1988 Questionnaire

Health Professionals Follow-up Study

1. Please WRITE in your date of birth: ____ month ____ day ____ year

2. Current weight (lbs.)

Please:
- Use No. 2 pencil only.
- Stay within boxes and circles.
- Open booklet to complete questions on inside pages.
- All responses are strictly confidential.

3. How tall are you?
Feet: ☐ (4) (5) (6) (7)
Inches: ☐ (0) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)

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

5. Current Marital Status:
- ◯ Married
- ◯ Widowed
- ◯ Never married
- ◯ Divorced or separated

6. Living Arrangement:
- ◯ With wife
- ◯ Alone
- ◯ With other family
- ◯ Other

7. Do you currently smoke cigarettes?
- ◯ Yes → Please mark your average number of cigarettes per day:
  - ◯ 1 to 4 cigarettes
  - ◯ 5 to 14 cigarettes
  - ◯ 15 to 24 cigarettes
  - ◯ 25 to 34 cigarettes
  - ◯ 35 to 44 cigarettes
  - ◯ 45 or more cigarettes
- ◯ No

What specific brand and type? (e.g. Marlboro lights 100's)

8. Do you currently smoke a pipe or cigars?
- ◯ No
- ◯ Yes

9. Which diagram best depicts your outline at each age?

	1	2	3	4	5	6	7	8	9
Age 5	◯	◯	◯	◯	◯	◯	◯	◯	◯
Age 10	◯	◯	◯	◯	◯	◯	◯	◯	◯
Age 20	◯	◯	◯	◯	◯	◯	◯	◯	◯
Age 30	◯	◯	◯	◯	◯	◯	◯	◯	◯
Age 40	◯	◯	◯	◯	◯	◯	◯	◯	◯
Currently	◯	◯	◯	◯	◯	◯	◯	◯	◯

10. Which of the following categories most closely describes the color of your eyes?
- ◯ Brown/dark
- ◯ Hazel/green/medium
- ◯ Blue/light

11. Which of the following most closely describes the natural color of your hair at age 18?
- ◯ Red
- ◯ Blond
- ◯ Light brown
- ◯ Dark brown
- ◯ Black

12. How many hours of TV/VCR do you watch each week?
- ◯ 0 to 1 hour
- ◯ 2 to 5 hours
- ◯ 6 to 10
- ◯ 11 to 20
- ◯ 21 to 40 hours
- ◯ 41 or more

13. How many flights of stairs (not steps) do you climb daily?
- ◯ No flights
- ◯ 1 to 2 flights
- ◯ 3 to 4
- ◯ 5 to 9
- ◯ 10 to 14 flights
- ◯ 15 or more

14. What is your usual walking pace?
- ◯ Easy, casual (less than 2 mph)
- ◯ Normal, average (2 to 2.9 mph)
- ◯ Brisk pace (3 to 3.9 mph)
- ◯ Very brisk, striding (4 mph or faster)

Please be sure to answer questions in both columns, as well as question 15 below.

15. During the past year what was your average 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 hr	2–3 hr	4–6 hr	7–10 hr	11+ hr
Walking or hiking outdoors (including walking at golf)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Jogging (slower than 10 minutes/mile)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Running (10 minutes/mile or faster)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Bicycling (include stationary machine)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Lap swimming	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Tennis	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Squash or racket ball	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Calisthenics or rowing	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Heavy outdoor work (e.g. digging, chopping)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

