HARVARD SCHOOL OF PUBLIC HEALTH

Health Professionals Follow-Up Study

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Dear Colleagues,

This questionnaire marks the 22-year point in the Health Professionals Follow-Up Study, which began in 1986. During this time, we have learned much about ways that diet and lifestyle factors can help reduce our risks of heart disease, stroke, and cancer, and promote healthy aging. We are happy to report that the NIH has awarded an additional five years of funding for this study, which has been possible only because of the remarkable dedication to this research by you and other participants in the Health Professionals Follow-Up Study.

During the last several years, several important findings have emerged from the Health Professionals Follow-Up Study. Updating a previous analysis we found that high intakes of calcium, over 1500 milligrams per day, were associated with greater risk of advanced prostate cancer, especially fatal prostate cancer.(1) Calcium and dairy intake were not related to less weight gain.(2) Higher intakes of vitamin D were related to lower risks of pancreatic cancer,(3) and higher blood levels were associated with lower risk of colorectal cancer.(4) Higher vitamin D status was associated with lower total cancer mortality. Vitamin D intake is particularly important to persons with darker skin as they synthesize less vitamin D from sunlight.(5) Statin drugs appeared to reduce incidence of prostate cancer;(6) a new finding that requires confirmation. Most of our analyses focus on prevention but we also assess diet after the diagnosis of prostate cancer for long term prognosis. High fish intake both before and after diagnosis appeared to reduce recurrence of prostate cancer.(7) Further details on these and other findings will be included with our newsletter next year.

The attached 2008 questionnaire continues the critical follow-up of this study. Most importantly, we request information about the diagnosis of specific diseases since January 1, 2006. As always, all information provided on this questionnaire is strictly confidential and is used only for statistical purposes.

Again, I thank you for your participation in this research, which continues to provide new information on ways to reduce major illness in men.

Sincerely,

Walter Willett

Walter Willett, MD
Principal Investigator

1. **Cancer Epidemiol Biomarkers Prev,** 2006, Vol. 15, p. 203.
2. **Am J Clin Nutr,** 2006, Vol. 83, p. 559.
3. **Cancer Epidemiol Biomarkers Prev,** 2006, Vol. 15, p. 1688.
4. **JNCI,** 2007, Vol. 99, p. 1120.
5. **JNCI,** 2006, Vol. 98, p. 451.
6. **JNCI,** 2006, Vol. 98, p. 1819.
7. **Cancer Causes Control,** 2006, Vol. 17, p. 199.

Please reply to: HSPH 677 Huntington Avenue, Boston MA 02115-5804 • (617) 998-1067

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.

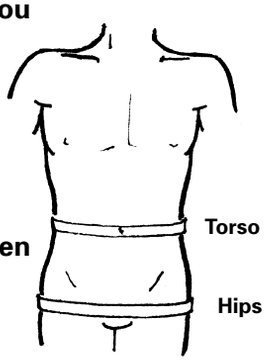
SPECIAL INSTRUCTIONS FOR QUESTION 19.

This item on the 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.



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 2008 Health Professionals Follow-Up Study Questionnaire.

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

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Please use pencil! Thank you. 1 **2008 Health Professionals Follow-Up Study**

1. What is your current weight (pounds)? ____

2. Current Marital Status: ○ Married ○ Divorced/Separated ○ Widowed ○ Never married

3. Living Arrangement: ○ Alone ○ With wife ○ With other family ○ Assisted living ○ Nursing home ○ Other

4. Work Status: ○ Full-time ○ Part-time ○ Retired ○ Disabled ○ Unemployed

5. Do you currently smoke cigarettes? (exclude pipe or cigars)

○ 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. In the past 2 years, have you had . . .

