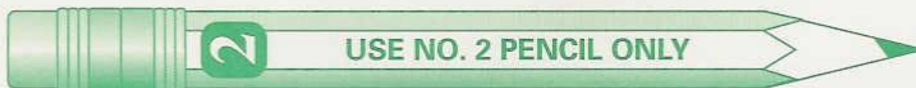
INSTRUCTIONS

PLEASE DO NOT MARK ON THIS SIDE



Please use a pencil to answer questions by completely filling in the response circle or by writing the information if a space is provided. This form is read by optical-scanning equipment, so please make no stray marks and keep write-in responses within the provided spaces. To change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.

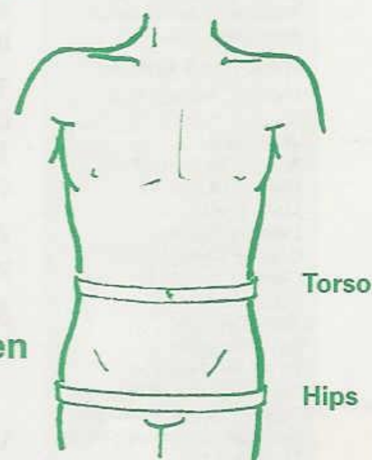
SPECIAL INSTRUCTIONS FOR QUESTION 47.

The last item on this questionnaire asks about body measurements. We have enclosed a simple tape measure to help you. This information will be more accurate if you follow these suggestions:

- **Make measurements while standing.**
- **Avoid measuring over bulky clothing.**
- **Record answers to the nearest quarter inch.**

Torso: measure at the level of your navel.

Hips: measure around the largest circumference between your waist and your thighs.



Thank you for completing the 1996 Health Professionals Follow-up Study Questionnaire.

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

Please use pencil if available! Thank you

1. Current Weight (lbs.)

	0	0
1	1	1
2	2	2
3	3	3
4	4	4
	5	5
	6	6
	7	7
	8	8
1	9	9

2. What is the difference between your highest and lowest weight during the last two years?
○ 50 or more lbs. ○ 30–49 lbs. ○ 15–29 lbs. ○ 10–14 lbs. ○ 5–9 lbs. ○ 2–4 lbs. ○ No change

3. Current Marital Status: ○ Married ○ Divorced/Separated ○ Widowed ○ Never Married

4. Living Arrangement: ○ Alone ○ With Wife ○ With Other Family ○ Nursing Home ○ Other

5. Work Status: ○ Full-time ○ Part-time ○ Retired ○ Disabled

6. Do you currently smoke cigarettes?
○ No ○ Yes ➡ **Please mark your average number of cigarettes per day:**
○ 1–4 cigarettes ○ 5–14 ○ 15–24 ○ 25–34 ○ 35–44 ○ 45 or more

7. Do you currently smoke a pipe or cigars daily? ○ Neither ○ Pipe ○ Cigars

8. Have you ever chewed tobacco at least once a week for a year? ○ No ○ Yes

9. In the past 4 years, how many times have you donated blood?
○ Never ○ 1–2 ○ 3–4 ○ 5–8 ○ 9–12 ○ 13–16 ○ 17–20 ○ 21 or more times

10a. What is your blood type? ○ A ○ B ○ AB ○ O ○ Unknown

10b. What is your RH factor? ○ Pos ○ Neg ○ Unknown

11. How many teeth have you lost since January 1, 1994? ○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5–9 ○ 10+

12. Your periodontal bone loss can be classified as: ○ None ○ Mild ○ Moderate ○ Severe ○ Don't know

13a. How many of your permanent teeth ever had a cavity? ○ 0 ○ 1 ○ 2–4 ○ 5–9 ○ 10+
Indicate years of all occurrences: ○ Before 1976 ○ 1976–86 ○ 1987–90 ○ 1991 or later

13b. How many of your permanent teeth ever had root canal therapy? ○ 0 ○ 1 ○ 2–4 ○ 5–9 ○ 10+
Indicate years of all occurrences: ○ Before 1976 ○ 1976–86 ○ 1987–90 ○ 1991 or later

