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Dear Colleague:

On behalf of our research group, I again want to thank you for the invaluable information you have provided by completing the Health Professionals Follow-up Study questionnaires. The response rate to our follow-up questionnaire in 1994 was once again over 90%. This high rate of continued participation ensures that valid and credible information will result on the relation of diet and other lifestyle factors to risks of heart disease, cancer, and other major illnesses.

During the past several years a number of important findings have emerged from this study. We have reported that rates of coronary heart disease were lower in men who consumed vitamin E supplements⁽¹⁾ and consumed higher amounts of dietary fiber, particularly from grains⁽²⁾. Coronary disease rates increased with greater amounts of weight gained during adult life⁽³⁾, but were not appreciably influenced by high consumption of fish⁽⁴⁾. We have found that risk of colon cancer was increased by greater amounts of weight gained, particularly when accumulated in the abdomen⁽⁵⁾. However, higher levels of physical exercise⁽⁵⁾ and long-term aspirin consumption reduced the risk of this disease. Dietary fat from animal sources was associated with increased risk of prostate cancer⁽⁶⁾. Further details of these and many ongoing analyses will be provided in our newsletter next year.

The attached 1996 questionnaire continues the crucial follow-up of this study. Most importantly, we request information about the diagnosis of specific diseases since January 1, 1994. As we indicated before, all information provided on this questionnaire is strictly confidential and is only used for statistical purposes.

Again, we are grateful for your continuing participation in this research, which is providing important new information on ways to prevent major illnesses in men.

Sincerely,

Walter Willett

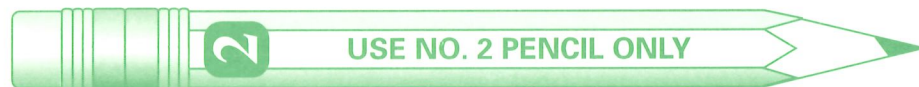
Walter Willett, M.D.
 Principal Investigator

P.S. Although we know how busy you are, your response within two weeks would be greatly appreciated as this will most efficiently use our limited research resources.

1. *N Engl J Med*, 1993, Vol 328, p. 1450 (Vitamin E Consumption and the Risk of Coronary Heart Disease in Men).
2. *JAMA*, 1996, in press (Vegetable, Fruit and Cereal Fiber Intake and Risk of Coronary Heart Disease among Men).
3. *Am J Epidemiol*, 1995, Vol 141, p. 1117 (Body Size and Fat Distribution as Predictors of Coronary Heart Disease).
4. *N Engl J Med*, 1995, Vol 332, p. 977 (Dietary Intake of Marine N-3 Fatty Acids, Fish Intake and Risk of Coronary Disease).
5. *Ann Intern Med*, 1995, Vol 122, p. 327 (Physical Activity, Obesity, and Risk of Colon Cancer and Adenoma in Men).
6. *J Natl Cancer Inst*, 1993, Vol 85, p. 1571 (A Prospective Study of Dietary Fat and Risk of Prostate Cancer).

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.

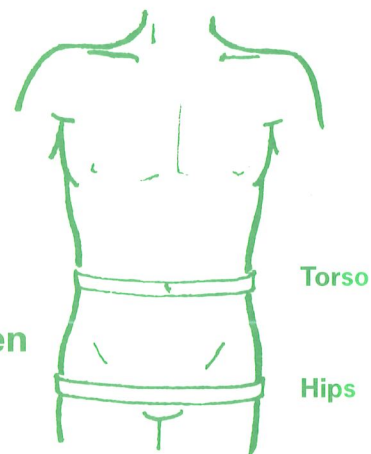
SPECIAL INSTRUCTIONS FOR QUESTION 47.