. . . a physical exam?	○ No	○ Yes, for symptoms	○ Yes, for routine screening
. . . a rectal exam?	○ No	○ Yes, for symptoms	○ Yes, for routine screening
. . . an eye exam?	○ No	○ Yes, for symptoms	○ Yes, for routine screening
. . . blood glucose check?	○ No	○ Yes, for symptoms	○ Yes, for routine screening
. . . screening for PSA?	○ No	○ Yes, for symptoms	○ Yes, for routine screening

If "yes" for PSA screening, was your PSA elevated? ○ No ○ Unknown ○ Yes

If "yes," PSA level? ○ <2 ○ 2–2.9 ○ 3–3.9 ○ 4–5.9 ○ 6–7.9 ○ 8–9.9 ○ 10–14.9 ○ 15+

. . . a prostate biopsy or rectal ultrasound (for prostate exam)? ○ No ○ Unknown ○ Yes

. . . upper endoscopy (esophagus/stomach)? ○ No ○ Yes

. . . a (Virtual) CT colonoscopy? ○ No ○ Yes

. . . a colonoscopy? ○ No ○ Yes

. . . a sigmoidoscopy? ○ No ○ Yes

Initial reason(s) you had a colonoscopy/sigmoidoscopy?

○ Visible blood ○ Occult fecal blood ○ Abdominal pain
○ Family history of colon cancer ○ Diarrhea/constipation ○ Barium enema
○ Virtual (CT) colonography ○ Prior polyps ○ Asymptomatic or routine screening

7. How many teeth have you lost since January 1, 2006? ○ None ○ 1 ○ 2 ○ 3 ○ 4 ○ 5–9 ○ 10+

8. Do you have difficulty with your balance? ○ No ○ Yes

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

10. How many flights of stairs (not steps) do you climb daily? (Do not include time spent on stair or exercise machines.)

○ No flights ○ 1–2 flights ○ 3–4 flights ○ 5–9 flights ○ 10–14 flights ○ 15 or more flights

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11. 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	○	○	○	○	○	○	○	○	○	○	○	○	○
Sitting or driving (e.g., car, bus, or train)	○	○	○	○	○	○	○	○	○	○	○	○	○
Sitting or lying watching TV or VCR	○	○	○	○	○	○	○	○	○	○	○	○	○
Sitting at home reading	○	○	○	○	○	○	○	○	○	○	○	○	○
Sitting at home working on a computer	○	○	○	○	○	○	○	○	○	○	○	○	○
Other sitting at home (e.g., at desk or eating)	○	○	○	○	○	○	○	○	○	○	○	○	○

12. 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.
Walking to work or for exercise (including golf)	○	○	○	○	○	○	○	○	○	○	○	○	○
Jogging (slower than 10 minutes/mile)	○	○	○	○	○	○	○	○	○	○	○	○	○
Running (10 minutes/mile or faster)	○	○	○	○	○	○	○	○	○	○	○	○	○
Bicycling (including stationary machine)	○	○	○	○	○	○	○	○	○	○	○	○	○
Lap swimming	○	○	○	○	○	○	○	○	○	○	○	○	○
Tennis	○	○	○	○	○	○	○	○	○	○	○	○	○
Squash or racquetball	○	○	○	○	○	○	○	○	○	○	○	○	○
Calisthenics, rowing, stair or ski machine, etc.	○	○	○	○	○	○	○	○	○	○	○	○	○
Weightlifting or weight machine	○	○	○	○	○	○	○	○	○	○	○	○	○
Moderate outdoor work (e.g., yardwork, gardening)	○	○	○	○	○	○	○	○	○	○	○	○	○
Heavy outdoor work (e.g., digging, chopping)	○	○	○	○	○	○	○	○	○	○	○	○	○

13. Please indicate the name of someone at a *DIFFERENT PERMANENT ADDRESS* to whom we might write in the event we are unable to contact you:

Name: _____ Address: _____

Relationship: _____

14. Is this your correct date of birth? 14

- ○ Yes
- ○ No → If no, please write correct date. MONTH / DAY / YEAR

15. Since January 1, 2006, have you had any of the following clinician diagnosed conditions? 15 a

Leave blank for NO, mark here for YES →		YEAR OF DIAGNOSIS: Before 2006	2006	2007	2008	
High blood pressure	Y	○	○	○	○	1
Diabetes mellitus	Y	○	○	○	○	2
Elevated cholesterol	Y	○	○	○	○	3
Elevated triglycerides	Y	○	○	○	○	4
Coronary bypass, angioplasty or stent	Y	○	○	○	○	5
Myocardial infarction (heart attack)	Y	○	○	○	○	6
Hospitalized for this MI? ○ No ○ Yes						a
Angina pectoris	Y	○	○	○	○	7
Confirmed by angiogram? ○ No ○ Yes						a
Atrial fibrillation	Y	○	○	○	○	8
Congestive heart failure	Y	○	○	○	○	9
Deep vein thrombosis	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
Pulmonary embolus	Y	○	○	○	○	16
Aortic aneurysm	Y	○	○	○	○	17