14. 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
... exam by eye Dr.? ○ No ○ Yes, for symptoms ○ Yes, for routine screening
... screening for PSA? ○ No ○ Yes, for symptoms ○ Yes, for routine screening
If "yes" for PSA screening, was your PSA elevated? ○ No ○ Unknown ○ Yes

15. Have you had a colonoscopy or sigmoidoscopy since January 1, 1994?
○ No ○ Yes ➡ **Why did you have the colonoscopy or sigmoidoscopy** *(mark all that apply)*?
○ Bleeding in stool ○ Family history of colon cancer ○ Positive test for occult fecal blood
○ Abdominal pain ○ Diarrhea or constipation ○ Routine screening (no symptoms) or follow-up

16. 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

17. For each alcoholic beverage, what percent is consumed with meals?

Beer ...	○ Don't drink	○ Less than 25%	○ 25–49%	○ 50–74%	○ 75% or more
White Wine ...	○ Don't drink	○ Less than 25%	○ 25–49%	○ 50–74%	○ 75% or more
Red Wine ...	○ Don't drink	○ Less than 25%	○ 25–49%	○ 50–74%	○ 75% or more
Liquor ...	○ Don't drink	○ Less than 25%	○ 25–49%	○ 50–74%	○ 75% or more

18. What is your normal walking pace? ○ Easy (<2 mph) ○ Normal, average (2 to 2.9 mph) ○ Brisk pace (3 to 3.9 mph) ○ Very brisk, striding (4 mph or faster)

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

20. How many flights of stairs (not steps) do you climb daily?
○ No flights ○ 1–2 flights ○ 3–4 flights ○ 5–9 flights ○ 10–14 flights ○ 15 or more flights

21. 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.	40–90 Min.	1.5 Hrs.	2–3 Hrs.	4–6 Hrs.	7–10 Hrs.	11–20 Hrs.	21–30 Hrs.	31–40 Hrs.	40+ Hrs.
Sitting at work	○	○	○	○	○	○	○	○	○	○	○	○	○
Sitting or driving in a car, bus or train	○	○	○	○	○	○	○	○	○	○	○	○	○
Sitting or lying watching TV or VCR	○	○	○	○	○	○	○	○	○	○	○	○	○
Sitting at home reading	○	○	○	○	○	○	○	○	○	○	○	○	○
Other sitting at home (e.g., at desk or eating)	○	○	○	○	○	○	○	○	○	○	○	○	○
Walking to work or for exercise (including golf)	○	○	○	○	○	○	○	○	○	○	○	○	○
Jogging (slower than 10 minutes/mile)	○	○	○	○	○	○	○	○	○	○	○	○	○
Running (10 minutes/mile or faster)	○	○	○	○	○	○	○	○	○	○	○	○	○
Bicycling (including stationary machine)	○	○	○	○	○	○	○	○	○	○	○	○	○
Lap swimming	○	○	○	○	○	○	○	○	○	○	○	○	○
Tennis	○	○	○	○	○	○	○	○	○	○	○	○	○
Squash or Racquetball	○	○	○	○	○	○	○	○	○	○	○	○	○
Calisthenics, Rowing, stair or ski machine, etc.	○	○	○	○	○	○	○	○	○	○	○	○	○
Weightlifting or weight machine	○	○	○	○	○	○	○	○	○	○	○	○	○
Heavy outdoor work (e.g., digging, chopping)	○	○	○	○	○	○	○	○	○	○	○	○	○

Please continue on page 2 ➡

ID #

22. Is this your date of birth?

- No → IF NO, please indicate your date of birth.
- Yes

MONTH	DAY	YEAR

23. Do you currently take a multi-vitamin?
(Please report other individual vitamins in question 24.)

- No
- 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.

