HARVARD T.H. CHAN SCHOOL OF PUBLIC HEALTH

HEALTH PROFESSIONALS FOLLOW-UP STUDY

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To report an address change, update your information here and return this letter with your questionnaire.

This is your ID ➡

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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 <u>not</u> release your email address to anyone!

INSTRUCTIONS:

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, tissues 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, 665 Huntington Ave., Boston, MA 02115. One of our researchers can answer any questions you may have.

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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 2020 Health Professionals Follow-Up Study questionnaire.

1. What is your current weight?

POUNDS

2. Is this your correct date of birth?

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

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

○ No
○ Yes → How many/day? ○ 1–4 ○ 5–14 ○ 15–24 ○ 25–34 ○ 35–44 ○ 45+

4. In the past two years, have you had a PSA test for prostate cancer?

○ No ○ Yes, for symptoms ○ Yes, for routine screening

If Yes, what was your PSA level?

○ <2 ○ 2–2.9 ○ 3–3.9 ○ 4–5.9 ○ 6–7.9 ○ 8–9.9 ○ 10–14.9
○ 15+ ○ Elevated, unknown ○ Normal, unknown ○ Don't know

5. In the past two years, have you had . . . *(If yes, mark all that apply)*

	No	Yes, for Screening	Yes, for Symptoms
A physical exam?	N	Y	Y
Exam by eye doctor?	N	Y	Y
Prostate biopsy?	N	Y	Y
Fasting blood sugar?	N	Y	Y

Upper endoscopy?	N No	Y Yes
(Virtual) CT Colonoscopy?	N No	Y Yes
Colonoscopy?	N No	Y Yes
Sigmoidoscopy?	N No	Y Yes

Initial reason(s) you had this Colonoscopy/Sigmoidoscopy? *(Mark all that apply)*

○ Visible blood in stool ○ Occult fecal blood
○ Diarrhea/constipation ○ Fecal or stool DNA testing
○ Barium enema ○ Family history of colon cancer
○ Prior polyps ○ Follow-up of (virtual) CT colonoscopy
○ Abdominal pain ○ Asymptomatic or routine screening

6. In the past two years, have you had gastrointestinal bleeding that required hospitalization or a blood transfusion?

○ Yes → **Site(s):** ○ Esophagus ○ Stomach ○ Duodenum ○ Colon/Rectum ○ Other ○ Site(s) unknown
○ No

7. <u>In the past two years</u>, have you been diagnosed with an episode of:

a) Diverticul<u>itis</u> (NOT diverticul<u>osis</u>) that required antibiotics and/or hospitalization?

○ No ○ Yes → **If Yes:** Did you have more than one episode? ○ No ○ Yes
Did you require surgery? ○ No ○ Yes
Did you have an abscess (collection of infected fluid)? ○ No ○ Yes

b) Diverticular <u>bleeding</u> that required blood transfusion and/or hospitalization?

○ No ○ Yes

c) Diverticul<u>osis</u> of the colon WITHOUT diverticulitis or diverticular bleeding?

○ No ○ Yes

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8. Since January 1, 2018, have you had any of these clinician-diagnosed illnesses?

Leave blank for "NO", mark here for "YES" (Y)

	YEAR OF DIAGNOSIS			
	Before 2018	2018	2019	2020
1 Enlarged prostate, treated by drugs, surgery, or laser	○	○	○	○
2 Prostate cancer	○	○	○	○
3 Kidney cancer	○	○	○	○
4 Bladder cancer	○	○	○	○
5 Colon or rectal polyp (benign)	○	○	○	○
6 Cancer of the colon or rectum	○	○	○	○
7 Leukemia or Lymphoma	○	○	○	○
8 Melanoma	○	○	○	○
9 Basal cell skin cancer	○	○	○	○
10 Squamous cell skin cancer	○	○	○	○
11 Other cancer Please specify site and year	○	○	○	○
12 Diabetes mellitus	○	○	○	○
13 Elevated cholesterol	○	○	○	○
14 High blood pressure	○	○	○	○
15 Myocardial infarction (heart attack) a Hospitalized for this MI? (N) No (Y) Yes	○	○	○	○
16 Angina pectoris a Confirmed by angiogram? (N) No (Y) Yes	○	○	○	○
17 Coronary bypass, angioplasty, or stent	○	○	○	○
18 Congestive heart failure	○	○	○	○
19 Stroke	○	○	○	○
20 TIA (transient ischemic attack)	○	○	○	○
21 Peripheral artery disease or claudication of legs (not varicose veins)	○	○	○	○
22 Carotid surgery (endarterectomy)	○	○	○	○
23 Pulmonary embolus or deep vein thrombosis	○	○	○	○
24 Atrial fibrillation	○	○	○	○

