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, 2012, have you had any of the following clinician diagnosed conditions or procedures?

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

Condition	Y	YEAR OF DIAGNOSIS: BEFORE 2012	2012	2013	2014 OR LATER	
High blood pressure	Y					1
Diabetes mellitus	Y					2
Elevated cholesterol	Y					3
Myocardial infarction (heart attack)	Y					4
Hospitalized for this MI? No Yes						a
Angina pectoris	Y					5
Confirmed by an angiogram? No Yes						a
Coronary artery bypass or coronary angioplasty, stent	Y					6
Congestive heart failure (CHF)	Y					7
Atrial fibrillation (more than 1 hour)	Y					8
Pulmonary embolus	Y					9
TIA (Transient Ischemic Attack)	Y					10
Stroke (CVA)	Y					11
Carotid artery surgery	Y					12
Intermittent claudication	Y					13
Surgery or angioplasty for arterial disease of the leg	Y					14
Aortic aneurysm	Y					15
Glaucoma	Y					16
Cataract (1st Diagnosis)	Y					17
Cataract extraction	Y					18
Macular degeneration	Y					19
Other arthritis (e.g., osteoarthritis)	Y					20
Hip replacement	Y					21
Colon or rectal polyp	Y					22
Cancer of the colon or rectum	Y					23

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

Condition	Y	YEAR OF DIAGNOSIS: BEFORE 2012	2012	2013	2014 OR LATER	
Basal cell skin cancer	Y					24
Squamous cell skin cancer	Y					25
Melanoma	Y					26
Prostatic enlargement treated by drugs, surgery, or laser	Y					27
Prostate cancer	Y					28
Lymphoma or leukemia	Y					29
Other cancer	Y					30
Please specify site and year:						a
Parkinson's disease	Y					31
Hearing loss, confirmed by audiogram	Y					32
Ulcerative colitis or microscopic colitis/Crohn's disease	Y					33
Barrett's esophagus	Y					34
Diverticulitis or Diverticulosis	Y					35
Celiac disease	Y					36
Kidney stones	Y					37
Gall bladder removed	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)

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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: ____________________

CA

MED

PLEASE DO NOT WRITE IN SHADED AREA

THANK YOU FOR YOUR CONTINUED PARTICIPATION