24. Not counting multi-vitamins, do you take any of the following supplements?

SUPPLEMENT	AMOUNT PER DAY
Vitamin A? (excluding Beta-Carotene) ○ Yes, seasonal use only ○ Yes, most months ○ No	○ less than 8,000 IU per day ○ 8,000–12,000 IU ○ 13,000–22,000 IU ○ 23,000 IU or more ○ amount unknown
Beta-Carotene? ○ Yes → ○ No	○ less than 8,000 IU per day ○ 8,000–12,000 IU ○ 13,000–22,000 IU ○ 23,000 IU or more ○ amount unknown
Vitamin C? ○ Yes, seasonal use only ○ Yes, most months ○ No	○ less than 400 mg per day ○ 400–700 mg ○ 750–1250 mg ○ 1,300 mg or more ○ amount unknown
Vitamin B-6? ○ Yes → ○ No	○ less than 10 mg day ○ 10–39 mg ○ 40–79 mg ○ 80 mg or more ○ amount unknown
Vitamin E? ○ Yes → ○ No	○ less than 100 IU per day ○ 100–250 IU ○ 300–500 IU ○ 600 IU or more ○ amount unknown
Calcium (including dolomite, Tums, etc.) ○ Yes → ○ No	(mg of elemental calcium) ○ less than 400 mg per day ○ 400–900 mg ○ 901–1,300 mg ○ 1,301 mg or more ○ amount unknown
Niacin? ○ Yes → ○ No	○ less than 50 mg per day ○ 100–300 mg ○ 400–800 mg ○ 900 mg or more ○ amount unknown
Zinc? ○ Yes → ○ No	○ less than 25 mg per day ○ 25–74 mg ○ 75–100 mg ○ 101 mg or more ○ amount unknown
Fish oil? (Omega-3 Fatty Acids) ○ Yes → ○ No	○ less than 2,500 mg per day ○ 2,500–4,999 mg ○ 5,000 to 9,999 mg ○ 10,000 mg or more ○ amount unknown

Mark if you take any of these. →

○ Potassium	○ Chromium	○ Metamucil/Citrucil
○ Vitamin D	○ Iron	○ Garlic supplement
○ Magnesium	○ Selenium	○ Folic Acid
○ B-Complex	○ Lecithin	○ Brewers Yeast

25. Since January 1, 1994, have you had any of the following professionally diagnosed conditions?

Leave blank for NO, mark here for YES

Condition	YES	Before 1994	1994	1995	1996
High blood pressure	Ⓨ	○	○	○	○
Diabetes mellitus	Ⓨ	○	○	○	○
Elevated cholesterol	Ⓨ	○	○	○	○
Elevated triglycerides	Ⓨ	○	○	○	○
Myocardial infarction (heart attack)	Ⓨ	○	○	○	○
→ Hospitalized for this MI? ○ No ○ Yes					
Angina pectoris	Ⓨ	○	○	○	○
→ Confirmed by angiogram? ○ No ○ Yes					
Coronary artery bypass	Ⓨ	○	○	○	○
Coronary angioplasty	Ⓨ	○	○	○	○
Deep vein thrombosis	Ⓨ	○	○	○	○
Pulmonary embolus	Ⓨ	○	○	○	○
TIA (Transient Ischemic Attack)	Ⓨ	○	○	○	○
Stroke (CVA)	Ⓨ	○	○	○	○
Carotid artery surgery	Ⓨ	○	○	○	○
Surgery or Angioplasty for arterial disease of the leg	Ⓨ	○	○	○	○
Intermittent claudication	Ⓨ	○	○	○	○
Aortic aneurysm	Ⓨ	○	○	○	○
Heart-rhythm disturbance	Ⓨ	○	○	○	○
Gout	Ⓨ	○	○	○	○
Rheumatoid arthritis	Ⓨ	○	○	○	○
Other arthritis (e.g., osteoarthritis)	Ⓨ	○	○	○	○
Vasectomy	Ⓨ	○	○	○	○
Diverticulitis or Diverticulosis	Ⓨ	○	○	○	○
Colon or Rectal polyp	Ⓨ	○	○	○	○
Cancer of colon or rectum	Ⓨ	○	○	○	○
Basal cell skin cancer	Ⓨ	○	○	○	○
Squamous cell skin cancer	Ⓨ	○	○	○	○
Melanoma	Ⓨ	○	○	○	○
Solar or Actinic keratosis	Ⓨ	○	○	○	○
Prostatic enlargement, surgically treated (e.g., TURP)	Ⓨ	○	○	○	○
Prostate cancer	Ⓨ	○	○	○	○
Lymphoma or Leukemia	Ⓨ	○	○	○	○
Other cancer	Ⓨ	○	○	○	○
Please specify site and year: →					
Glaucoma	Ⓨ	○	○	○	○
Cataract	Ⓨ	○	○	○	○
Cataract extraction	Ⓨ	○	○	○	○
Macular degeneration	Ⓨ	○	○	○	○
Osteoporosis	Ⓨ	○	○	○	○
Hip replacement	Ⓨ	○	○	○	○
Gallstones	Ⓨ	○	○	○	○
a. How was diagnosis made? ○ X-ray/ultrasound ○ Other					
b. Gallstone symptoms? ○ No ○ Yes					
Gall bladder removal	Ⓨ	○	○	○	○
Kidney stones	Ⓨ	○	○	○	○
Gastric or Duodenal ulcer	Ⓨ	○	○	○	○
Ulcerative colitis/Crohn's disease	Ⓨ	○	○	○	○
Multiple Sclerosis	Ⓨ	○	○	○	○
Parkinson's disease	Ⓨ	○	○	○	○
Pneumonia (X-ray confirmed)	Ⓨ	○	○	○	○
Other major illness?	Ⓨ	○	○	○	○