Leave blank for NO, mark here for YES →		Before 2006	2006	2007	2008	
Gout	Y	○	○	○	○	18
Rheumatoid arthritis	Y	○	○	○	○	19
Other arthritis (e.g., osteoarthritis)	Y	○	○	○	○	20
Chronic renal failure	Y	○	○	○	○	21
Diverticulitis or Diverticulosis	Y	○	○	○	○	22
Colon or rectal polyp	Y	○	○	○	○	23
Cancer of colon or rectum	Y	○	○	○	○	24
Prostatic enlargement, treated by drugs, surgery or laser	Y	○	○	○	○	25
Prostate cancer	Y	○	○	○	○	26
Bladder cancer	Y	○	○	○	○	27
Solar or actinic keratosis	Y	○	○	○	○	28
Basal cell skin cancer	Y	○	○	○	○	29
Squamous cell skin cancer	Y	○	○	○	○	30
Melanoma	Y	○	○	○	○	31
Lymphoma or Leukemia	Y	○	○	○	○	32
Other cancer	Y	○	○	○	○	33
Please specify site and year: →						a
Glaucoma	Y	○	○	○	○	34
Cataract (1st Diagnosis)	Y	○	○	○	○	35
Cataract extraction	Y	○	○	○	○	36
Macular degeneration	Y	○	○	○	○	37

15. *(continued)* Since January 1, 2006, have you had any of the following clinician diagnosed conditions? 15 a

Leave blank for NO, mark here for YES →		Before 2006	2006	2007	2008	
Osteoporosis	Y	○	○	○	○	38
Hip replacement	Y	○	○	○	○	39
Periodontal disease with bone loss	Y	○	○	○	○	40
Leukoplakia/oral precancer	Y	○	○	○	○	41
Gall bladder removal	Y	○	○	○	○	42
Kidney stones	Y	○	○	○	○	43
Parkinson's disease	Y	○	○	○	○	44
ALS (Amyotrophic Lateral Sclerosis)	Y	○	○	○	○	45
Gastric or duodenal ulcer	Y	○	○	○	○	46
Barrett's esophagus	Y	○	○	○	○	47
Ulcerative colitis/Crohn's disease	Y	○	○	○	○	48
Shingles	Y	○	○	○	○	49
Seizure (1 or more)/epilepsy	Y	○	○	○	○	50
Alcohol dependence problem	Y	○	○	○	○	51
Pneumonia (X-ray confirmed)	Y	○	○	○	○	52
Asthma	Y	○	○	○	○	53
Pernicious Anemia/B12 deficiency	Y	○	○	○	○	54
Emphysema or chronic bronchitis (COPD)	Y	○	○	○	○	55
Other major illness or surgery since January 2006	Y	○	○	○	○	56

Please specify: 57 w

16. Have you ever received the vaccine to prevent shingles? 16

- ○ Yes
- ○ No

17. Blood Cholesterol (most recent, within last 5 years): 17

- ○ Unknown/Not checked within 5 yrs
- ○ <140 mg/dl
- ○ 140–159
- ○ 160–179
- ○ 180–199
- ○ 200–219
- ○ 220–239
- ○ 240–269
- ○ 270–299
- ○ 300–329
- ○ 330+ mg/dl

18. Current usual blood pressure (if checked within 2 years): 18

Systolic: a
- ○ Unknown/Not checked within 2 yrs
- ○ <105 mmHg
- ○ 105–114
- ○ 115–124
- ○ 125–134
- ○ 135–144
- ○ 145–154
- ○ 155–164
- ○ 165–174
- ○ 175+

Diastolic: b
- ○ Unknown/Not checked within 2 yrs
- ○ <65 mmHg
- ○ 65–74
- ○ 75–84
- ○ 85–89
- ○ 90–94
- ○ 95–104
- ○ 105+

19. Using the instructions found on the Instruction Page, please record the following measurements to the nearest quarter inch: 19

	inches	inches	fraction (/4)
Torso	0–6	0–9	0, 1/4, 2/4, 3/4
Hips	0–6	0–9	0, 1/4, 2/4, 3/4

