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Dear Colleague:

Thank you very much for the information you provided by completing the baseline questionnaire for the Health Professionals Follow-up Study. We received nearly 52,000 completed forms that included a detailed assessment of diet. The validity of future findings is directly dependent on the accuracy of the information you provide. We were therefore extremely pleased with the completeness of the returned questionnaires and the obvious care you and your colleagues had given them. During the coming years these responses will serve as the basis for critically important information on the relation of diet to heart disease, cancer, and other illnesses. The ultimate aim of our work is to find means of preventing these major illnesses in men. We have already received nail clippings from the majority of participants. Future analyses of these specimens will provide further information on the effects of several minerals and heavy metals that are difficult to assess by questionnaire. We are particularly grateful to those who provided additional information about their previous diagnosis of diabetes and to the 150 dedicated participants in a detailed validation study of our dietary questionnaire. The extensive data on food consumption and biochemical measurements from that sub-study will allow an accurate interpretation of responses from all 52,000 participants.

The attached questionnaire begins the follow-up phase of this study, which will consist of similar forms mailed at two-year intervals. On the enclosed form we ask for updated information on a number of items that were included on the original questionnaire. Most importantly, we request information about the diagnosis of specific diseases since January 1, 1986. As you will note, we have added a small number of "personality type" questions that were found to be of interest in several smaller studies. Because responses to these questions may well be related to diet, it will be useful to have this added information. As we indicated before, all information provided on this questionnaire is strictly confidential and used for statistical purposes only.

We are grateful for your continuing participation in this research project. We will keep you informed of the findings as they emerge.

Sincerely,

Walter Willett

Walter Willett, M.D.
Principal Investigator

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INSTRUCTIONS



PLEASE USE AN ORDINARY NO. 2 PENCIL TO ANSWER ALL QUESTIONS.

Fill in the appropriate response circles completely, or write the requested information in the boxes provided. The form is designed to be read by optical-scanning equipment, so it is important that you make **NO STRAY MARKS** and keep any write-in responses within the spaces provided. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.

EXAMPLE 1: Do you currently take multivitamins?

Yes → a)
 No

Please fill circle completely, do not mark this way:

EXAMPLE 2:

b) What specific brand do you usually use?

Upjohn Unicap with minerals

Please specify exact BRAND and TYPE

Keep handwriting within borders of the response box.

EXAMPLE 3:

WEIGHT: 2. Current weight (lbs.)

Write your weight in the boxes ...

... and fill in the circle corresponding to the figure at the head of each column

1	4	0
<input type="radio"/> 0	<input type="radio"/> 0	<input checked="" type="radio"/> 0
<input checked="" type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input checked="" type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

Thank you for completing the 1988 Health Professionals Follow-up Study Questionnaire.

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

1988 Questionnaire



Health Professionals Follow-up Study

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

2. Current weight (lbs.)

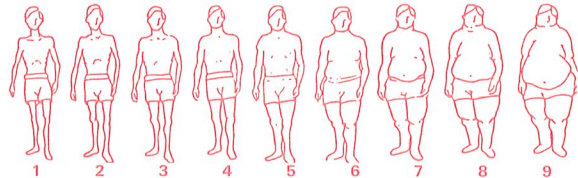
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
	5	5
	6	6
	7	7
	8	8
2	9	9

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

1	0	0	0	0
2	1	1	1	1
3	2	2	2	2
4	3	3	3	3
5		4	4	4
6		5	5	5
7		6		6
8		7		7
9		8		8
10		9		9
11				
12			X	P

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

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



Age 5	<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"/>
Age 10	<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"/>
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"/>	<input type="radio"/>
Age 30	<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"/>
Age 40	<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"/>
Currently	<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"/>

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 Retired
 Part-time Disabled

5. Current Marital Status:

Married Never married
 Widowed Divorced or separated

6. Living Arrangement:

With wife With other family
 Alone Other

7. Do you currently smoke cigarettes?

Yes → Please mark your average number of cigarettes per day:
 1 to 4 cigarettes 25 to 34 cigarettes
 5 to 14 cigarettes 35 to 44 cigarettes
 15 to 24 cigarettes 45 or more cigarettes

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

8. Do you currently smoke a pipe or cigars?

No Yes

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 6 to 10 21 to 40 hours
 2 to 5 hours 11 to 20 41 or more

13. How many flights of stairs (not steps) do you climb daily?

No flights 3 to 4 10 to 14 flights
 1 to 2 flights 5 to 9 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)	<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"/>
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"/>
Bicycling (include 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"/>
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"/>
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"/>
Squash or racket ball	<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"/>
Calisthenics or rowing	<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"/>

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)X-ray/ultra-sound (O)Other					
Gall bladder removal	Y				
Kidney stones	Y				
Gastric ulcer	Y				
Duodenal ulcer	Y				
Ulcerative colitis	Y				
Periodontal disease	Y				
Other medically diagnosed conditions?	Y				
Please give date for each condition.					
17. How many natural teeth have you lost since January 1, 1987?					
(None) (Two) (Four) (Ten) (One) (Three) (Five to Nine) or more					

18. Do you currently take multivitamins?
 (Please report individual supplements in question 19)

Yes → a) How many do you take per week?
 No 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.