Diagnosis: Date:

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26. During the past year, how many times did you eat the following: (Don't include meats cooked by other methods.)

Pan-fried chicken	◯ Never	◯ < 1/mo	◯ 1/mo	◯ 2–3/mo	◯ 1/wk	◯ 2–3/wk	◯ 4+/wk
usual outside appearance	◯ Lightly browned	◯ Medium browned	◯ Blackened/charred				
Broiled chicken	◯ Never	◯ < 1/mo	◯ 1/mo	◯ 2–3/mo	◯ 1/wk	◯ 2–3/wk	◯ 4+/wk
usual outside appearance	◯ Lightly browned	◯ Medium browned	◯ Blackened/charred				
Grilled/BBQ chicken	◯ Never	◯ < 1/mo	◯ 1/mo	◯ 2–3/mo	◯ 1/wk	◯ 2–3/wk	◯ 4+/wk
usual outside appearance	◯ Lightly browned	◯ Medium browned	◯ Blackened/charred				
When you eat chicken, is it usually cooked with the skin on?	◯ Yes	◯ No					
Do you usually eat the skin?	◯ Yes	◯ No					
Broiled fish	◯ Never	◯ < 1/mo	◯ 1/mo	◯ 2–3/mo	◯ 1/wk	◯ 2–3/wk	◯ 4+/wk
usual outside appearance	◯ Lightly browned	◯ Medium browned	◯ Blackened/charred				
Roast beef	◯ Never	◯ < 1/mo	◯ 1/mo	◯ 2–3/mo	◯ 1/wk	◯ 2–3/wk	◯ 4+/wk
usual outside appearance	◯ Lightly browned	◯ Medium browned	◯ Well browned				
Pan-fried hamburger	◯ Never	◯ < 1/mo	◯ 1/mo	◯ 2–3/mo	◯ 1/wk	◯ 2–3/wk	◯ 4+/wk
usual outside appearance	◯ Lightly browned	◯ Medium browned	◯ Well browned	◯ Blackened/charred			
Grilled/BBQ steak	◯ Never	◯ < 1/mo	◯ 1/mo	◯ 2–3/mo	◯ 1/wk	◯ 2–3/wk	◯ 4+/wk
usual outside appearance	◯ Lightly browned	◯ Medium browned	◯ Well browned	◯ Blackened/charred			
Homemade beef gravy	◯ Never	◯ < 1/mo	◯ 1/mo	◯ 2–3/mo	◯ 1/wk	◯ 2–3/wk	◯ 4+/wk
usual drippings appearance	◯ Lightly browned	◯ Medium browned	◯ Well browned				

27. Since January 1, 1994, have you had any of these fractures?

◯ None ◯ Hip (exclude pelvis) ◯ Wrist (Colles or distal forearm) ◯ Other

Month/Year of fracture

If hip or wrist, please specify date and circumstances. If a fall, include site, surface and height of fall.