8. (continued)

Leave blank for "NO", mark here for "YES" (Y)

	YEAR OF DIAGNOSIS			
	Before 2018	2018	2019	2020
25 Osteoarthritis	○	○	○	○
26 Osteoporosis	○	○	○	○
27 Vertebral (spine) fracture, x-ray confirmed	○	○	○	○
28 Hip fracture	○	○	○	○
29 Hip replacement	○	○	○	○
30 Knee replacement	○	○	○	○
31 Depression, clinician-dx	○	○	○	○
32 Glaucoma	○	○	○	○
33 Macular degeneration of retina	○	○	○	○
34 Cataract extraction	○	○	○	○
35 Parkinson's disease	○	○	○	○
36 ALS (Amyotrophic Lat. Sclerosis)	○	○	○	○
37 Alzheimer's or other type of dementia	○	○	○	○
38 Chronic viral hepatitis (B or C)	○	○	○	○
39 Kidney stones	○	○	○	○
40 Ulcerative colitis or Crohn's or microscopic colitis	○	○	○	○
41 Gastric/duodenal ulcer	○	○	○	○
42 Barrett's esophagus	○	○	○	○
43 Gallbladder removal	○	○	○	○
44 Fatty liver disease a Confirmed by liver biopsy? (N) No (Y) Yes	○	○	○	○
45 Cirrhosis	○	○	○	○
46 Hearing loss confirmed by audiogram	○	○	○	○
47 Gout	○	○	○	○
48 Other major illness or surgery since January 2018 w **Please specify:** **Date:**	○	○	○	○

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9. Regular Medication *(Mark if used regularly in past 2 years)*

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For Office Use

Analgesics

- ◯ Acetaminophen (e.g., Tylenol)
  - Days per week: ◯ 1 ◯ 2–3 ◯ 4–5 ◯ 6+ days
  - Total tablets per week: ◯ 1–2 ◯ 3–5 ◯ 6–14 ◯ 15+ tablets
- ◯ Low dose aspirin (100mg or less/tablet)
  - Days per week: ◯ 1 ◯ 2–3 ◯ 4–5 ◯ 6+ days
  - Total tablets per week: ◯ 1–2 ◯ 3–5 ◯ 6–14 ◯ 15+ tablets
- ◯ Aspirin or aspirin-containing products (325mg or more/tablet)
  - Days per week: ◯ 1 ◯ 2–3 ◯ 4–5 ◯ 6+ days
  - Total tablets per week: ◯ 1–2 ◯ 3–5 ◯ 6–14 ◯ 15+ tablets
- ◯ Ibuprofen (e.g., Advil, Motrin, Nuprin)
  - Days per week: ◯ 1 ◯ 2–3 ◯ 4–5 ◯ 6+ days
  - Total tablets per week: ◯ 1–2 ◯ 3–5 ◯ 6–14 ◯ 15+ tablets
- ◯ Celebrex
  - Days per week: ◯ 1 ◯ 2–3 ◯ 4–5 ◯ 6+ days
- ◯ Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)

