Dear Colleagues,

This questionnaire marks the 22-year point in the Health Professionals Follow-Up Study, which began in 1986. During this time, we have learned much about ways that diet and lifestyle factors can help reduce our risks of heart disease, stroke, and cancer, and promote healthy aging. We are happy to report that the NIH has awarded an additional five years of funding for this study, which has been possible only because of the remarkable dedication to this research by you and other participants in the Health Professionals Follow-Up Study.

During the last several years, several important findings have emerged from the Health Professionals Follow-Up Study. Updating a previous analysis we found that high intakes of calcium, over 1500 milligrams per day, were associated with greater risk of advanced prostate cancer, especially fatal prostate cancer. Calcium and dairy intake were not related to less weight gain. Higher intakes of vitamin D were related to lower risks of pancreatic cancer, and higher blood levels were associated with lower risk of colorectal cancer. Higher vitamin D status was associated with lower total cancer mortality. Vitamin D intake is particularly important to persons with darker skin as they synthesize less vitamin D from sunlight. Statin drugs appeared to reduce incidence of prostate cancer, a new finding that requires confirmation. Most of our analyses focus on prevention but we also assess diet after the diagnosis of prostate cancer for long term prognosis. High fish intake both before and after diagnosis appeared to reduce recurrence of prostate cancer. Further details on these and other findings will be included with our newsletter next year.

The attached 2008 questionnaire continues the critical follow-up of this study. Most importantly, we request information about the diagnosis of specific diseases since January 1, 2006. As always, all information provided on this questionnaire is strictly confidential and is used only for statistical purposes.

Again, I thank you for your participation in this research, which continues to provide new information on ways to reduce major illness in men.

Sincerely,

Walter Willett
Principal Investigator

INSTRUCTIONS

PLEASE DO NOT MARK ON THIS SIDE

Please use a pencil to answer questions by completely filling in the response circle or by writing the information if a space is provided. This form is read by optical-scanning equipment, so please make no stray marks and keep write-in responses within the provided spaces. To change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.

SPECIAL INSTRUCTIONS FOR QUESTION 19.

This item on the questionnaire asks about body measurements. We have enclosed a simple tape measure to help you. This information will be more accurate if you follow these suggestions:

- Make measurements while standing.
- Avoid measuring over bulky clothing.
- Record answers to the nearest quarter inch.

Torso: measure at the level of your navel.
Hips: measure around the largest circumference between your waist and your thighs.

Federal research regulations require us to include the following information:
There are no direct benefits to you from participating in this study. The risk of breach of confidentiality associated with participation in this study is very small. Your choice to participate in this study is completely voluntary and you may decline or withdraw at any time without penalty. You may skip any question you do not wish to answer. You will not receive monetary compensation for participating.
If you have any questions regarding your rights as a research participant, you are encouraged to call a representative of the Human Subjects Committee at the Harvard School of Public Health (866-606-0573). If you have any questions regarding your status in our study or a question pertaining to the questionnaire, please call the study Project Coordinator, Betsy Frost-Hawes, at 617-384-8657.

Thank you for completing the 2008 Health Professionals Follow-Up Study Questionnaire.

Please tear off the cover letter (to preserve confidentiality) and return the questionnaire in the postage-paid envelope.
1. What is your current weight (pounds)?

2. Current Marital Status: Married Divorced/Separated Widowed Never married

3. Living Arrangement: Alone With wife With other family Assisted living Nursing home Other

4. Work Status: Full-time Part-time Retired Disabled Unemployed

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

6. In the past 2 years, have you had . . .

7. How many teeth have you lost since January 1, 2006?

8. Do you have difficulty with your balance?

9. Do you have difficulty climbing a flight of stairs or walking eight blocks due to a physical impairment?

10. How many flights of stairs (not steps) do you climb daily? (Do not include time spent on stair or exercise machines.)

