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 2010 was again over 90%, ensuring valid data on the relation of diet and other lifestyle factors to heart disease, stroke, cancer, prostatic symptoms, and other major illnesses.

The attached **very brief** questionnaire asks for the most important information necessary for maintaining records. We have made it as short as possible in the hope that you will take just a few minutes to complete the form. If you prefer, you can complete our questionnaire online at www.hpfstudy.org, using your ID number printed above to log-in.

As an original member of the Health Professionals Follow-Up Study, you are an indispensable colleague in our research. Whether you are retired or still working, whether your health is excellent or you have been ill, your response is equally important. In short, **no matter what your circumstances, we want to hear from you!** As always, your answers will be kept strictly confidential and used for research purposes only.

It is with our deepest gratitude that we thank you for your ongoing commitment and care that you have generously provided as we continue to learn more about men's health.

Sincerely,

Walter Willett

Walter Willett, M.D.
Principal Investigator

Do you have email?
If you do, please print your email address in the box so that we may send you occasional updates on the progress of the Health Professionals Follow-Up Study.

Please print neatly and differentiate numbers and letters (e.g., 1 vs I or i, Ø vs O, 5 vs S)

We will not release your email address to anyone!

INSTRUCTIONS:

INTERNET:
Go to our website at www.HPFSTUDY.org and use your ID number (see front page of this page) and your birth date to log-in. Follow the instructions on the screen to complete the survey online.

PAPER FORM:
Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely. The form is designed to be read by optical-scanning equipment, so it is important that you keep any write-in responses within the spaces provided and erase any incorrect marks completely. If you have comments, please write them on a separate piece of paper.

USE OF BIOLOGICAL SAMPLES

In performing specialized analyses on blood, toenails, tissue or urine samples that have been provided by participants in this study, we often collaborate with laboratories outside our university who are capable of doing these. These samples are always sent without any personal identifier to ensure confidentiality. On the basis of these analyses, it is possible that these tests could be found to have value in clinical practice. To make such a test available to health care providers, it is usually necessary that they be developed as a commercial product. Although we would work to facilitate such applications, under no circumstances would members of our research group personally profit financially from this research. Also, you would not receive any compensation for use of these samples. You may withdraw your sample at any time to the extent the data derived from them have not yet been aggregated. As always, our goal is to ensure that research findings are translated into ways that can most effectively benefit men everywhere.

If you have questions about the analysis of samples or other studies, or if you wish not to have your specimens provided to outside laboratories, please send an email to hpfs@hsph.harvard.edu or write us at HPFS, Walter C. Willett, 677 Huntington Ave., Boston, MA 02115. One of our researchers can answer any questions you may have.

The research team has great respect for your continued study participation, and therefore would like to remind you of several important points, as is standard practice in research. We do so in recognition of the fact that consent is an ongoing process rather than a one-time agreement. Please do not hesitate to contact us if you have any questions regarding this information.

a. You are participating in a research study that focuses on how to decrease the risk of cancer, heart disease, impaired cognitive function and other major chronic diseases in men. Participation involves the completion of questionnaires.
b. Your participation is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled.
c. There is a small risk of breach of confidentiality; however we have taken many steps to minimize this risk.
d. Samples are sometimes shared with entities outside of Harvard as part of research collaborations; in such cases, we use a separate ID number to ensure confidentiality.
e. You will not receive monetary compensation for participating.
f. There are no direct benefits to you from study participation.
g. If you wish to speak with someone not directly involved in this research study about your rights as a research participant, please contact the Harvard School of Public Health's Office for Human Research Administration at 617-432-2143 (local calls) or 866-606-0573 (long distance calls) or email at irb@hsph.harvard.edu.
h. If you have any questions regarding the study itself, please call the study Project Coordinator, Betsy Frost-Hawes at 866-762-6609.

If your name and address as printed on this questionnaire are no longer correct or are incomplete, or if you are providing your email address, please make any necessary changes on the letter and return it to us.

Thank you for completing the 2012 Health Professionals Follow-Up Study short questionnaire.

HEALTH PROFESSIONALS FOLLOW-UP STUDY

HPFS SH 12Q

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, 2010, have you had any of the following clinician diagnosed conditions or procedures?

LEAVE BLANK FOR "NO," MARK HERE FOR "YES"		YEAR OF DIAGNOSIS: BEFORE 2010	2010	2011	2012 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 2010	2010	2011	2012 OR LATER	
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 treated by drugs, surgery, or laser	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
Hearing loss, confirmed by audiogram	Y	◯	◯	◯	◯	34
Ulcerative colitis/ Crohn's disease	Y	◯	◯	◯	◯	35
Barrett's esophagus	Y	◯	◯	◯	◯	36
Diverticulitis or Diverticulosis	Y	◯	◯	◯	◯	37
Kidney stones	Y	◯	◯	◯	◯	38
Gout	Y	◯	◯	◯	◯	39
Emphysema or chronic bronchitis (COPD)	Y	◯	◯	◯	◯	40
Colonoscopy	Y	◯	◯	◯	◯	41
Sigmoidoscopy	Y	◯	◯	◯	◯	42
Other major illness?	Y	◯	◯	◯	◯	43
↳ DIAGNOSIS / DATE						a
Hip fracture (proximal femur)	Y	◯	◯	◯	◯	44
↳ Due to major trauma (e.g., car accident) ◯ No ◯ Yes						a
PSA Test within past 2 years? ◯ No ◯ Yes						a
If yes, was it elevated? ◯ No ◯ Unknown ◯ Yes						b

Copyright 2012 President and Fellows of Harvard College. All Rights Reserved Worldwide.

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: _____

_____

Phone/Email: _____

THANK YOU FOR YOUR CONTINUED PARTICIPATION

CA

MED

PLEASE DO NOT WRITE IN SHADED AREA

SCANTRON Mark Reflex® EM-234459-7:654321