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### **Dear Colleague:**

On behalf of our research group, I want to thank you again for the invaluable information you have provided in completing the Health Professionals Follow-up Study questionnaires. The response rate to our follow-up questionnaire in 1990 was again a remarkable 96%. This high rate of continued participation ensures that the information you and your colleagues have so generously contributed will provide valid and credible data on the relation of diet and other lifestyle factors with heart disease, cancer, and other major illnesses. We are now finishing the documentation of illnesses reported on the 1990 questionnaire; we are particularly grateful to those who gave permission to review medical records and pathology reports regarding these diagnoses. With this information, we have been able to apply uniform diagnostic criteria to the vast majority of cardiovascular and neoplastic illnesses. We are now undertaking analyses relating information reported on the 1986 questionnaire to subsequent incidence rates of coronary heart disease and other outcomes, which is the primary purpose of this study. In our initial analyses we found that coffee and other caffeinated beverages did not increase the risk of coronary heart disease<sup>1</sup>, and that moderate alcohol consumption was associated with reduced risk of this disease<sup>2</sup>. Other dietary factors are presently being examined.

The attached 1992 questionnaire continues the crucial follow-up of this study. Most importantly, we request information about the diagnosis of specific diseases since January 1, 1990. Because we have observed an excess incidence of prostate cancer within this study, and because the causes of this disease are entirely unknown, we have added several exploratory questions about hypothesized risk factors. As we indicated before, all information provided on this questionnaire is strictly confidential and used for statistical purposes only.

Again, we are grateful for your continuing participation in this research project. We will keep you informed of the findings in our forthcoming 1993 newsletter.

1. N Engl J Med, 1990, Vol. 323, p. 1026  
(Coffee, Caffeine, and Cardiovascular Disease in Men)
2. Lancet, 1991, Vol. 338, p. 464  
(Prospective Study of Alcohol Consumption and Risk of Coronary Disease in Men)

Sincerely,

*Walter Willett*

Walter Willett, M.D.  
Principal Investigator

*P.S. At the end of the questionnaire we ask for your pulse after resting 10-15 minutes. It may therefore be convenient to have a watch or clock available before starting.*

# 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:

21. Do you currently take a multi-vitamin?

- No  
 Yes

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:**

Write your weight  
in the boxes...

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

1. Current weight (lbs.)

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"/> 6	<input type="radio"/> 6
	<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8	<input type="radio"/> 8
<input checked="" type="radio"/> 1	<input type="radio"/> 9	<input type="radio"/> 9

**Thank you for completing the 1992 Health Professionals  
Follow-up Study Questionnaire.**

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



1. Current weight (lbs.)
2. Current Marital Status:  Married  Divorced/Separated  Widowed  Never Married
3. Living Arrangement:  Alone  With Wife  With other Family  Nursing Home  Other
4. Work Status:  Full-time  Part-time  Retired  Disabled

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

- 5a. Do you currently smoke cigarettes?  
 No  Yes → a. Please mark the average number of cigarettes per day:  
 1-4 cigarettes  5-14 cigarettes  15-24 cigarettes  
 25-34 cigarettes  35-44 cigarettes  45 or more cigarettes
- 5b. Do you currently smoke a pipe or cigar daily?  Neither  Pipe  Cigar

6. Are you:  Naturally right-handed  Naturally left-handed  Forced to change  Ambidextrous
7. In the past 30 years, how many times have you donated blood?  
 Never  5 or less  6-9  10-19  20-29  30-59  60-89  90 or more
8. 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

9. How often do you eat: **Brown gravy from beef, pork or lamb drippings:**  Never  1-3/month  1/week  2-3/week  4-5/week  
**Other gravy (e.g., chicken, turkey or storebought):**  Never  1-3/month  1/week  2-3/week  4-5/week

10. How many teeth have you lost since January 1, 1990?  None  1  2  3  4  5-9  10+

11. Did either of your parents or siblings have...(mark if yes)	LUNG CANCER	COLON OR RECTAL CANCER	PROSTATE CANCER	DIABETES	MELANOMA	HYPERTENSION	DEMENTIA BEFORE AGE 70	ALCOHOL PROBLEM
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. In the past 2 years, have you had  
 ... a physical exam?  No  Yes, for symptoms  Yes, for routine screenings  
 ... a blood cholesterol check?  No  Yes, for symptoms  Yes, for routine screenings  
 ... a rectal exam?  No  Yes, for symptoms  Yes, for routine screenings  
 ... an eye exam?  No  Yes, for symptoms  Yes, for routine screenings

13. Have you ever had a colonoscopy or sigmoidoscopy?  
 No  Yes → a. Did you have colonoscopy or sigmoidoscopy since January 1, 1990?  No  Yes  
 b. 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  Diarrhea or constipation  
 Abdominal pain  Routine screening (no symptoms) or follow-up