T
H

20. In the past two years, have you had two weeks or longer when nearly every day you felt sad, blue or depressed for most of the day? 20

- ○ No
- ○ Yes

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

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21. Regular Medication *(mark if used regularly in past 2 years)*

21

- ◯ Acetaminophen (e.g., Tylenol)
  - **Days/week:** ◯ 1 ◯ 2–3 ◯ 4–5 ◯ 6+ days
  - **Tablets/wk:** ◯ 1–2 ◯ 3–5 ◯ 6–14 ◯ 15+ tablets
- ◯ Aspirin or aspirin-containing products (e.g., Alka-Seltzer with aspirin)
  - **Days/week:** ◯ 1 ◯ 2–3 ◯ 4–5 ◯ 6+ days
  - **Tablets/wk:** ◯ 1–2 ◯ 3–5 ◯ 6–14 ◯ 15+ tablets
  - **Usual dose/tab:** ◯ 50–99 mg ◯ 100–249 ◯ 250–349 ◯ 350+
  - If you take aspirin **once a day**, what time do you typically take it?
    ◯ Morning ◯ Afternoon ◯ Evening ◯ Just before bedtime
- ◯ Ibuprofen (e.g., Advil, Motrin, Nuprin)
  - **Days/week:** ◯ 1 ◯ 2–3 ◯ 4–5 ◯ 6+ days
  - **Tablets/wk:** ◯ 1–2 ◯ 3–5 ◯ 6–14 ◯ 15+ tablets
- ◯ Celebrex (COX-2 inhibitors)
  - **Days/week:** ◯ 1 ◯ 2–3 ◯ 4–5 ◯ 6+ days
- ◯ Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)
- ◯ Coumadin (e.g., Warfarin)
- ◯ Clopidogrel or Ticlopidine (e.g., Plavix or Ticlid)
- ◯ Thiazide diuretic ◯ Lasix
- ◯ Calcium blocker (e.g., Calan, Procardia, Cardizem)
- ◯ Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)
- ◯ ACE inhibitors (e.g., Capoten, Vasotec, Zestril)
- ◯ Angiotensin receptor blocker [e.g., valsartan (Diovan), losartan (Cozaar), irgesartan (Avapro)]
- ◯ Other anti-hypertensive (e.g., clonidine, doxazosin)
- ◯ "Statin" cholesterol-lowering drug:
  ◯ Mevacor (lovastatin) ◯ Zocor (simvastatin) ◯ Crestor
  ◯ Pravachol (pravastatin) ◯ Lipitor (atorvastatin) ◯ Other
- ◯ Other cholesterol-lowering drug [e.g., niacin, Lopid (gemfibrozil), Tricor (fenofibrate), Questran (cholestyramine), Colestid, Zetia]
- ◯ Steroids taken orally (e.g., Prednisone, Decadron, Medrol)
- ◯ Insulin ◯ Oral hypoglycemic medication
- ◯ SSRIs (Celexa, Lexapro, Prozac, Paxil, Zoloft, Luvox)
- ◯ SNRIs (Effexor, Cymbalta)
- ◯ Tricyclic antidepressant (Elavil, Tofranil, Pamelor, Norpramin, Sinequan, Vivactil, Surmontil, Ludiomil)
- ◯ MAOIs (Parnate, Marplan, Nardil, Emsam)
- ◯ Other Antidepressants (Wellbutrin, Serzone, Desyrel)
- ◯ Benzodiazepine Anxiolytics (e.g., Ativan, Xanax, Klonopin)
- ◯ Atypical antipsychotics (e.g., Seroquel, Zyprexa, Geodon)
- ◯ Anticonvulsants (e.g., Depakote, Lamictal)
- ◯ Finasteride (e.g., Proscar, Propecia, Avodart)
- ◯ Alpha-blocker for BPH (e.g., Hytrin (terazosin), Flomax)
- ◯ Prilosec, Nexium, Prevacid (lansoprazole), Protonix, Aciphex
- ◯ H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)
- ◯ Fosamax, Actonel, or other bisphosphonate
- ◯ Sleeping medications (e.g., Ambien, Lunesta, Sonata)
- ◯ Other regular medication (no need to specify)