28. Please mark any of these professionally diagnosed diseases or clinical procedures and year of first occurrences.

	Mark here for YES	Before 1986	86–87	88–89	90–91	1992	1993	1994	1995	1996
Leukoplakia or other oral precancerous lesion	Ⓨ	◯	◯	◯	◯	◯	◯	◯	◯	◯
Asthma	Ⓨ	◯	◯	◯	◯	◯	◯	◯	◯	◯
Emphysema or chronic bronchitis	Ⓨ	◯	◯	◯	◯	◯	◯	◯	◯	◯
Chronic renal failure	Ⓨ	◯	◯	◯	◯	◯	◯	◯	◯	◯
Alcohol dependence problem	Ⓨ	◯	◯	◯	◯	◯	◯	◯	◯	◯

29. What is your current usual blood pressure? (Mark "unknown" if not checked in last two years.)

Systolic ◯ Unknown ◯ <105mm Hg ◯ 105–114 ◯ 115–124 ◯ 125–134 ◯ 135–144 ◯ 145–154 ◯ 155–164 ◯ 165–174 ◯ 175+

Diastolic ◯ Unknown ◯ <65mm Hg ◯ 65–74 ◯ 75–79 ◯ 80–84 ◯ 85–89 ◯ 90–94 ◯ 95–104 ◯ 105+

30. During the past year, on average, how many days each month did you take aspirin? (Include Anacin, Bufferin, etc. Do not include Tylenol or other aspirin-free products.)

◯ Never ◯ 1–4 days/month ◯ 5–14 days/month ◯ 15–21 days/month ◯ 22+ days/month

31. During the past year, on days that you did take aspirin, how many did you usually take?

◯ Never ◯ < 1 aspirin (e.g., baby aspirin) ◯ 1 aspirin ◯ 2 aspirin ◯ 3–4 aspirin ◯ 5–6 aspirin ◯ 7+ aspirin

32. At each age, what is the average number of aspirin (e.g., Anacin, Bufferin, Alka-Seltzer) you typically used:

	None	1/week or less	2–3/week	4–6/week	1/day	2–3/day	4/day or more
Age 20–29	◯	◯	◯	◯	◯	◯	◯
Age 30–39	◯	◯	◯	◯	◯	◯	◯
Age 40–49	◯	◯	◯	◯	◯	◯	◯
Age 50–59	◯	◯	◯	◯	◯	◯	◯
Age 60–69	◯	◯	◯	◯	◯	◯	◯
Age 70+	◯	◯	◯	◯	◯	◯	◯

33. Current Medication *(mark if used regularly)*:

- ◯ No regular medication
- ◯ Acetaminophen, 2+ times/week (e.g., Tylenol)
- ◯ Ibuprofen (Motrin, Advil)
- ◯ Other non-steroidal anti-inflammatory (Naprosyn, Aleve)
- ◯ H2 blockers (e.g., Tagamet, Zantac)
- ◯ Proscar (Finasteride)
- ◯ Alpha-blockers for BPH (e.g., Hytrin, Minipress)
- ◯ Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)
- ◯ Furosemide-like diuretics (e.g., Lasix, Bumex)
- ◯ Thiazide diuretic
- ◯ Calcium blocker (e.g., Calan, Procardia, Cardizem)
- ◯ Other antihypertensive (e.g., Aldomet, Capoten, Apresol)
- ◯ Steroids taken orally (e.g., Prednisone, Decadron, Medrol)
- ◯ Coumadin (Warfarin)
- ◯ Cholesterol-lowering drug (e.g., Questran, Mevacor, Lopid)
- ◯ Prozac, Zoloft, Paxil
- ◯ Tricyclic antidepressants (e.g., Elavil, Sinequan)
- ◯ Other antidepressants (e.g., Nardil, Marplan)
- ◯ Minor Tranquilizers (e.g., Valium, Xanax, Ativan, Librium, Klonopin)
- ◯ Major Tranquilizers (e.g., Stelazine, Thorazine, Haldol, Prolixin, Mellaril, Trilafon)
- ◯ Digoxin (e.g., Lanoxin)
- ◯ Other prescription medicine(s) Please give NAME and DOSE

