HARVARD SCHOOL OF PUBLIC HEALTH

HEALTH PROFESSIONALS FOLLOW-UP STUDY

*Harvard School of Public Health*
*Department of Nutrition*
*677 Huntington Avenue*
*Boston, Massachusetts 02115*
*(617) 998–1067*



**Dear Colleague:**

**On behalf of our research group, I thank you once more for your invaluable participation in the Health Professionals Follow-Up Study. The response rate to our follow-up questionnaire in 2004 was again over 90%, insuring valid data on the relation of diet and other lifestyle factors to heart disease, stroke, cancer, prostatic symptoms, and other major illnesses. New insights into the prevention of important diseases have continued to emerge.[1–6] We will provide more detail on these and other analyses in our 2007 newsletter.**

**We are now conducting the twenty-year follow-up of the study. For the validity of statistical analyses, it is essential that we receive updated information on your health status. Most importantly, we are requesting information about the diagnosis of specific diseases since January 1, 2004.**

**Again, I am grateful for the invaluable contribution of your time and effort toward our investigation of factors that influence the health of men. With your continued participation, this study has become one of the most important investigations of the long-term effects of diet in men.**

**Sincerely,**

Walter Willett

**Walter Willett, M.D.**
**Principal Investigator**

1. A prospective study of physical activity and incident and fatal prostate cancer. Arch Intern Med 2005; 165:1005–1010.
2. Calcium and dairy intakes in relation to long-term weight gain in U.S. men. Am J Clin Nutr 2006; 83:559–566.
3. A prospective study of risk factors for erectile dysfunction. J Urol 2006;176:217–221.
4. Variant of transcription factor 7-like 2 (TCF7L2) gene and the risk of type 2 diabetes in large cohorts of U.S. women and men. Diabetes 2006;55:2645–2648.
5. Healthy lifestyle factors in the primary prevention of coronary heart disease among men: benefits among users and nonusers of lipid-lowering and antihypertensive medications. Circulation 2006;114:160–167.
6. A prospective study of calcium intake and incident and fatal prostate cancer. Cancer Epidemiol Biomarkers Prev 2006;15:203–210.

# INSTRUCTIONS

**Use a No. 2 pencil to fill in the appropriate circle completely, or write the requested information in the boxes provided. If you have any comments, please write them on a separate piece of paper.**

EXAMPLE 1:

**3.** Do you currently smoke a pipe, cigar or cigarettes?

○ No ● Yes

EXAMPLE 2:

LEAVE BLANK FOR "NO," MARK HERE FOR "YES" ▬▬▶

| | | YEAR OF DIAGNOSIS | | | |
|---|---|---|---|---|---|
| | | BEFORE 2004 | 2004 | 2005 | 2006 OR LATER |
| Other major illness? | ● | ○ | ● | ○ | ○ |

(43) (a)

DIAGNOSIS: Inguinal hernia — DATE: 9/1/04

**Keep all handwriting within borders of the response box.**

**Federal research regulations require us to include the following information:**

There are no direct benefits to you from participating in this study.
The risk of breach of confidentiality associated with participation in this study is very small.
Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty.
You may skip any question you do not wish to answer.
You will not receive monetary compensation for participating.
If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Human Subjects Committee at the Harvard School of Public Health (866-606-0573).
If you have any questions regarding your status in our study or a question pertaining to the questionnaire, please call the study Project Coordinator, Betsy Frost-Hawes, at 617-384-8657.

**Thank you for completing the 2006 Health Professionals Follow-Up Study short questionnaire.**

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

# HEALTH PROFESSIONALS FOLLOW-UP STUDY

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**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, 2004, have you had any of the following clinician diagnosed conditions or procedures?