22. Since January 1, 2006, have you had any of these fractures?

22

◯ None ◯ Hip *(exclude pelvis)* ◯ Wrist *(Colles or distal forearm)*

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

Month: _____
Year: _____

23. Have any of the following biological relatives had...

23

		Before Age 50	Age 50 to 59	Age 60 to 69	Age 70+	Age Unknown
Colon or Rectal Cancer?						
◯ No	One Sibling (Y)	◯	◯	◯	◯	◯
	Additional Sibling (Y)	◯	◯	◯	◯	◯
Melanoma?						
◯ No	Parent (Y)	◯	◯	◯	◯	◯
	Sibling (Y)	◯	◯	◯	◯	◯
Diabetes?						
◯ No	Mother (Y)	◯	◯	◯	◯	◯
	Father (Y)	◯	◯	◯	◯	◯
	Sibling (Y)	◯	◯	◯	◯	◯
Major Clinical Depression?						
◯ No	Mother (Y)	◯	◯	◯	◯	◯
	Father (Y)	◯	◯	◯	◯	◯
	Sibling (Y)	◯	◯	◯	◯	◯
Parkinson's Disease?						
◯ No	Mother (Y)	◯	◯	◯	◯	◯
	Father (Y)	◯	◯	◯	◯	◯
	Sibling (Y)	◯	◯	◯	◯	◯
Gout?						
◯ No	Mother (Y)	◯	◯	◯	◯	◯
	Father (Y)	◯	◯	◯	◯	◯
	Sister (Y)	◯	◯	◯	◯	◯
	Brother (Y)	◯	◯	◯	◯	◯
Pancreatic Cancer?						
◯ No	Mother (Y)	◯	◯	◯	◯	◯
	Father (Y)	◯	◯	◯	◯	◯
	Sister (Y)	◯	◯	◯	◯	◯
	Brother (Y)	◯	◯	◯	◯	◯

24. Have you ever had gastrointestinal bleeding that required hospitalization or a transfusion?

24

◯ Yes → a) What was the site of the bleeding? *(Mark all that apply.)* a
◯ No

◯ Esophagus ◯ Stomach ◯ Duodenum
◯ Colon/rectum ◯ Other ◯ Site unknown

b) What year(s) did this happen? *(Mark all that apply.)* b

◯ Before 1993 ◯ '93–'97 ◯ '98–'99
◯ 2000–'01 ◯ 2002–'03 ◯ 2004–'05 ◯ 2006+

25. How many squamous or basal cell carcinoma lesions have you ever had removed by surgery, cryotherapy or other means? (Exclude melanoma and benign lesions like moles or actinic keratoses.)

25

◯ Never had squamous or basal cell carcinoma
◯ 1 ◯ 2–4 ◯ 5–10 ◯ 11+

26. Have you ever had infectious mononucleosis?

26

◯ Yes → If Yes, at which age: a
◯ No ◯ <15 years ◯ 15–24 ◯ 25–34
◯ Don't know ◯ 35–44 ◯ 45–54 ◯ 55+

27. In a typical week during the past year, on how many days did you consume an alcoholic beverage of any type?

27

◯ No days ◯ 1 day ◯ 2 days ◯ 3 days ◯ 4 days
◯ 5 days ◯ 6 days ◯ 7 days

28. In a typical month during the past year, what was the largest number of drinks of beer, wine and/or liquor you may have had in one day?

28

◯ None ◯ 1–2 ◯ 3–5 ◯ 6–9 ◯ 10–14 ◯ 15 or more

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29. Do you currently take multi-vitamins? (Please report other individual vitamins in the next section.) 29

○ No ○ Yes ▶ a) How many do you take per week? ○ 2 or less ○ 3–5 ○ 6–9 ○ 10 or more a