Other Regularly Used Medications

- ◯ Thiazide diuretic
- ◯ Calcium channel blocker (e.g., amlodipine, diltiazem)
- ◯ Beta-blocker (e.g., Metoprolol, Atenolol, Corgard, Coreg)
- ◯ ACE inhibitors (e.g., lisinopril, enalapril)
- ◯ Angiotensin receptor blocker (valsartan, losartan, irbesartan)
- ◯ Other anti-hypertensive (e.g., clonidine, doxazosin, Lasix)
- ◯ Coumadin ◯ Pradaxa, Xarelto, Eliquis, Savaysa
- ◯ Clopidogrel, Ticlopidine, Prasugrel
- ◯ Digoxin ◯ Antiarrhythmic
- "Statin" cholesterol-lowering drug:
  - ◯ Mevacor (lovastatin) ◯ Lipitor (atorvastatin)
  - ◯ Pravachol (pravastatin) ◯ Crestor
  - ◯ Zocor (simvastatin) ◯ Other
- ◯ Other cholesterol-lowering drug
- ◯ Steroids taken orally (e.g., Prednisone, Decadron, Medrol)
- **Diabetes drugs:** (Mark all that apply)
  - ◯ Insulin ◯ Non-insulin injections (e.g., Byetta, Victoza, Trulicity)
  - ◯ Metformin (Glucophage) ◯ Jardiance ◯ Invokana
  - ◯ Farxiga ◯ Januvia ◯ Other oral hypoglycemic agent
- ◯ Opioid pain medications (e.g., codeine, Percocet, Vicodin, tramadol)
- ◯ Alpha blocker for BPH (e.g., Hytrin (terazosin), Flomax)
- ◯ SSRIs (e.g., Celexa, Lexapro, Prozac, Paxil, Zoloft, Luvox, fluoxetine, citalopram)
- ◯ Tricyclics (e.g., amitriptyline, nortriptyline, imipramine)
- ◯ SNRIs/Other antidepressants (e.g., Wellbutrin, Effexor, Remeron, Cymbalta, veniafaxine, bupropion)
- ◯ Minor tranquilizers (e.g., Valium, Xanax, Ativan)
- ◯ Prilosec, Nexium, Prevacid, Protonix, Aciphex
- ◯ H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)
- ◯ Aricept ◯ Exelon ◯ Razadyne ◯ Namenda
- ◯ Fosamax, Actonel, or other bisphosphonate
- ◯ ß-agonist inhaler (e.g., albuterol (Ventolin), Maxair)
- ◯ Finasteride/Proscar ◯ Propecia ◯ Avodart
- ◯ Prescription sleep medications (e.g., Ambien, Sonata, Lunesta)
- ◯ Over-the-counter sleep medications
- ◯ Other regular medications (no need to specify)

3/8" PERF

10. Your current marital status: ◯ Married ◯ Divorced/separated ◯ Widowed ◯ Never married

11. Your current living arrangement: *(Mark all that apply)*

◯ Alone ◯ With spouse/partner ◯ With other family ◯ With pet(s) ◯ Other
◯ Assisted living ◯ Nursing home ◯ Senior/retirement housing or community for people age 55+

12. Do you have difficulty with your balance? ◯ No ◯ Occasionally ◯ Often

13. Do you usually use a cane, walker, or wheelchair/scooter? *(Mark all that apply)*

◯ No ◯ Cane ◯ Walker ◯ Wheelchair/scooter ◯ Unable to walk

14. What is your usual walking pace outdoors?

◯ Unable to walk ◯ Easy, casual (less than 2 mph)
◯ Normal, average (2-2.9 mph) ◯ Brisk pace (3-3.9 mph) ◯ Very brisk/striding (4 mph or faster)

