HEALTH PROFESSIONALS FOLLOW-UP STUDY

HPFS SH 16Q

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, 2014, have you had any of the following clinician diagnosed conditions or procedures?

LEAVE BLANK FOR "NO," MARK HERE FOR "YES"		YEAR OF DIAGNOSIS: BEFORE 2014	2014	2015	2016 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 or deep vein thrombosis	(Y)	◯	◯	◯	◯	9
TIA (Transient Ischemic Attack)	(Y)	◯	◯	◯	◯	10
Stroke (CVA)	(Y)	◯	◯	◯	◯	11
Carotid surgery (endarterectomy)	(Y)	◯	◯	◯	◯	12
Peripheral artery disease or claudication of legs (not varicose veins)	(Y)	◯	◯	◯	◯	13
Glaucoma	(Y)	◯	◯	◯	◯	14
Cataract (1st Diagnosis)	(Y)	◯	◯	◯	◯	15
Cataract extraction	(Y)	◯	◯	◯	◯	16
Macular degeneration	(Y)	◯	◯	◯	◯	17
Osteoporosis	(Y)	◯	◯	◯	◯	18
Osteoarthritis	(Y)	◯	◯	◯	◯	19
Hip or knee replacement	(Y)	◯	◯	◯	◯	20
Colon or rectal polyp	(Y)	◯	◯	◯	◯	21
Cancer of the colon or rectum	(Y)	◯	◯	◯	◯	22

LEAVE BLANK FOR "NO," MARK HERE FOR "YES"		YEAR OF DIAGNOSIS: BEFORE 2014	2014	2015	2016 OR LATER	
Basal cell skin cancer	(Y)	◯	◯	◯	◯	23
Squamous cell skin cancer	(Y)	◯	◯	◯	◯	24
Melanoma	(Y)	◯	◯	◯	◯	25
Prostatic enlargement treated by drugs, surgery, or laser	(Y)	◯	◯	◯	◯	26
Prostate cancer	(Y)	◯	◯	◯	◯	27
Lymphoma or leukemia	(Y)	◯	◯	◯	◯	28
Other cancer	(Y)	◯	◯	◯	◯	29
↳ Please specify site and year:						a
Parkinson's disease	(Y)	◯	◯	◯	◯	30
Depression, clinician-diagnosed (ever)	(Y)	◯	◯	◯	◯	31
Ulcerative colitis or microscopic colitis/Crohn's disease	(Y)	◯	◯	◯	◯	32
Barrett's esophagus	(Y)	◯	◯	◯	◯	33
Diverticulitis or Diverticulosis	(Y)	◯	◯	◯	◯	34
Celiac disease	(Y)	◯	◯	◯	◯	35
Kidney stones	(Y)	◯	◯	◯	◯	36
Gall bladder removed	(Y)	◯	◯	◯	◯	37
Gout	(Y)	◯	◯	◯	◯	38
Fatty liver disease (ever)	(Y)	◯	◯	◯	◯	39
Colonoscopy	(Y)	◯	◯	◯	◯	40
Sigmoidoscopy	(Y)	◯	◯	◯	◯	41
Other major illness?	(Y)	◯	◯	◯	◯	42
↳ DIAGNOSIS ___ DATE ___						a
Hip fracture (proximal femur)	(Y)	◯	◯	◯	◯	43
↳ 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

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

THANK YOU FOR YOUR CONTINUED PARTICIPATION

PLEASE DO NOT WRITE IN SHADED AREA