14. What is your current usual blood pressure?  
 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+

15. 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)

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

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

18. 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

19. 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.
Sitting at 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"/>
Sitting or driving in a car, bus or train	<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 or lying watching TV or VCR	<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 reading	<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., at desk or eating)	<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"/>
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"/>	<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"/>
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"/>
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"/>
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"/>
Calisthenics, Rowing or other Aerobics	<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"/>
Weightlifting or Nautilus	<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"/>



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

ID #

20. Is this your date of birth?

No **IF NO, please indicate your date of birth.**

Yes

MONTH	DAY	YEAR
-------	-----	------

21. Do you currently take a multi-vitamin?

No **a. How many do you take per week?**

Yes  2 or fewer  6 to 9

3 to 5  10 or more

b. What specific brand do you usually use?

Please specify exact BRAND and TYPE.

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

SUPPLEMENT	AMOUNT PER DAY
<b>Vitamin A?</b>	<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"/> Yes, most months	<input type="radio"/> 13,000-22,000 IU <input type="radio"/> amount unknown
<input type="radio"/> No	<input type="radio"/> 23,000 IU or more
<b>Vitamin C?</b>	<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"/> Yes, most months	<input type="radio"/> 750-1250 mg <input type="radio"/> amount unknown
<input type="radio"/> No	<input type="radio"/> 1,300 mg or more
<b>Vitamin B-6?</b>	<input type="radio"/> less than 10 mg day
<input type="radio"/> Yes	<input type="radio"/> 10-39 mg
<input type="radio"/> No	<input type="radio"/> 40-79 mg <input type="radio"/> amount unknown
<input type="radio"/> No	<input type="radio"/> 80 mg or more
<b>Vitamin E?</b>	<input type="radio"/> less than 100 IU per day
<input type="radio"/> Yes	<input type="radio"/> 100-250 IU
<input type="radio"/> No	<input type="radio"/> 300-500 IU <input type="radio"/> amount unknown
<input type="radio"/> No	<input type="radio"/> 600 IU or more
<b>Calcium (including dolomite, Tums, etc.)</b>	<b>(mg of elemental calcium)</b>
<input type="radio"/> Yes	<input type="radio"/> less than 400 mg per day
<input type="radio"/> No	<input type="radio"/> 400-800 mg
<input type="radio"/> No	<input type="radio"/> 900-1,200 mg <input type="radio"/> amount unknown
<input type="radio"/> No	<input type="radio"/> 1,300 mg or more
<b>Selenium?</b>	<input type="radio"/> less than 80 mcg per day
<input type="radio"/> Yes	<input type="radio"/> 80-130 mcg
<input type="radio"/> No	<input type="radio"/> 140-250 mcg <input type="radio"/> amount unknown
<input type="radio"/> No	<input type="radio"/> 260 mcg or more
<b>Niacin?</b>	<input type="radio"/> less than 50 mg per day
<input type="radio"/> Yes	<input type="radio"/> 100-300 mg
<input type="radio"/> No	<input type="radio"/> 400-800 mg <input type="radio"/> amount unknown
<input type="radio"/> No	<input type="radio"/> 900 or more
<b>Zinc?</b>	<input type="radio"/> less than 25 per day
<input type="radio"/> Yes	<input type="radio"/> 25-74 mg
<input type="radio"/> No	<input type="radio"/> 75-100 mg <input type="radio"/> amount unknown
<input type="radio"/> No	<input type="radio"/> 101 mg or more
<b>Fish oil?</b>	<input type="radio"/> less than 2,500 mg per day
<input type="radio"/> Yes	<input type="radio"/> 2,500-4,999 mg
<input type="radio"/> No	<input type="radio"/> 5,000 to 9,999 mg <input type="radio"/> amount unknown
<input type="radio"/> No	<input type="radio"/> 10,000 mg or more

Mark if you take any of these.

- Potassium  Chromium  Copper
- Vitamin D  Iron  Beta-Carotene
- Magnesium  Iodine  Folic Acid
- B-Complex  Lecithin  Brewers Yeast