b) What specific brand (or equivalency) do you usually take? b

○ Centrum Silver ○ Centrum ○ Other ▶ ○ Theragran M ○ One-A-Day Essential

e.g., AARP Alphabet II Formula 643 Multivitamins and Minerals

Not counting multi-vitamins, do you take any of the following preparations? o

a) Vitamin A	○ No	○ Yes, seasonal only ○ Yes, most months	If Yes, Dose per day:	○ Less than 10,000 IU	○ 10,000 to 15,000 IU	○ 16,000 to 22,000 IU	○ 23,000 IU or more	○ Don't know	A
b) Potassium	○ No	○ Yes	If Yes, Dose per day:	○ Less than 2.5 mEq (100 mg)	○ 3 to 10 mEq	○ 11 to 20 mEq	○ 21 mEq or more	○ Don't know	P
c) Vitamin C	○ No	○ Yes, seasonal only ○ Yes, most months	If Yes, Dose per day:	○ Less than 400 mg	○ 400 to 700 mg	○ 750 to 1250 mg	○ 1300 mg or more	○ Don't know	C
d) Vitamin B_6	○ No	○ Yes	If Yes, Dose per day:	○ Less than 50 mg	○ 50 to 99 mg	○ 100 to 149 mg	○ 150 mg or more	○ Don't know	B6
e) Vitamin E	○ No	○ Yes	If Yes, Dose per day:	○ Less than 100 IU	○ 100 to 250 IU	○ 300 to 500 IU	○ 600 IU or more	○ Don't know	E
			Type:	○ Natural	○ Regular (dl)	○ Unknown			
f) Calcium (Include Calcium in Tums, etc.)	○ No	○ Yes	If Yes, Dose per day (elemental calcium):	○ Less than 600 mg	○ 600 to 900 mg	○ 901 to 1500 mg	○ 1501 mg or more	○ Don't know	CA
g) Selenium	○ No	○ Yes	If Yes, Dose per day:	○ Less than 80 mcg	○ 80 to 130 mcg	○ 140 to 250 mcg	○ 260 mcg or more	○ Don't know	S
h) Vitamin D (in calcium supplement or separately)	○ No	○ Yes, seasonal only ○ Yes, most months	If Yes, Dose per day:	○ Less than 300 IU	○ 300 to 500 IU	○ 600 to 900 IU	○ 1000 IU or more	○ Don't know	D
i) Zinc	○ No	○ Yes	If Yes, Dose per day:	○ Less than 25 mg	○ 25 to 74 mg	○ 75 to 100 mg	○ 101 mg or more	○ Don't know	Z

30. Are there other supplements that you take on a regular basis? 30

○ Metamucil/Citrucel ○ Cod Liver Oil ○ Chromium ○ B-Complex ○ DHEA ○ Beta-carotene
○ Flax Seed ○ Vitamin B_{12} ○ Lecithin ○ Ginkgo Biloba ○ Iron ○ Other (Please specify)
○ Flax Seed Oil ○ Magnesium ○ Coenzyme Q_{10} ○ Lycopene
○ Evening Primrose ○ Melatonin ○ Choline ○ Glucosamine/ Chondroitin
○ Fish Oil/DHA-EPA ○ Niacin ○ Folic Acid

31. Have you ever had any of the following professionally diagnosed conditions and/or procedures? (Year of first diagnosis and/or procedures.) 31

Leave blank for NO, mark here for YES →		Before 1986	1986–'90	1991–'95	'96–2000	2001– '04	2005 or later	
Psoriasis	(Y) ▶	○	○	○	○	○	○	
Increased Intraocular Pressure	(Y) ▶	○	○	○	○	○	○	

32. On average, how many hours per week were you outdoors in direct sunlight in the middle of the day - 10 am to 3 pm - (including work and recreation) at each of these ages? Your best estimate is fine. 32

	AVERAGE HOURS PER WEEK				
	<1 hour	2–5 hours	6–10 hours	11–19 hours	20+ hours
Summer months in **High School/College**	○	○	○	○	○
Summer months **ages 25–35**	○	○	○	○	○
Summer months **ages 36–59**	○	○	○	○	○
Summer months **ages 60–65**	○	○	○	○	○
Winter months **over the last 2 years**	○	○	○	○	○

33. Do you have unpleasant leg sensations (like crawling, paraesthesias, or pain) combined with leg restlessness and the urge to move? 33

○ No ○ Once a month or less ○ 2–4 times /month ○ 5–14 times/month ○ 15+ times/month

If "Yes": a) Do these symptoms occur only at rest and does moving improve them? ○ Yes ○ No a

b) Are these symptoms worse in the evening/night compared with the morning? ○ Yes ○ No b