PLEASE CONTINUE ON PAGE 2 →

16. Since January 1, 1986, have you had any of the following professionally diagnosed illnesses? Mark here for yes →

	Year of Diagnosis: Before 1986	1986	1987	1988 or later
High blood pressure (Y)	○	○	○	○
Diabetes mellitus (Y)	○	○	○	○
Elevated cholesterol (Y)	○	○	○	○
Elevated triglycerides (Y)	○	○	○	○
Myocardial infarction (heart attack) (Y)	○	○	○	○
Were you hospitalized? (N) No (Y) Yes				
Angina pectoris (Y)	○	○	○	○
Did you have an angiogram or stress test? (N) No (Y) Yes				
Coronary artery bypass or angioplasty (Y)	○	○	○	○
Pulmonary embolus (Y)	○	○	○	○
Peripheral venous thrombosis (Y)	○	○	○	○
Intermittent claudication (Y)	○	○	○	○
Stroke (CVA) (Y)	○	○	○	○
PAT (paroxysmal atrial tachycardia) (Y)	○	○	○	○
Other heart-rhythm disturbance (Y)	○	○	○	○
Glaucoma (Y)	○	○	○	○
Cataract extraction (Y)	○	○	○	○
Gout (Y)	○	○	○	○
Rheumatoid arthritis (Y)	○	○	○	○
Other arthritis (e.g. osteoarthritis) (Y)	○	○	○	○
Osteoporosis (Y)	○	○	○	○
Fracture of hip (Y)	○	○	○	○
Fracture of forearm (Y)	○	○	○	○
Vasectomy (Y)	○	○	○	○
Colon polyps (Y)	○	○	○	○
Cancer of colon or rectum (Y)	○	○	○	○
Basal cell skin cancer (Y)	○	○	○	○
Squamous cell skin cancer (Y)	○	○	○	○
Melanoma (Y)	○	○	○	○
Solar or actinic keratosis (Y)	○	○	○	○
Prostate cancer (Y)	○	○	○	○
Lymphoma or leukemia (Y)	○	○	○	○
Other cancer (Y)	○	○	○	○
Please specify site: →				
Chronic renal failure (Y)	○	○	○	○
Gallstones (Y)	○	○	○	○
a) Did you have symptoms? → (Y) Yes (N) No				
b) How was diagnosis made? → ○ X-ray/ultra-sound ○ Other				
Gall bladder removal (Y)	○	○	○	○
Kidney stones (Y)	○	○	○	○
Gastric ulcer (Y)	○	○	○	○
Duodenal ulcer (Y)	○	○	○	○
Ulcerative colitis (Y)	○	○	○	○
Periodontal disease (Y)	○	○	○	○
Other medically diagnosed conditions? →				

Please give date for each condition.

17. How many natural teeth have you lost since January 1, 1987?

○ None ○ One ○ Two ○ Three ○ Four ○ Five to Nine ○ Ten or more

18. Do you currently take multivitamins?

(Please report individual supplements in question 19)

○ Yes → a) How many do you take per week? ○ 2 or fewer ○ 3 to 5 ○ 6 to 9 ○ 10 or more

b) What specific brand do you usually use?

Please specify exact BRAND and TYPE.

○ No

19. Not counting multivitamins, do you take any of the following supplements?

SUPPLEMENT	AMOUNT PER DAY
Vitamin A?	○ less than 8,000 IU per day
○ Yes, seasonal use only / ○ Yes, most months →	○ 8,000–12,000 IU / ○ 13,000–22,000 IU / ○ amount unknown
○ No →	○ 23,000 or more
Vitamin C?	○ less than 400 mg per day
○ Yes, seasonal use only / ○ Yes, most months →	○ 400–700 mg / ○ 750–1250 mg / ○ amount unknown
○ No →	○ 1300 mg or more
Vitamin B–6?	○ less than 10 mg per day
○ Yes →	○ 10–39 mg / ○ 40–79 mg / ○ amount unknown
○ No →	○ 80 mg or more
Vitamin E?	○ less than 100 IU per day
○ Yes →	○ 100–250 IU / ○ 300–500 IU / ○ amount unknown
○ No →	○ 600 IU or more
Selenium?	○ less than 80 mcg per day
○ Yes →	○ 80–130 mcg / ○ 140–250 mcg / ○ amount unknown
○ No →	○ 260 mcg or more
Iron?	○ less than 51 mg per day
○ Yes →	○ 51–200 mg / ○ 201–400 mg / ○ amount unknown
○ No →	○ 401 mg or more
Zinc?	○ less than 25 mg per day
○ Yes →	○ 25–74 mg / ○ 75–100 mg / ○ amount unknown
○ No →	○ 101 mg or more
Calcium (including dolomite, Tums, etc.)?	○ less than 400 mg per day
○ Yes →	○ 400–900 mg / ○ 901–1300 mg / ○ amount unknown
○ No →	○ 1301 mg or more

Mark if you take any of these: ○ Potassium ○ Chromium ○ Copper ○ Vitamin D ○ EPA/Fish Oil ○ Beta-Carotene ○ Magnesium ○ Iodine ○ Folic Acid ○ B-Complex ○ Lecithin ○ Brewers Yeast

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

○ None ○ 1 to 2 ○ 3 to 5 ○ 6 to 9 ○ 10 to 14 ○ 15 or more

21. Please mark any professionally diagnosed diseases or clinical procedures and year of first occurrence:

Mark here for yes →

	Before 1955	1955 to 1964	1965 to 1974	1975 to 1979	1980 to 1985	1986 to present
Macular degeneration (Y)	○	○	○	○	○	○
Hip replacement (Y)	○	○	○	○	○	○
Prostatic enlargement, surgically treated (e.g. TURP) (Y)	○	○	○	○	○	○
Parkinson's disease (Y)	○	○	○	○	○	○

PLEASE COMPLETE BOTH COLUMNS, THEN TURN TO PAGE 3

22. Please think about the years you were in High School (i.e. about ages 13 to 18).

In those years, how often did you eat the specified amounts of these foods?

