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, 2000, have you had any of the following professionally diagnosed conditions or procedures?

<table>
<thead>
<tr>
<th>LEAVE BLANK FOR “NO,” MARK HERE FOR “YES”</th>
<th>YEAR OF DIAGNOSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>2001</td>
</tr>
</tbody>
</table>

   - **High blood pressure**  (Y)  [ ]  [ ]  [ ]
   - **Diabetes mellitus**  (Y)  [ ]  [ ]  [ ]
   - **Elevated cholesterol**  (Y)  [ ]  [ ]  [ ]
   - **Elevated triglycerides**  (Y)  [ ]  [ ]  [ ]
   - **Myocardial infarction (heart attack)**  (Y)  [ ]  [ ]  [ ]
   - **Hospitalized for this MI?**  [ ] No  [ ] Yes
   - **Angina pectoris**  (Y)  [ ]  [ ]  [ ]
   - **Confirmed by an angiogram?**  [ ] No  [ ] Yes
   - **Coronary artery bypass or coronary angioplasty**  (Y)  [ ]  [ ]  [ ]
   - **Pulmonary embolus**  (Y)  [ ]  [ ]  [ ]
   - **TIA (Transient Ischemic Attack)**  (Y)  [ ]  [ ]  [ ]
   - **Stroke (CVA)**  (Y)  [ ]  [ ]  [ ]
   - **Carotid artery surgery**  (Y)  [ ]  [ ]  [ ]
   - **Intermittent claudication**  (Y)  [ ]  [ ]  [ ]
   - **Surgery or angioplasty for arterial disease of the leg**  (Y)  [ ]  [ ]  [ ]
   - **Aortic aneurysm**  (Y)  [ ]  [ ]  [ ]
   - **Glaucoma**  (Y)  [ ]  [ ]  [ ]
   - **Cataract (1st Diagnosis)**  (Y)  [ ]  [ ]  [ ]
   - **Cataract extraction**  (Y)  [ ]  [ ]  [ ]
   - **Macular degeneration**  (Y)  [ ]  [ ]  [ ]
   - **Rheumatoid arthritis**  (Y)  [ ]  [ ]  [ ]
   - **Other arthritis (e.g., osteoarthritis)**  (Y)  [ ]  [ ]  [ ]
   - **Hip replacement**  (Y)  [ ]  [ ]  [ ]
   - **Fracture of hip or forearm (wrist)**  (Y)  [ ]  [ ]  [ ]

   Please specify fracture site and circumstances on back. Please continue at top of next column.

<table>
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   - **Colonoscopy or Sigmoidoscopy**  ( )  [ ]  [ ]
   - **Colon or rectal polyp**  ( )  [ ]  [ ]
   - **Cancer of the colon or rectum**  ( )  [ ]  [ ]
   - **Basal cell skin cancer**  ( )  [ ]  [ ]
   - **Squamous cell skin cancer**  ( )  [ ]  [ ]
   - **Melanoma**  ( )  [ ]  [ ]
   - **Prostatic enlargement, surgically treated (e.g., TURP)**  ( )  [ ]  [ ]
   - **Prostate cancer**  ( )  [ ]  [ ]
   - **Lymphoma or leukemia**  ( )  [ ]  [ ]
   - **Other cancer**  ( )  [ ]  [ ]

   Please specify site and year.

   - **Parkinson's disease**  ( )  [ ]  [ ]
   - **Periodontal disease with bone loss**  ( )  [ ]  [ ]
   - **Leukoplakia or other oral precancerous lesions**  ( )  [ ]  [ ]
   - **Alcohol dependence problem**  ( )  [ ]  [ ]
   - **Gallbladder removal**  ( )  [ ]  [ ]
   - **Kidney stones**  ( )  [ ]  [ ]
   - **Ulcerative colitis/Crohn's disease**  ( )  [ ]  [ ]
   - **Asthma**  ( )  [ ]  [ ]
   - **Emphysema or chronic bronchitis (COPD)**  ( )  [ ]  [ ]
   - **Pneumonia (X-ray confirmed)**  ( )  [ ]  [ ]
   - **Other major illness?**  ( )  [ ]  [ ]

   Please specify diagnosis and date.

5. Have you ever had congestive heart failure (CHF)?  [ ] No  [ ] Yes

6. PSA Test within past 2 years?  [ ] No  [ ] Yes
   If yes, was it elevated?  [ ] No  [ ] Unknown  [ ] Yes