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

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

36. 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

37. 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

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

39. 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

40. How many hours each week do you participate in any community or volunteer groups?
○ None ○ 1 to 2 ○ 3 to 5 hours ○ 6 to 10 hours ○ 11 to 15 ○ 16 or more

41. 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

42. How often do you feel angry?
○ Almost never ○ 1–2 times/month ○ Once/week ○ 3–4 times/week ○ Daily ○ 2+ times/day

43. The following statements describe how people act when they feel angry or furious. Please indicate how often you generally react or behave in the manner described.

	Almost Never	Sometimes	Often	Almost Always
I express my anger	○	○	○	○
I make sarcastic remarks to others	○	○	○	○
I do things like slam doors	○	○	○	○
I argue with others	○	○	○	○
I strike out at whatever infuriates me	○	○	○	○
I say nasty things	○	○	○	○
I lose my temper	○	○	○	○
If someone annoys me, I'm apt to tell him how I feel	○	○	○	○

44. 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 for each line.)*

	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
Vigorous activities, such as running, lifting heavy objects, taking part in strenuous sports	○	○	○
Moderate activities, such as pushing a vacuum cleaner, bowling, or playing golf	○	○	○
Lifting or carrying groceries	○	○	○
Climbing *several* flights of stairs	○	○	○
Climbing *one* flight of stairs	○	○	○
Bending, kneeling, or stooping	○	○	○
Walking *more than a mile*	○	○	○
Walking *several blocks*	○	○	○
Walking *one block*	○	○	○
Bathing or dressing yourself	○	○	○

45. Have any of the following relatives had ... (Include any deceased relatives. Do not count half siblings.)

	Relative's Age at First Diagnosis				
	Before Age 50	Age 50 to 59	Age 60 to 69	Age 70+	Age Unknown
Myocardial infarction?					
○ Brother	○	○	○	○	○
○ Sister	○	○	○	○	○
○ Neither					
Stroke (CVA)					
○ Brother	○	○	○	○	○
○ Sister	○	○	○	○	○
○ Neither					
Colon or rectal cancer?					
○ Parent	○	○	○	○	○
○ One sibling	○	○	○	○	○
○ Additional sibling	○	○	○	○	○
○ None of these					
Prostate cancer					
○ Father	○	○	○	○	○
○ One brother	○	○	○	○	○
○ Additional brother	○	○	○	○	○
○ None of these					
Breast cancer					
○ Sister	○	○	○	○	○
○ Mother	○	○	○	○	○
○ Neither					

46. How many biological siblings do you have? (Include any deceased siblings. Do not count half siblings.)
Brothers: ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 or more
Sisters: ○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 or more

47. Using the instructions found on the Instruction Page, please record the following measurements to the nearest quarter inch:

	Inches (tens)	Inches (units)	fraction /4
Torso	0 1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9	0 1 2 3
Hips	0 1 2 3 4 5 6	0 1 2 3 4 5 6 7 8 9	0 1 2 3

48. Please indicate the name of someone at a <u>different address</u> that we might write to in the event we are unable to contact you:

Name: ______________________

Address: ______________________

____

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Thank you! Please return forms in prepaid return envelope to
Dr. Walter Willett, 677 Huntington Ave., Boston, MA 02115

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