We understand this may be difficult. Please make your best estimate.

Between ages 13 and 18 . . .

	Never or less than once per month	1–3 per mo	1 per week	2–4 per week	5–6 per week	1 per day	2–3 per day	4–5 per day	6+ per day
Skim or low-fat milk (8 oz. glass)	○	○	○	○	○	○	○	○	○
Whole milk (8 oz. glass)	○	○	○	○	○	○	○	○	○
Milk shake (1)	○	○	○	○	○	○	○	○	○
Ice cream (½ cup)	○	○	○	○	○	○	○	○	○
Hard cheese (1 slice or 1 serving)	○	○	○	○	○	○	○	○	○
Margarine (1 pat)	○	○	○	○	○	○	○	○	○
Real butter (1 pat)	○	○	○	○	○	○	○	○	○
Apples (1)	○	○	○	○	○	○	○	○	○
Orange (1) or orange juice (small glass)	○	○	○	○	○	○	○	○	○
Cabbage, including coleslaw (½ cup)	○	○	○	○	○	○	○	○	○
Broccoli or cauliflower (½ cup)	○	○	○	○	○	○	○	○	○
Carrots (1 raw or ½ cup cooked)	○	○	○	○	○	○	○	○	○
Spinach (½ cup cooked)	○	○	○	○	○	○	○	○	○
Eggs (1)	○	○	○	○	○	○	○	○	○
Hot dogs (1)	○	○	○	○	○	○	○	○	○
Beef, pork, lamb (1 serving)	○	○	○	○	○	○	○	○	○
Fish, tuna fish (3–5 oz.)	○	○	○	○	○	○	○	○	○
Bread (1 slice)	○	○	○	○	○	○	○	○	○
Rice (1 cup cooked)	○	○	○	○	○	○	○	○	○
Fried or French fried potatoes (4 oz.)	○	○	○	○	○	○	○	○	○
Potatoes baked, boiled, mashed (1 cup)	○	○	○	○	○	○	○	○	○
Cold cereal (1 cup)	○	○	○	○	○	○	○	○	○
Cookies (2)	○	○	○	○	○	○	○	○	○
Vitamin pills or capsules (1)	○	○	○	○	○	○	○	○	○

23. When you were 18–22 years old, how many drinks of beer, wine and/or liquor did you have per week?

○ None ○ Less than one a week ○ One per week ○ 2 to 3 per week ○ 4 to 6 per week ○ 7 to 10 per week ○ 11 to 15 per week ○ 16 or more per week

24. 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/week ○ 3 days/week ○ 4 days/week ○ 5 days/week ○ 6 days/week ○ 7 days/week

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

. . . a physical exam?	○ Yes, for symptoms	○ Yes, for routine screening	○ No
. . . a blood pressure check?	○ Yes, for symptoms	○ Yes, for routine screening	○ No
. . . a blood cholesterol check?	○ Yes, for symptoms	○ Yes, for routine screening	○ No
. . . a rectal exam?	○ Yes, for symptoms	○ Yes, for routine screening	○ No
. . . a sigmoidoscopy?	○ Yes, for symptoms	○ Yes, for routine screening	○ No
. . . a colonoscopy?	○ Yes, for symptoms	○ Yes, for routine screening	○ No

26. Please mark if you are currently using any of the following medications:

- ○ No regular medications
- ○ Aspirin, 2+ times/week (e.g. Anacin, Bufferin, Alka-Seltzer)
- ○ Acetaminophen, 2+ times/week (e.g. Tylenol)
- ○ Other anti-inflammatory (e.g. Advil, Motrin, Indocin, Naprosyn)
- ○ Furosemide-like diuretics (e.g. Lasix, Bumex)
- ○ Other diuretic (e.g. Hygroton, Dyazide, HCTZ, Moduretic, Diuril)
- ○ Beta-blocker (e.g. Inderal, Lopressor, Tenormin, Corgard, Blocadren)
- ○ Ca++ blocker (e.g. Calan, Procardia, Cardizem)
- ○ Nitrate (e.g. Isordil, Nitrostat, Transderm, Isosorbide)
- ○ Other antihypertensive (e.g. Aldomet, Capoten, Apresoline)
- ○ Digoxin (e.g. Lanoxin)
- ○ Antiarrhythmic (e.g. Quinaglute, Procan, Tonocard, Norpace)
- ○ Cholesterol-lowering drug (e.g. Questran, Mevacor, Colestid)
- ○ Cimetidine, Ranitidine (e.g. Tagamet, Zantac)
- ○ Steroids taken orally (e.g. Prednisone, Decadron, Medrol)
- ○ Theophyllines (e.g. Choledyl, Slo-Phyllin, Uniphyl)
- ○ Levodopa (e.g. Sinemet, Larodopa)
- ○ Other prescription medication(s)