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

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
9	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 (2)
3. Current Marital Status: Married Divorced/Separated Widowed Never Married (3)
4. Living Arrangement: Alone With Wife With Other Family Nursing Home Other (4)
5. Work Status: Full-time Part-time Retired Disabled (5)
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 (6)
7. Do you currently smoke a pipe or cigars daily? Neither Pipe Cigars (7)
8. Have you ever chewed tobacco at least once a week for a year? No Yes (8)
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 (9)
- 10a. What is your blood type? A B AB O Unknown (a)
- 10b. What is your RH factor? Pos Neg Unknown (b)

11. How many teeth have you lost since January 1, 1994? None 1 2 3 4 5-9 10+ (11)
12. Your periodontal bone loss can be classified as: None Mild Moderate Severe Don't know (12)
- 13a. How many of your permanent teeth ever had a cavity? 0 1 2-4 5-9 10+ (13)
 Indicate years of all occurrences: Before 1976 1976-86 1987-90 1991 or later (a)

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

14. In the past 2 years, have you had ... a physical exam? No Yes, for symptoms Yes, for routine screening (a)
 ... a rectal exam? No Yes, for symptoms Yes, for routine screening (b)
 ... exam by eye Dr.? No Yes, for symptoms Yes, for routine screening (c)
 ... screening for PSA? No Yes, for symptoms Yes, for routine screening (d)
 If "yes" for PSA screening, was your PSA elevated? No Unknown Yes (e)

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 (a)
 Abdominal pain Diarrhea or constipation Routine screening (no symptoms) or follow-up (15)

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 (16)

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 (a)
 White Wine ... Don't drink Less than 25% 25-49% 50-74% 75% or more (b)
 Red Wine ... Don't drink Less than 25% 25-49% 50-74% 75% or more (c)
 Liquor ... Don't drink Less than 25% 25-49% 50-74% 75% or more (d)

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) (18)

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

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 (20)

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.	40-80 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 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"/>
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, stair or ski machine, 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"/>
Weightlifting or weight 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"/>
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 #

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 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.

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

SUPPLEMENT	AMOUNT PER DAY	
Vitamin A? (excluding Beta-Carotene)	less than 8,000 IU per day	0 0 0 0
Yes, seasonal use only	8,000-12,000 IU	1 1 1 1
Yes, most months	13,000-22,000 IU	2 2 2 2
No	23,000 IU or more	3 3 3 3
Beta-Carotene?	less than 8,000 IU per day	4 4 4 4
Yes	8,000-12,000 IU	5 5 5 5
No	13,000-22,000 IU	6 6 6 6
Vitamin C?	less than 400 mg per day	7 7 7 7
Yes, seasonal use only	400-700 mg	8 8 8 8
Yes, most months	750-1250 mg	9 9 9 9
No	1,300 mg or more	0 0 0
Vitamin B-6?	less than 10 mg day	1 1 1
Yes	10-39 mg	2 2 2
No	40-79 mg	3 3 3
Vitamin E?	less than 100 IU per day	4 4 4
Yes	100-250 IU	5 5 5
No	300-500 IU	6 6 6
Calcium (including dolomite, Tums, etc.)	(mg of elemental calcium)	7 7 7
Yes	less than 400 mg per day	8 8 8
No	400-900 mg	9 9 9
Niacin?	less than 50 mg per day	0 0 0
Yes	100-300 mg	1 1 1
No	400-800 mg	2 2 2
Zinc?	less than 25 mg per day	3 3 3
Yes	25-74 mg	4 4 4
No	75-100 mg	5 5 5
Fish oil? (Omega-3 Fatty Acids)	less than 2,500 mg per day	6 6 6
Yes	2,500-4,999 mg	7 7 7
No	5,000 to 9,999 mg	8 8 8
	10,000 mg or more	9 9 9

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?