15. DURING THE PAST YEAR, what was your average time PER WEEK spent at each of the following recreational activities?

	TIME PER WEEK									
	Zero	1-4 Min.	5-19 Min.	20-59 Min.	One Hour	1-1.5 Hrs.	2-3 Hrs.	4-6 Hrs.	7-10 Hrs.	11+ Hrs.
Walking for exercise or walking for transportation or errands	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Jogging (slower than 10 minutes/mile)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Running (10 minutes/mile or faster)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Bicycling: **stationary exercise bike** Intensity: ◯ Low ◯ Medium ◯ High	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Bicycling: **outside, separated from traffic (e.g., bike path)** Intensity: ◯ Low ◯ Medium ◯ High	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Bicycling: **outside on road** Intensity: ◯ Low ◯ Medium ◯ High	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Tennis, squash, or racquetball Racquet sport intensity: ◯ Low ◯ Medium ◯ High	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Lap swimming Swimming intensity: ◯ Low ◯ Medium ◯ High	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Other aerobic exercise (e.g., aerobic dance, ski or stair machine, etc.)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Lower intensity exercise (e.g., yoga, stretching, toning)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Other vigorous activities (e.g., lawn mowing)	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Weight training or resistance exercises (include free weights or resistance machines) — Arm weights	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯
Weight training or resistance exercises (include free weights or resistance machines) — Leg weights	◯	◯	◯	◯	◯	◯	◯	◯	◯	◯

16. DURING THE PAST YEAR, on average, how many <u>HOURS PER WEEK</u> did you spend:

	TIME PER WEEK								
	Zero Hrs.	One Hour	2-5 Hrs.	6-10 Hrs.	11-20 Hrs.	21-40 Hrs.	41-60 Hrs.	61-90 Hrs.	Over 90 Hrs.
Standing or walking around at work or away from home?	◯	◯	◯	◯	◯	◯	◯	◯	◯
Standing or walking around at home?	◯	◯	◯	◯	◯	◯	◯	◯	◯
Sitting at work or away from home or while driving?	◯	◯	◯	◯	◯	◯	◯	◯	◯
Sitting at home while watching TV/DVD/movies?	◯	◯	◯	◯	◯	◯	◯	◯	◯
Other sitting at home (e.g., reading, meal times, at desk)?	◯	◯	◯	◯	◯	◯	◯	◯	◯

3/8" PERF

17. Do you have difficulty climbing a flight of stairs or walking eight blocks due to a physical impairment? 17
○ No ○ Yes

18. How many flights of stairs (not steps) do you climb daily? (Do not include time spent on stair or exercise machines.) 18
○ No flights ○ 1–2 flights ○ 3–4 flights ○ 5–9 flights ○ 10–14 flights ○ 15 or more flights

19. This question asks about how well you sleep: 19

	Most of the Time	Sometimes	Rarely or Never
How often do you have difficulty falling asleep?	○	○	○
How often do you have trouble with *waking up during the night?*	○	○	○
How often are you troubled by waking up *too early* and not being able to fall asleep again?	○	○	○
How often do you get so sleepy during the day or evening that you have to take a nap?	○	○	○
How often do you feel really rested when you wake up in the morning?	○	○	○

20. Do you snore? ○ Every night ○ Most nights ○ A few nights a week ○ Occasionally ○ Almost never 20

21. Has your snoring ever bothered other people? ○ No ○ Yes 21

22. Has anyone noticed that you stop breathing during your sleep? ○ No ○ Yes 22

23. Have you ever had physician-diagnosed sleep apnea? ○ No ○ Yes 23
If Yes: date of diagnosis: ○ Before 1986 ○ 1986–1995 ○ 1996–2005 ○ 2006–2009 ○ 2010 or later a

24. Has your spouse (or sleep partner) told you that you appear to "act out your dreams" while sleeping (punched or flailed arms in the air, shouted or screamed), which has occurred at least three times? 24
○ No ○ Yes ○ I do not have a sleep partner

25. Has your spouse (or sleep partner) told you that you have ever walked around the bedroom or house while asleep, which has occurred at least three times? 25
○ No ○ Yes ○ I do not have a sleep partner

26. Please indicate total hours of actual sleep in a typical 24-hour period: 26
○ 5 hours or less ○ 6 hours ○ 7 hours ○ 8 hours ○ 9 hours ○ 10 hours ○ 11+ hours