23. Since January 1, 1990, have you had any of the following professionally diagnosed conditions?

	YEAR OF DIAGNOSIS				
	Before 1990	1990	1991	1992	
Leave blank for NO, mark here for YES					
High blood pressure	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(1)
Diabetes mellitus	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(2)
Elevated cholesterol	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(3)
Elevated triglycerides	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(4)
Myocardial infarction (heart attack)	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(5)
Hospitalized for this MI? <input type="radio"/> No <input type="radio"/> Yes					(a)
Angina pectoris	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(6)
Confirmed by angiogram? <input type="radio"/> No <input type="radio"/> Yes					(a)
Coronary artery bypass or angioplasty	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(7)
Peripheral venous thrombosis	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(8)
TIA (Transient Ischemic Attack)	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(9)
Stroke (CVA)	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(10)
Carotid artery surgery	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(11)
Intermittent claudication	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(12)
Surgery for arterial disease of the leg (e.g., femoral artery)	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(13)
Pulmonary embolus	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(14)
Aortic aneurysm	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(15)
Heart-rhythm disturbance	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(16)
Gout	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(17)
Rheumatoid arthritis	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(18)
Other arthritis (e.g., osteoarthritis)	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(19)
Osteoporosis	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(20)
Hip replacement	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(21)
Vasectomy	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(22)
Diverticulitis or Diverticulosis	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(23)
Colon or rectal polyp	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(24)
Cancer of colon or rectum	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(25)
Basal cell skin cancer	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(26)
Squamous cell skin cancer	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(27)
Melanoma	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(28)
Solar or actinic keratosis	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(29)
Prostate cancer	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(30)
Lymphoma or leukemia	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(31)
Other cancer	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(32)
Please specify site and year:					(a)
Glaucoma	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(33)
Cataract extraction	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(34)
Macular degeneration	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(35)
Chronic renal failure	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(36)
Gallstones	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(37)
a. How was diagnosis made?					(a)
<input type="radio"/> X-ray/ultra-sound <input type="radio"/> Other					
b. Gallstone symptoms? <input type="radio"/> No <input type="radio"/> Yes					(b)
Gall bladder removal	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(38)
Kidney stones	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(39)
Gastric or duodenal ulcer	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(40)
Ulcerative colitis	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(41)
Periodontal disease with bone loss	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(42)
Parkinson's disease	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(43)
Pneumonia	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(44)
Other major illness?	<input type="radio"/> Y	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	(45)
Diagnosis:					(a)
Date:					
Your TB skin test since 1987: <input type="radio"/> Pos <input type="radio"/> Neg <input type="radio"/> Unknown					(46)
If ever positive, conversion date: <input type="radio"/> Before 1987 <input type="radio"/> 1987+					(a)



24. Since January 1, 1990, have you had any of these fractures?

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

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

Empty box for specifying fracture circumstances.

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

Table with columns for years 1986-1992 and rows for Herniated disk, Asthma, and Cataract.

Was this herniated disk confirmed by CT or MRI? No Yes

26. Current Medication (mark if used regularly):

- No regular medication, Acetaminophen, Aspirin, Furosemide-like diuretics, Thiazide diuretic, Calcium blocker, Cimetidine, Steroids, Antiarrhythmic, Cholesterol-lowering drug, Theophyllines, Levodopa, Nitrate, Minor Tranquilizers, Major Tranquilizers

How long have you been taking Cimetidine?

- 0-3 years, 4-6 years, 7-9 years, 10+ years, Beta-blocker, Other antihypertensive, Antidepressants, Digoxin, Other prescription medicine(s)

27. On average, how many days each month do 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

28. On days that you do take aspirin, how many do you usually take?

- Never, < 1 aspirin, 1 aspirin, 2 aspirin, 3-4 aspirin, 5-6 aspirin, 7+ aspirin

29. Did you ever take Tetracycline for at least two months at a time (e.g., for acne or other reason)?

- No, Yes, For how long? 2-11 months, 1-2 years, 2-3 years, more than 4 years

Because little is known about the causes of prostate cancer, we are focusing on this organ. You may ignore questions that you feel are too sensitive.

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

Table with columns for % OF TIME EXPERIENCED SYMPTOMS (0% to 100%) and HOW LARGE A PROBLEM? (None to Big).

31. a. Over the past month, how many times per night did you typically get up to urinate?

- 0, 1, 2, 3, 4, 5, 6 or more times per night

b. How large of a problem was this to you? None, Very small, Small, Medium, Large

32. Have you ever had an enlarged prostate detected by rectal exam?

- No, Yes, IF YES, when? 1986 or earlier, After 1986

33. Since January 1, 1990, have you had surgery for enlarged benign prostate or BPH (e.g., transurethral resection)?

- No, Yes, Year of surgery? 1990, 1991, 1992

34. Have you ever had prostatitis or prostatic infection?

- No, Yes, a. How long did the symptoms persist? <1 year, 1-2 years, 3-5 years, 6-10 years, >10 years

b. Were you ever treated for prostatitis?

- No, Yes, IF YES, at what age were you first treated? < 30, 30-39, 40-49, 50-59, 60 or older

35. Did you ever have a diagnosis of: Syphilis, Gonorrhea, Neither

36. On average, how many ejaculations did you have per month during these ages?

- Ages 20-29, Ages 40-49, Past year: None, 1-3/month, 4-7, 8-12, 13-20, > 20/month

37. Did you have a vasectomy before 1986?

- No, Yes, At what age?