34. Please indicate total hours of actual sleep in a typical 24-hour period: 34

○ 5 hours or less ○ 6 hours ○ 7 hours ○ 8 hours ○ 9 hours ○ 10 hours ○ 11+ hours

35. Is the address we mailed this questionnaire to your work or home address? 35

○ Work ○ Home

If home, do you spend more than 3 months away? ○ Yes ○ No

36. How many times per day do you eat? Include meals and snacks. (For snacks, count juice and non-diet soda, but exclude coffee and diet soda.) 36

○ 1 or 2 times per day ○ 3/day ○ 4/day ○ 5/day
○ 6/day ○ 7/day ○ 8/day ○ 9 or more times per day

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

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37. **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 on each line.)***

	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	◯	◯	◯
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	◯	◯	◯
Lifting or carrying groceries	◯	◯	◯
Climbing *several* flights of stairs	◯	◯	◯
Climbing *one* flight of stairs	◯	◯	◯
Bending, kneeling, or stooping	◯	◯	◯
Walking *more than a mile*	◯	◯	◯
Walking *several blocks*	◯	◯	◯
Walking *one* block	◯	◯	◯
Bathing or dressing yourself	◯	◯	◯
Getting in and out of a bed or chair	◯	◯	◯

38. **Do you use any devices for assistance with mobility, for example a walker, cane or walking stick?**
◯ Yes ◯ No

39. **Choose the best answer for how you felt the *past month*:**

	Yes	No
Are you basically satisfied with your life?	◯	◯
Have you dropped many of your activities and interests?	◯	◯
Do you feel that your life is empty?	◯	◯
Do you often get bored?	◯	◯
Are you in good spirits most of the time?	◯	◯
Are you afraid that something bad is going to happen to you?	◯	◯
Do you feel happy most of the time?	◯	◯
Do you often feel helpless?	◯	◯
Do you prefer to stay at home, rather than going out and doing new things?	◯	◯
Do you feel you have more problems with memory than most?	◯	◯
Do you think it is wonderful to be alive now?	◯	◯
Do you feel pretty worthless the way you are now?	◯	◯
Do you feel full of energy?	◯	◯
Do you feel that your situation is hopeless?	◯	◯
Do you think that most people are better off than you are?	◯	◯

40. **Have you recently experienced any change in your ability to remember things?**

	Yes	No
Do you have more trouble than usual remembering recent events?	◯	◯
Do you have more trouble than usual remembering a short list of items, such as a shopping list?	◯	◯
Do you have trouble remembering things from one second to the next?	◯	◯
Do you have any difficulty in understanding or following spoken instructions?	◯	◯
Do you have more trouble than usual following a group conversation or a plot in a TV program due to your memory?	◯	◯
Do you have trouble finding you way around familiar streets?	◯	◯

41. **How often do you go to religious meetings or services?**
◯ More than once a week ◯ Once a week ◯ 1 to 3 times per month ◯ Less than once per month ◯ Never or almost never

42. **How many hours each week do you participate in any groups such as social or work group, church-connected group, self-help group, charity, public service or community group?**
◯ None ◯ 1 to 2 hours ◯ 3 to 5 hours ◯ 6 to 10 hours ◯ 11 to 15 hours ◯ 16 or more hours

43. **How many living children (include stepchildren) do you have?**
Daughters ◯ None ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 or more
Sons ◯ None ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 or more

44. **How many of your children do you see at least once a month?** ◯ None ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 or more

45. **Apart from your children, how many relatives do you have with whom you feel close?**
◯ None ◯ 1 to 2 ◯ 3 to 5 ◯ 6 to 9 ◯ 10 or more

46. **Apart from your children, how many close relatives do you see at least once a month?**
◯ None ◯ 1 to 2 ◯ 3 to 5 ◯ 6 to 9 ◯ 10 or more

47. **How many close friends do you have?**
◯ None ◯ 1 to 2 ◯ 3 to 5 ◯ 6 to 9 ◯ 10 or more

48. **How many of these friends do you see at least once a month?**
◯ None ◯ 1 to 2 ◯ 3 to 5 ◯ 6 to 9 ◯ 10 or more

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49. **What is the difference between your highest and lowest weight during the last 2 years?** 49
○ No change ○ 2–4 lbs. ○ 5–9 lbs. ○ 10–14 lbs. ○ 15–29 lbs. ○ 30–49 lbs. ○ 50+ lbs.