11. During the past year, what was your average total time per week at each activity?

12. During the past year, what was your average total time per week at each activity?

13. 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:

<table>
<thead>
<tr>
<th>Activity</th>
<th>NONE</th>
<th>1–4 Min.</th>
<th>5–19 Min.</th>
<th>20–39 Min.</th>
<th>40–80 Min.</th>
<th>1.5 Hrs.</th>
<th>2–3 Hrs.</th>
<th>3–4 Hrs.</th>
<th>4–6 Hrs.</th>
<th>7–10 Hrs.</th>
<th>11–20 Hrs.</th>
<th>21–30 Hrs.</th>
<th>31–40 Hrs.</th>
<th>40+ Hrs.</th>
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<td>Sitting at work</td>
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<td>Sitting or driving (e.g., car, bus, or train)</td>
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<td>Sitting at home reading</td>
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<td>Sitting at home working on a computer</td>
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<td>Other sitting at home (e.g., at desk or eating)</td>
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<tr>
<th>Activity</th>
<th>NONE</th>
<th>1–4 Min.</th>
<th>5–19 Min.</th>
<th>20–39 Min.</th>
<th>40–80 Min.</th>
<th>1.5 Hrs.</th>
<th>2–3 Hrs.</th>
<th>3–4 Hrs.</th>
<th>4–6 Hrs.</th>
<th>7–10 Hrs.</th>
<th>11–20 Hrs.</th>
<th>21–30 Hrs.</th>
<th>31–40 Hrs.</th>
<th>40+ Hrs.</th>
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<tbody>
<tr>
<td>Walking to work or for exercise (including golf)</td>
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<td>Jogging (slower than 10 minutes/mile)</td>
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<td>Running (10 minutes/mile or faster)</td>
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<td>Bicycling (including stationary machine)</td>
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<td>Lap swimming</td>
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<td>Squash or racquetball</td>
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<td>Calisthenics, rowing, stair or ski machine, etc.</td>
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<td>Weightlifting or weight machine</td>
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<td>Moderate outdoor work (e.g., yardwork, gardening)</td>
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<td>Heavy outdoor work (e.g., digging, chopping)</td>
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Name: ___________________________________________ Address: ___________________________________________

Relationship: ___________________________________________
14. **Is this your correct date of birth?**

- Yes
- No

If no, please write correct date.

15. **Since January 1, 2006, have you had any of the following clinician diagnosed conditions?**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Before 2006</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
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</thead>
<tbody>
<tr>
<td>High blood pressure</td>
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<tr>
<td>Diabetes mellitus</td>
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<tr>
<td>Elevated cholesterol</td>
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<tr>
<td>Elevated triglycerides</td>
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<tr>
<td>Coronary bypass, angioplasty or stent</td>
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<tr>
<td>Myocardial infarction (heart attack)</td>
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<tr>
<td>Hospitalized for this MI?</td>
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<tr>
<td>Angina pectoris</td>
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<td>Confirmed by angiogram?</td>
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<tr>
<td>Atrial fibrillation</td>
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<tr>
<td>Congestive heart failure</td>
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<tr>
<td>Deep vein thrombosis</td>
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<td>TIA (Transient Ischemic Attack)</td>
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<tr>
<td>Stroke (CVA)</td>
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<tr>
<td>Carotid artery surgery</td>
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<td>Intermittent claudication</td>
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<tr>
<td>Surgery or angioplasty for arterial disease of the leg</td>
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<tr>
<td>Pulmonary embolus</td>
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<tr>
<td>Aortic aneurysm</td>
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Leave blank for NO, mark here for YES

16. **Have you ever received the vaccine to prevent shingles?**

- Yes
- No

17. **Blood Cholesterol (most recent, within last 5 years):**

<table>
<thead>
<tr>
<th>Level</th>
<th>Before 2006</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
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</thead>
<tbody>
<tr>
<td>&lt;140</td>
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<td>140–159</td>
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<td>150–164</td>
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<td>165–174</td>
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<td>175+</td>
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</table>