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

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

Mark if you take any of these. →

<input type="checkbox"/> Potassium	<input type="checkbox"/> Chromium	<input type="checkbox"/> Copper
<input type="checkbox"/> Vitamin D	<input type="checkbox"/> EPA/Fish Oil	<input type="checkbox"/> Beta-Carotene
<input type="checkbox"/> Magnesium	<input type="checkbox"/> Iodine	<input type="checkbox"/> Folic Acid
<input type="checkbox"/> B-Complex	<input type="checkbox"/> Lecithin	<input type="checkbox"/> 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					

Between ages 13 and 18 . . .

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.

	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)	<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"/>	a
Whole milk (8 oz. glass)	<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"/>	b
Milk shake (1)	<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"/>	c
Ice cream (1/2 cup)	<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"/>	d
Hard cheese (1 slice or 1 serving)	<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"/>	e
Margarine (1 pat)	<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"/>	f
Real butter (1 pat)	<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"/>	g
Apples (1)	<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"/>	h
Orange (1) or orange juice (small glass)	<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"/>	i
Cabbage, including coleslaw (1/2 cup)	<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"/>	j
Broccoli or cauliflower (1/2 cup)	<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"/>	k
Carrots (1 raw or 1/2 cup cooked)	<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"/>	l
Spinach (1/2 cup cooked)	<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"/>	m
Eggs (1)	<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"/>	n
Hot dogs (1)	<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"/>	o
Beef, pork, lamb (1 serving)	<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"/>	p
Fish, tuna fish (3-5 oz.)	<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"/>	q
Bread (1 slice)	<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"/>	r
Rice (1 cup cooked)	<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"/>	s
Fried or French fried potatoes (4 oz.)	<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"/>	t
Potatoes baked, boiled, mashed (1 cup)	<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"/>	u
Cold cereal (1 cup)	<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"/>	v
Cookies (2)	<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"/>	w
Vitamin pills or capsules (1)	<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"/>	x

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

- None One per week 4 to 6 per week 11 to 15 per week
 Less than one a week 2 to 3 per week 7 to 10 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 2 days/week 4 days/week 6 days/week
 1 day/week 3 days/week 5 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 Digoxin (e.g. Lanoxin)
 Aspirin, 2+ times/week (e.g. Anacin, Bufferin, Alka-Seltzer) Antiarrhythmic (e.g. Quinaglute, Procan, Tonocard, Norpace)
 Acetaminophen, 2+ times/week (e.g. Tylenol) Cholesterol-lowering drug (e.g. Questran, Mevacor, Colestid)
 Other anti-inflammatory (e.g. Advil, Motrin, Indocin, Naprosyn) Cimetidine, Ranitidine (e.g. Tagamet, Zantac)
 Furosemide-like diuretics (e.g. Lasix, Bumex) Steroids taken orally (e.g. Prednisone, Decadron, Medrol)
 Other diuretic (e.g. Hygroton, Dyazide, HCTZ, Moduretic, Diuril) Theophyllines (e.g. Choleldyl, Slo-Phyllin, Uniphyll)
 Beta-blocker (e.g. Inderal, Lopressor, Tenormin, Corgard, Blocadren) Levodopa (e.g. Sinemet, Larodopa)
 Ca++ blocker (e.g. Calan, Procardia, Cardizem)
 Nitrate (e.g. Isordil, Nitrostat, Transderm, Isosorbide)
 Other antihypertensive (e.g. Aldomet, Capoten, Apresoline) Other prescription medication(s)

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 Some Unable to do
 A little A lot

29. How much difficulty, if any, do you have stooping, crouching or kneeling?

- No difficulty Some Unable to do
 A little A lot

30. How much difficulty do you have pulling or pushing large objects like a living room chair?

- No difficulty Some Unable to do
 A little A lot

31. How many flights of stairs can you climb without help?

- None 3 to 4 flights 8 flights or more
 1 to 2 flights 5 to 7 flights

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 Twice a month to once a year
 Once a week 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 3 to 5 11 to 15 hours
 1 to 2 hours 6 to 10 16 or more

35. How many living children do you have?

- None 3 to 5
 1 to 2 6 or more

36. How many of your children do you see at least once a month?

- None 3 to 5
 1 to 2 6 or more

37. Apart from your children how many relatives do you have with whom you feel close?

- None 3 to 5 10 or more
 1 to 2 6 to 9

38. How many close relatives do you see at least once a month?

- None 3 to 5 10 or more
 1 to 2 6 to 9

39. How many close friends do you have?

- None 3 to 5 10 or more
 1 to 2 6 to 9

40. How many of these friends do you see at least once a month?

- None 3 to 5 10 or more
 1 to 2 6 to 9

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.

52. Is the alternative address your . . .

- home? office? other

53. Do you prefer that we use this alternative address?

- Yes No

Alternative address:

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