| LEAVE BLANK FOR "NO," MARK HERE FOR "YES" | | YEAR OF DIAGNOSIS: BEFORE 2004 | 2004 | 2005 | 2006 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, stent | Y | ○ | ○ | ○ | ○ | 7 |
| Congestive heart failure (CHF) | Y | ○ | ○ | ○ | ○ | 8 |
| Atrial Fibrillation | Y | ○ | ○ | ○ | ○ | 9 |
| Pulmonary embolus | Y | ○ | ○ | ○ | ○ | 10 |
| TIA (Transient Ischemic Attack) | Y | ○ | ○ | ○ | ○ | 11 |
| Stroke (CVA) | Y | ○ | ○ | ○ | ○ | 12 |
| Carotid artery surgery | Y | ○ | ○ | ○ | ○ | 13 |
| Intermittent claudication | Y | ○ | ○ | ○ | ○ | 14 |
| Surgery or angioplasty for arterial disease of the leg | Y | ○ | ○ | ○ | ○ | 15 |
| Aortic aneurysm | Y | ○ | ○ | ○ | ○ | 16 |
| Glaucoma | Y | ○ | ○ | ○ | ○ | 17 |
| Cataract (1st Diagnosis) | Y | ○ | ○ | ○ | ○ | 18 |
| Cataract extraction | Y | ○ | ○ | ○ | ○ | 19 |
| Macular degeneration | Y | ○ | ○ | ○ | ○ | 20 |
| Rheumatoid arthritis | Y | ○ | ○ | ○ | ○ | 21 |
| Other arthritis (e.g., osteoarthritis) | Y | ○ | ○ | ○ | ○ | 22 |
| Hip replacement | Y | ○ | ○ | ○ | ○ | 23 |

| LEAVE BLANK FOR "NO," MARK HERE FOR "YES" | | YEAR OF DIAGNOSIS: BEFORE 2004 | 2004 | 2005 | 2006 OR LATER | |
|---|---|---|---|---|---|---|
| PSA Test within past 2 years? ○ No ○ Yes | | | | | | a |
| If yes, was it elevated? ○ No ○ Unknown ○ Yes | | | | | | b |
| Colonoscopy | Y | ○ | ○ | ○ | ○ | 24 |
| Sigmoidoscopy | Y | ○ | ○ | ○ | ○ | 25 |
| Colon or rectal polyp | Y | ○ | ○ | ○ | ○ | 26 |
| Cancer of the colon or rectum | Y | ○ | ○ | ○ | ○ | 27 |
| Basal cell skin cancer | Y | ○ | ○ | ○ | ○ | 28 |
| Squamous cell skin cancer | Y | ○ | ○ | ○ | ○ | 29 |
| Melanoma | Y | ○ | ○ | ○ | ○ | 30 |
| Prostatic enlargement, surgically treated (e.g., TURP) | Y | ○ | ○ | ○ | ○ | 31 |
| Prostate cancer | Y | ○ | ○ | ○ | ○ | 32 |
| Lymphoma or leukemia | Y | ○ | ○ | ○ | ○ | 33 |
| Other cancer | Y | ○ | ○ | ○ | ○ | 34 |
| ↳ Please specify site and year: | | | | | | a |
| Parkinson's disease | Y | ○ | ○ | ○ | ○ | 35 |
| Periodontal disease with bone loss | Y | ○ | ○ | ○ | ○ | 36 |
| Leukoplakia or other oral precancerous lesions | Y | ○ | ○ | ○ | ○ | 37 |
| Barrett's esophagus | Y | ○ | ○ | ○ | ○ | 38 |
| Gallbladder removal | Y | ○ | ○ | ○ | ○ | 39 |
| Kidney stones | Y | ○ | ○ | ○ | ○ | 40 |
| Gout | Y | ○ | ○ | ○ | ○ | 41 |
| Emphysema or chronic bronchitis (COPD) | Y | ○ | ○ | ○ | ○ | 42 |
| Other major illness? | Y | ○ | ○ | ○ | ○ | 43 |
| ↳ DIAGNOSIS ___ DATE ___ | | | | | | a |
| Fracture of hip or forearm (wrist) | Y | ○ | ○ | ○ | ○ | 44 |
| | | | | | | a |
| | | | | | | b |
| | | | | | | c |

Please specify fracture site and circumstances on back.

If hip or forearm fracture, please specify exact date, site and circumstances.
If a fall, include site of fracture, cause, impact, surface, and height of fall.

MONTH / DAY / YEAR

CA

MED

**THANK YOU**
**FOR YOUR CONTINUED**
**PARTICIPATION**

PLEASE DO NOT WRITE IN SHADED AREA

Mark Reflex® forms by NCS Pearson EM-234459-4:654321 Printed in U.S.A.