PLEASE CONTINUE ON PAGE 4 ⟶

27. Are you able to do heavy work about the house like shoveling snow, washing windows, walls or floors without help?
- ○ Yes
- ○ No

28. How much difficulty, if any, do you have reaching or extending your arms above shoulder level?
- ○ No difficulty
- ○ A little
- ○ Some
- ○ A lot
- ○ Unable to do

29. How much difficulty, if any, do you have stooping, crouching or kneeling?
- ○ No difficulty
- ○ A little
- ○ Some
- ○ A lot
- ○ Unable to do

30. How much difficulty do you have pulling or pushing large objects like a living room chair?
- ○ No difficulty
- ○ A little
- ○ Some
- ○ A lot
- ○ Unable to do

31. How many flights of stairs can you climb without help?
- ○ None
- ○ 1 to 2 flights
- ○ 3 to 4 flights
- ○ 5 to 7 flights
- ○ 8 flights or more

32. What is your best visual acuity (corrected by glasses if you wear them) for each eye?

Left eye	Right eye
○ 20/25 or better	○ 20/25 or better
○ 20/30 to 20/65	○ 20/30 to 20/65
○ 20/70 to 20/180	○ 20/70 to 20/180
○ 20/200 or worse	○ 20/200 or worse

33. How often do you go to religious meetings or services?
- ○ More than once a week
- ○ Once a week
- ○ Twice a month to once a year
- ○ Never or almost never

34. How many hours each week do you participate in any groups such as social or work group, church-connected group, self-help group or charity, public service or community group?
- ○ None
- ○ 1 to 2 hours
- ○ 3 to 5
- ○ 6 to 10
- ○ 11 to 15 hours
- ○ 16 or more

35. How many living children do you have?
- ○ None
- ○ 1 to 2
- ○ 3 to 5
- ○ 6 or more

36. How many of your children do you see at least once a month?
- ○ None
- ○ 1 to 2
- ○ 3 to 5
- ○ 6 or more

37. Apart from your children how many relatives do you have with whom you feel close?
- ○ None
- ○ 1 to 2
- ○ 3 to 5
- ○ 6 to 9
- ○ 10 or more

38. How many close relatives do you see at least once a month?
- ○ None
- ○ 1 to 2
- ○ 3 to 5
- ○ 6 to 9
- ○ 10 or more

39. How many close friends do you have?
- ○ None
- ○ 1 to 2
- ○ 3 to 5
- ○ 6 to 9
- ○ 10 or more

40. How many of these friends do you see at least once a month?
- ○ None
- ○ 1 to 2
- ○ 3 to 5
- ○ 6 to 9
- ○ 10 or more

41. Do you have an unreasonable fear of being in enclosed spaces such as stores, elevators, etc.?
- ○ Often
- ○ Sometimes
- ○ Never

42. Do you find yourself worrying about getting some incurable illness?
- ○ Often
- ○ Sometimes
- ○ Never

43. Are you scared of heights?
- ○ Very
- ○ Moderately
- ○ Not at all

44. Do you feel panicky in crowds?
- ○ Always
- ○ Sometimes
- ○ Never

45. Do you worry unduly when relatives are late coming home?
- ○ Yes
- ○ No

46. Do you feel more relaxed indoors?
- ○ Definitely
- ○ Sometimes
- ○ Not particularly

47. Do you dislike going out alone?
- ○ Yes
- ○ No

48. Do you feel uneasy traveling on buses or trains, even if they are not crowded?
- ○ Very
- ○ A little
- ○ Not at all

Please be sure to answer questions in both columns, as well as the questions below.

49. Would you be willing to provide a venous blood sample if we sent you a convenient collection packet? This would require the assistance of someone to draw your blood. No processing or centrifugation would be necessary.
- ○ Yes
- ○ No

The Following Section Will Assist Us In Mailing To Your Preferred Address.
(Make corrections to current address on return envelope.)

50. Is the address to which we sent this questionnaire your . . .
- ○ home?
- ○ office?
- ○ other

51. To assist us in maintaining contact with you, please provide an alternative address, if you have one, in the space at right. →

Alternative address:

52. Is the alternative address your . . .
- ○ home?
- ○ office?
- ○ other

53. Do you prefer that we use this alternative address?
- ○ Yes
- ○ No

Thank you for completing the 1988 Health Professionals Follow-up Study Questionnaire. Please return this form in the accompanying prepaid return envelope.