HPFS SH 02Q

HEALTH PROFESSIONALS FOLLOW-UP STUDY

1. Please WRITE in your date of birth: ____ / ____ / ____ (MONTH / DAY / YEAR)

2. Your CURRENT weight: ____ lbs.

3. Do you currently smoke a pipe, cigar or cigarettes? ◯ No ◯ Yes

4. Since January 1, 2000, have you had any of the following professionally diagnosed conditions or procedures?

LEAVE BLANK FOR "NO," MARK HERE FOR "YES"		YEAR OF DIAGNOSIS: BEFORE 2000	2000	2001	2002 OR LATER	
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 an angiogram? ◯ No ◯ Yes						a
Coronary artery bypass or coronary angioplasty	Y	◯	◯	◯	◯	7
Pulmonary embolus	Y	◯	◯	◯	◯	8
TIA (Transient Ischemic Attack)	Y	◯	◯	◯	◯	9
Stroke (CVA)	Y	◯	◯	◯	◯	10
Carotid artery surgery	Y	◯	◯	◯	◯	11
Intermittent claudication	Y	◯	◯	◯	◯	12
Surgery or angioplasty for arterial disease of the leg	Y	◯	◯	◯	◯	13
Aortic aneurysm	Y	◯	◯	◯	◯	14
Glaucoma	Y	◯	◯	◯	◯	15
Cataract (1st Diagnosis)	Y	◯	◯	◯	◯	16
Cataract extraction	Y	◯	◯	◯	◯	17
Macular degeneration	Y	◯	◯	◯	◯	18
Rheumatoid arthritis	Y	◯	◯	◯	◯	19
Other arthritis (e.g., osteoarthritis)	Y	◯	◯	◯	◯	20
Hip replacement	Y	◯	◯	◯	◯	21
Fracture of hip or forearm (wrist)	Y	◯	◯	◯	◯	22

Please specify fracture site and circumstances on back.

Please continue at top of next column.

LEAVE BLANK FOR "NO," MARK HERE FOR "YES"		YEAR OF DIAGNOSIS: BEFORE 2000	2000	2001	2002 OR LATER	
Colonoscopy or Sigmoidoscopy	Y	◯	◯	◯	◯	23
Colon or rectal polyp	Y	◯	◯	◯	◯	24
Cancer of the colon or rectum	Y	◯	◯	◯	◯	25
Basal cell skin cancer	Y	◯	◯	◯	◯	26
Squamous cell skin cancer	Y	◯	◯	◯	◯	27
Melanoma	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
Parkinson's disease	Y	◯	◯	◯	◯	33
Periodontal disease with bone loss	Y	◯	◯	◯	◯	34
Leukoplakia or other oral precancerous lesions	Y	◯	◯	◯	◯	35
Alcohol dependence problem	Y	◯	◯	◯	◯	36
Gallbladder removal	Y	◯	◯	◯	◯	37
Kidney stones	Y	◯	◯	◯	◯	38
Ulcerative colitis/Crohn's disease	Y	◯	◯	◯	◯	39
Asthma	Y	◯	◯	◯	◯	40
Emphysema or chronic bronchitis (COPD)	Y	◯	◯	◯	◯	41
Pneumonia (X-ray confirmed)	Y	◯	◯	◯	◯	42
Other major illness?	Y	◯	◯	◯	◯	43
↳ DIAGNOSIS / DATE						a

5. Have you ever had congestive heart failure (CHF)? ◯ No ◯ Yes — 5 / 6

6. PSA Test within past 2 years? ◯ No ◯ Yes — a

If yes, was it elevated? ◯ No ◯ Unknown ◯ Yes — b