27. During the past year, how many days per week did you nap? 27
○ No days ○ 1 day/week ○ 2 days/wk ○ 3 days/wk ○ 4 days/wk ○ 5 days/wk ○ 6 days/wk ○ 7 days /wk

28. On days that you nap, how long on average do you nap over the course of the day? 28
○ Rarely nap ○ <15 minutes/day ○ 15–30 minutes/day ○ 30–60 minutes/day ○ 1–2 hrs/day ○ 2+ hours/day

29. Over the past year, how many nights per week have you used medications to help you sleep? 29
○ Every night ○ 5–6 nights/week ○ 2–4 nights/week ○ 1 night/week ○ Rarely ○ Never

30. How often do you use a laxative (such as softeners, fiber supplements or suppositories)? 30
○ Never ○ Less than once/month ○ 1–3 times/month ○ Once/week
○ 2–3 times/week ○ 4–5 times/week ○ Daily ○ 2+ times/day

31. How frequently do you have a bowel movement? 31
○ More than twice a day ○ Twice a day ○ Daily ○ Every other day ○ Every 3–4 days ○ Every 5 days or less

32. In the past year, what has been the primary appearance of your stools? *(Mark two most common forms.)* 32
○ Separate hard lumps, like nuts (hard to pass) ○ Like a sausage or snake, smooth and soft ○ Watery, no solid pieces. Entirely liquid.
○ Sausage-shaped but lumpy ○ Soft blobs with clear-cut edges
○ Like a sausage but with cracks on the surface ○ Fluffy pieces with ragged edges, a mushy stool

33. In the past year, have you been bothered by constipation or diarrhea for at least 12 weeks (not necessarily consecutive)? 33
○ No
○ Yes, diarrhea
○ Yes, constipation

If Yes, were your bowel movements associated with abdominal pain? a
○ No ○ Yes

3/8" PERF

34. Do you have any problems with your sense of smell, such as not being able to smell things or things not smelling the way they are supposed to for at least 3 months?

○ No ○ Yes ○ Don't know

If yes, which problem do you have, not being able to smell things or things not smelling the way they are supposed to?

○ Loss of smell ○ Things don't smell right ○ Don't know

35. Do you ever wear a hearing aid?

○ Yes → **Do you wear it:** ○ All the time ○ Most of the time ○ Occasionally

○ No **When did you get your first hearing aid?**

○ Less than 1 year ago ○ 1–2 years ○ 3–5 years ○ 6–9 years ○ 10+ years ago

36. Please report how you generally feel regarding each statement.

	Almost Never	Sometimes	Often	Almost Always
I enjoy exploring new ideas.	○	○	○	○
I find it fascinating to learn new information.	○	○	○	○
I enjoy learning about subjects that are unfamiliar to me.	○	○	○	○
I enjoy discussing abstract concepts.	○	○	○	○
When I learn something new, I like to find out more about it.	○	○	○	○

37. For each statement, mark the answer that best describes the degree to which you agree or disagree.

	Strongly disagree	Somewhat disagree	Slightly disagree	Slightly agree	Somewhat agree	Strongly agree
I enjoy making plans for the future and working to make them a reality.	○	○	○	○	○	○
My daily activities often seem trivial and unimportant to me.	○	○	○	○	○	○
I am an active person in carrying out the plans I set for myself.	○	○	○	○	○	○
I don't have a good sense of what it is I'm trying to accomplish in life.	○	○	○	○	○	○
I sometimes feel as if I've done all there is to do in life.	○	○	○	○	○	○
I live life one day at a time and don't really think about the future.	○	○	○	○	○	○
I have a sense of direction and purpose in my life.	○	○	○	○	○	○

38. Please answer Yes or No for each of the following questions about your memory:

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

39. Is the address to which we mailed this questionnaire your…

○ Home? ○ Work? ○ Other? **If home, do you spend more than 3 months away?** ○ Yes ○ No

40. 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: _____ _____

Email/Phone #: _____

Thank you! Please return forms to:
HPFS, 665 Huntington Ave., Boston, MA 02115.

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