/month  1-3 times/month  
 About once/week  2-3 times/wk  4-5 times/wk  
 Daily  More than once/day

45. On average, how often in the past year, have you experienced any amount of accidental bowel leakage? Please answer both a) and b).

a) Liquid stool:

- Never  Less than 1/month  
 1-3/month  About once/week  
 Several times/week  Nearly Daily

b) Solid (formed) stool:

- Never  Less than 1/month  
 1-3/month  About once/week  
 Several times/week  Nearly Daily

46. What was your average use last year of probiotics including yogurt, supplements, or other foods containing live bacterial cultures?

- Never  Less than once/month  1-3 times/month  
 About once/week  2-3 times/wk  4-5 times/wk  
 Daily  More than once/day

47. This question asks about how well you sleep:

	Most of the Time	Sometimes	Rarely or Never
How often do you have difficulty falling asleep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you have trouble with <i>waking up during the night</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often are you troubled by waking up <i>too early</i> and not being able to fall asleep again?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you get so sleepy during the day or evening that you have to take a nap?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel really rested when you wake up in the morning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. Do you snore?  Every night  Most nights  A few nights a week  Occasionally  Almost never

49. Has your snoring ever bothered other people?  No  Yes

50. Has anyone noticed that you stop breathing during your sleep?  No  Yes

51. Have you ever had physician-diagnosed sleep apnea?  No  Yes  
If Yes: date of diagnosis:  Before 1986  1986-1995  1996-2005  2006-2009  2010 or later

52. Has your spouse (or sleep partner) told you that you appear to "act out your dreams" while sleeping (punched or flailed arms in the air, shouted or screamed), which has occurred at least three times?  
 No  Yes  I do not have a sleep partner

53. Has your spouse (or sleep partner) told you that you have ever walked around the bedroom or house while asleep, which has occurred at least three times?  
 No  Yes  I do not have a sleep partner

54. Please indicate total hours of actual sleep in a typical 24-hour period:  
 5 hours or less  6 hours  7 hours  8 hours  9 hours  10 hours  11+ hours

55. During the past year, how many days per week did you nap?  
 No days  1 day/week  2 days/wk  3 days/wk  4 days/wk  5 days/wk  6 days/wk  7 days/wk

56. On days that you nap, how long on average do you sleep/nap?  
 Rarely nap  <15 minutes/nap  15-30 minutes/nap  30-60 minutes/nap  1-2 hrs/nap  2+ hrs/nap

57. Over the past year, how many nights per week have you used medications to help you sleep?  
 Every night  5-6 nights/week  2-4 nights/week  1 night/week  Rarely  Never

58. Do you have any problems with your sense of smell, such as not being able to smell things or things not smelling the way they are supposed to for at least 3 months?  
 No  Yes  Don't know  
If yes, which problem do you have, not being able to smell things or things not smelling the way they are supposed to?  
 Loss of smell  Things don't smell right  Don't know

59. Do you have a problem with your sense of taste, such as not being able to taste salt or sugar, or with tastes in the mouth that shouldn't be there, like bitter, salty, sour or sweet tastes, for at least 3 months?  
 No  Yes  Don't know

60. During the past month, please indicate how frequently you had these urinary symptoms and how large of a problem they were to you:

	Please Answer Both Parts									
	% OF TIME EXPERIENCED SYMPTOMS					HOW LARGE A PROBLEM?				
	0%	10%	25%	50%	Almost 100%	None	Very small	Small	Medium	Big
Sensation of incomplete bladder emptying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Having to urinate again after less than 2 hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stopping and starting several times during urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Found it difficult to postpone urinating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weak urinary stream	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had to push or strain to begin urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

61. If you have had an extended problem getting and/or keeping an erection in the past, what is the duration of time from when you first realized you had this problem until you sought treatment?  
 Less than 6 months  6 months-1 year  1-3 years  3-5 years  >5 years  Never a problem  
 A problem, but did not seek treatment

62. During the past three months, how would you rate your ability (without treatment) to have and maintain an erection good enough for intercourse?  
 Very Poor  Poor  Fair  Good  Very Good

1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
4	4	4	4	4	4	4	4	4	4
8	8	8	8	8	8	8	8	8	8
P	P	P	P	P	P	P	P	P	P

3/8" PERF