50. **During the past 2 years, did you intentionally lose weight?** 50
○ Yes → a) **What is the maximum number of pounds that you lost in any attempt?** a
○ < 5 lbs. ○ 5–9 lbs. ○ 10–14 lbs. ○ 15–19 lbs. ○ 20–29 lbs. ○ 30–39 lbs. ○ 40–49 lbs. ○ 50+ lbs.
○ No
b) **How did you lose the weight?** ***(Mark all that apply.)*** b
○ low calorie diet ○ low fat diet ○ low carbohydrate diet ○ gastric surgery
○ limiting portion size ○ increased exercise ○ crash dieting/fasting ○ not eating between meals
○ commercial program (e.g., Weight Watchers/Jenny Craig) ○ reduced alcohol ○ commercial diet products (e.g., Slimfast) ○ diet pills/medications
○ other method

51. **During the past 2 years, did you <u>UNintentionally</u> lose weight (e.g., due to illness, stress, or depression)?** 51
○ No ○ Yes → **Number of pounds?** ○ <5 lbs. ○ 5–9 lbs. ○ 10–14 lbs. ○ 15–19 lbs. ○ 20+ lbs. a

52. **Have you ever lived on a farm for at least one year?** 52
○ No
○ Yes → **If Yes, mark all ages which you lived on a farm:**
○ 0–4 years old ○ 5–9 years old ○ 10–14 ○ 15–19 ○ 20–29 ○ 30 years old or older

53. **In your lifetime, how many times have you, yourself, applied pesticides/herbicides *(mark all that apply)*:** 53

	Never	1–4 times	5–9	10–19	20 or more times
In backyard, lawn, or garden	○	○	○	○	○
Inside your home	○	○	○	○	○
Other	○	○	○	○	○

54. **In your lifetime, how many times have you had your home professionally treated or fumigated with pesticides?** 54
○ None ○ 1–4 times ○ 5–9 ○ 10–19 ○ 20 or more times

55. **During the past month, please indicate how frequently you had these urinary symptoms:** 55

	% OF TIME EXPERIENCED SYMPTOMS					
	0%	10%	25%	50%	75%	Almost 100%
Sensation of incomplete bladder emptying	○	○	○	○	○	○
Having to urinate again after less than 2 hours	○	○	○	○	○	○
Stopping and starting several times during urination	○	○	○	○	○	○
Found it difficult to postpone urinating	○	○	○	○	○	○
Weak urinary stream	○	○	○	○	○	○
Had to push or strain to begin urination	○	○	○	○	○	○

56. **Over the past month, how many <u>times per night</u> did you typically get up to urinate?** 56
○ 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5+/Night

57. **During the past month, how often have you experienced pain or discomfort in any of these areas or circumstances:** 57

	Never	Rarely	Sometimes	Often	Usually	Always
Area between rectum and testicles (perineum)	○	○	○	○	○	○
Testicles	○	○	○	○	○	○
Tip of the penis (not related to urination)	○	○	○	○	○	○
Below your waist, in your pubic or bladder area	○	○	○	○	○	○
Pain or burning during urination	○	○	○	○	○	○
Pain or discomfort during or after sexual climax (ejaculation)	○	○	○	○	○	○

58. **During the past month, on a scale of one to ten, how would you rate your AVERAGE severity of pain or discomfort on the days that you had symptoms listed in q. 57 (with Zero being No Pain and 10 being Pain as bad as you can imagine)?** 58
○ Zero (No Pain) ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 (medium pain)
○ 6 ○ 7 ○ 8 ○ 9 ○ 10 (Pain as bad as you can imagine)

59. **If you have had pain related to the areas noted in question #57, when did you first experience this?** 59
○ Before 1960 ○ '60–'70 ○ '71–'85 ○ '86–'90 ○ '91–'95 ○ '96–2000 ○ 2001–2004 ○ After 2004

60. **If you have had an extended problem getting and/or keeping an erection in the past, what is the duration of time from when you first realized you had this problem until you sought treatment?** 60
○ Less than 6 months ○ 6 months–1 year ○ 1–3 years ○ 3–5 years ○ >5 years ○ Never a problem
○ A problem, but did not seek treatment

61. **During the past three months, how would you rate your ability (without treatment) to have and maintain an erection good enough for intercourse?** 61
○ Very poor ○ Poor ○ Fair ○ Good ○ Very Good

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

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