YEAR OF DIAGNOSIS

Leave blank for NO, mark here for YES	YEAR OF DIAGNOSIS				
	Before 1994	1994	1995	1996	
High blood pressure	Y				1
Diabetes mellitus	Y				2
Elevated cholesterol	Y				3
Elevated triglycerides	Y				4
Myocardial infarction (heart attack)	Y				5
Hospitalized for this MI?	No	Yes			a
Angina pectoris	Y				6
Confirmed by angiogram?	No	Yes			a
Coronary artery bypass	Y				7
Coronary angioplasty	Y				8
Deep vein thrombosis	Y				9
Pulmonary embolus	Y				10
TIA (Transient Ischemic Attack)	Y				11
Stroke (CVA)	Y				12
Carotid artery surgery	Y				13
Surgery or Angioplasty for arterial disease of the leg	Y				14
Intermittent claudication	Y				15
Aortic aneurysm	Y				16
Heart-rhythm disturbance	Y				17
Gout	Y				18
Rheumatoid arthritis	Y				19
Other arthritis (e.g., osteoarthritis)	Y				20
Vasectomy	Y				21
Diverticulitis or Diverticulosis	Y				22
Colon or Rectal polyp	Y				23
Cancer of colon or rectum	Y				24
Basal cell skin cancer	Y				25
Squamous cell skin cancer	Y				26
Melanoma	Y				27
Solar or Actinic keratosis	Y				28
Prostatic enlargement, surgically treated (e.g., TURP)	Y				29
Prostate cancer	Y				30
Lymphoma or Leukemia	Y				31
Other cancer	Y				32
Please specify site and year:					a
Glaucoma	Y				33
Cataract	Y				34
Cataract extraction	Y				35
Macular degeneration	Y				36
Osteoporosis	Y				37
Hip replacement	Y				38
Gallstones	Y				39
a. How was diagnosis made?	X-ray/ultrasound	Other			a
b. Gallstone symptoms?	No	Yes			b
Gall bladder removal	Y				40
Kidney stones	Y				41
Gastric or Duodenal ulcer	Y				42
Ulcerative colitis/Crohn's disease	Y				43
Multiple Sclerosis	Y				44
Parkinson's disease	Y				45
Pneumonia (X-ray confirmed)	Y				46
Other major illness?	Y				47
Diagnosis:					a
Date					

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

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

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

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

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

Month/Year of fracture

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	<input type="radio"/> Y	<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"/>
Asthma	<input type="radio"/> Y	<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"/>
Emphysema or chronic bronchitis	<input type="radio"/> Y	<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"/>
Chronic renal failure	<input type="radio"/> Y	<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"/>
Alcohol dependence problem	<input type="radio"/> Y	<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"/>

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	<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"/>
Age 40-49	<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"/>
Age 60-69	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Age 70+	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. Current Medication (mark if used regularly):

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

Please give NAME and DOSE

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

35. How many of your children do you see at least once a month? (35)
 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? (36)
 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? (37)
 None 1 to 2 3 to 5
 6 to 9 10 or more

38. How many close friends do you have? (38)
 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? (39)
 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? (40)
 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? (41)
 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? (42)
 Almost never 1-2 times/month Once/week
 3-4 times/week Daily 2+ times/day

45. Have any of the following relatives had ... (45)
 (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?					
<input type="radio"/> Brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Neither	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke (CVA)					
<input type="radio"/> Brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Neither	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colon or rectal cancer?					
<input type="radio"/> Parent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> One sibling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Additional sibling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> None of these	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate cancer					
<input type="radio"/> Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> One brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Additional brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> None of these	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast cancer					
<input type="radio"/> Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Neither	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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. (43)

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

46. How many biological siblings do you have? (46)
 (Include any deceased siblings. Do not count half siblings.)

Brothers: 0 1 2 3 4 5 or more (a)

Sisters: 0 1 2 3 4 5 or more (b)

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.) (44)

	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate activities, such as pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lifting or carrying groceries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing one flight of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bending, kneeling, or stooping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking more than a mile	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking several blocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking one block	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bathing or dressing yourself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Torso inches fraction

Hips inches fraction

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

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

Name: _____

Address: _____

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