Empty box for vasectomy age.

OFFICE USE ONLY

0 1 2 3 4 5 6 7 8 9



38. In which state were you born?

In which state did you live in at age 15?

In which state did you live in at age 25?

39. On the average, how many months of the year did you participate in strenuous (aerobic) physical activity or sports at least twice per week (e.g., swimming, aerobics, hockey, basketball, cycling, running):

- During high school:  Never  1-3 months/yr  4-6 months/yr  7-9 months/yr  10-12 months/yr
- During college:  Never  1-3 months/yr  4-6 months/yr  7-9 months/yr  10-12 months/yr
- During ages 30 to 40:  Never  1-3 months/yr  4-6 months/yr  7-9 months/yr  10-12 months/yr

40. As an adolescent, at the beginning of the summer, if you were out in the sun for the first time and were to stay out for one hour without sunscreen, would you:  Painfully burn then peel  Burn then tan  Tan without burning

41. During summers as a teenager, on average, how many times per week were you outdoors in a swimsuit?  
 < 1/week  1/week  2/week  Several/week  Daily

42. a. How many times in your life have you had a sunburn that blistered?  
 Never  1-2 times  3-5 times  6-9 times  10 or more times

- b. How many of these involved:
- Face:  Never  1-2 times  3-5  6-9  10 or more times
- Back or chest:  Never  1-2 times  3-5  6-9  10 or more times
- Thighs or legs:  Never  1-2 times  3-5  6-9  10 or more times

c. During the past summer, when you were outside at the pool or beach, what % of the time did you wear sunscreen:  Not in sun  0%  25%  50%  75%  100%

43. Between the ages of 18-30, how many times did you purposely lose 10 or more pounds (excluding illness)?  
 0 times  1-2 times  3-4 times  5-6 times  7+ times

44. Within the last 20 years (exclude illness):

- a. What was your: Minimum weight \_\_\_\_\_ lbs. Maximum weight \_\_\_\_\_ lbs.
- b. How many times did you lose each of the following amounts of weight on purpose (excluding illness):
- 5-9 pounds:  0 times  1-2 times  3-4 times  5-6 times  7+ times
- 10-19 pounds:  0 times  1-2 times  3-4 times  5-6 times  7+ times
- 20-49 pounds:  0 times  1-2 times  3-4 times  5-6 times  7+ times
- 50+:  0 times  1-2 times  3-4 times  5-6 times  7+ times

45. Within the last 4 years (exclude illness):

- a. What was your: Minimum weight \_\_\_\_\_ lbs. Maximum weight \_\_\_\_\_ lbs.
- b. How many times did you lose each of the following amounts of weight on purpose (excluding illness):
- 5-9 pounds:  0 times  1-2 times  3-4 times  5-6 times  7+ times
- 10-19 pounds:  0 times  1-2 times  3-4 times  5-6 times  7+ times
- 20-49 pounds:  0 times  1-2 times  3-4 times  5-6 times  7+ times
- 50+:  0 times  1-2 times  3-4 times  5-6 times  7+ times

- c. If you lost 10 or more pounds, what primary method(s) did you use for your most recent weight loss (fill in all that apply)?
- Did not lose 10 or more pounds  Weight loss was unintentional (e.g., illness, unusual stress, depression)
- Low calorie diet  Skipped meals/fasted  Increased exercise  Diet pills
- Commercial weight loss program  Gastric surgery/intestinal bypass  Other

46. Your hair pattern at age 45:



47. How would you rate the amount of stress in your daily life?  
 At work:  Severe  Moderate  Light  Minimal  
 At home:  Severe  Moderate  Light  Minimal

48. In a typical month, what is the largest number of drinks of beer, wine and/or liquor you may have in one day?  
 None  1-2 drinks/day  3-5  6-9  10-14  15 or more drinks/day

49. Apart from communion or passover, have you drunk 50 or more drinks in your life?  Yes  No

50. 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

52. In this study, it will be important to maintain contact for a number of years:

Please indicate the name of someone at a different address that we might write to in the event we are unable to contact you:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

51. What is your heart rate after sitting for 10-15 minutes (e.g., after completing this form)?

(/Min)

- AL
- AK
- AZ
- AR
- CA
- (North)
- CA
- (South)
- CO
- CT
- DE
- DC
- FL
- GA
- HI
- ID
- IL
- IN
- IA
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MS
- MO
- MT
- NE
- NV
- NH
- NJ
- NM
- NY
- NC
- ND
- OH
- OK
- OR
- PA
- PR
- RI
- SC
- SD
- TN
- TX
- UT
- VA
- VT
- VI
- WA
- WV
- WI
- WY
- Non US