18. **Current usual blood pressure (if checked within 2 years):**

<table>
<thead>
<tr>
<th>Systolic</th>
<th>Diastolic</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;105 mmHg</td>
<td>Unknown/Not checked within 2 yrs</td>
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<td>105–114</td>
<td>115–124</td>
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<td>115–124</td>
<td>125–134</td>
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<td>125–134</td>
<td>135–144</td>
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<td>145–154</td>
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<td>155–164</td>
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<td>155–164</td>
<td>165–174</td>
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<td>165–174</td>
<td>175+</td>
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<tr>
<td>175+</td>
<td>Unknown/Not checked within 2 yrs</td>
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</tbody>
</table>

19. **Using the instructions found on the Instruction Page, please record the following measurements to the nearest quarter inch:**

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Torso</th>
<th>Hips</th>
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<tbody>
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</table>

20. **In the past two years, have you had two weeks or longer when nearly every day you felt sad, blue or depressed for most of the day?**

- No
- Yes
### 21. Regular Medication (mark if used regularly in past 2 years)

- Acetaminophen (e.g., Tylenol)
  - Days/week: 1 2–3 4–5 6+ days
  - Tablets/wk: 1–2 3–5 6–14 15+ tablets

- Aspirin or aspirin-containing products (e.g., Alka-Seltzer with aspirin)
  - Days/week: 1 2–3 4–5 6+ days
  - Tablets/wk: 1–2 3–5 6–14 15+ tablets

- Celebrex (COX-2 inhibitors)
  - Days/week: 1 2–3 4–5 6+ days

- Other anti-inflammatory analgesics, 2+ times/week
  - (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)

- Courmardin (e.g., Warfarin)

- Clopidogrel or Ticlopidine (e.g., Plavix, Ticlid)

- Thiazide diuretic

- Calcium blocker (e.g., Calan, Procardia, Cardizem)

- Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)

- ACE inhibitors (e.g., Capoten, Vasotec, Zestril)

- Angiotensin receptor blocker (e.g., valsartan [Diovan], losartan [Cozaar], irbesartan [Avapro])

- Other anti-hypertensive (e.g., clonidine, doxazosin)

- “Statin” cholesterol-lowering drug:
  - Mevacor (lovastatin)
  - Zocor (simvastatin)
  - Crestor
  - Pravachol (pravastatin)
  - Lipitor (atorvastatin)
  - Other cholesterol-lowering drug [e.g., niacin, Lopid (gemfibrozil), Tricor (fenofoibrate), Questran (cholestyramine), Colestid, Zetia]

- Steroids taken orally (e.g., Prednisone, Decadron, Medrol)

- Insulin

- Oral hypoglycemic medication

- SSRI (Citalopram, Lexapro, Prozac, Zoloft, Luvox)

- SNRIs (Effexor, Cymbalta)

- Tricyclic antidepressant (Elavil, Tofranil, Pamelon, Norpramin, Sinequan, Vivactil, Surmontil, Nardil)

- MAOIs (Parnate, Marplan, Nardil, Emsam)

- Other Antidepressants (Wellbutrin, Serzone, Desyrel)

- Benzodiazepine Anxiolytics (e.g., Ativan, Xanax, Klonopin)

- Atypical antipsychotics (e.g., Seroquel, Zyprexa, Geodon)

- Anticonvulsants (e.g., Depakote, Lamictal)

- Finasteride (e.g., Proscar, Propecia, Avodart)

- Alpha-blocker for BPH (e.g., Hytrin [terazosin], Flomax)

- Prilosec, Nexium, Prevacid (lansoprazole), Protonix, Acidophlex

- H2 blocker (e.g., Pepcid, Tagamet, Zantac, Axid)

- Fosamax, Actonel, or other bisphosphonate

- Sleeping medications (e.g., Ambien, Lunesta, Sonata)

- Other regular medication (no need to specify)

### 22. Since January 1, 2006, have you had any of these fractures?

- None
- Hip (exclude pelvis)
- Wrist (Colles or distal forearm)
- If hip or wrist, please specify date and circumstances.
- If a fall, include site, surface and height of fall.

### 23. Have any of the following biological relatives had...

#### Colon or Rectal Cancer?

- Before Age 50
- Age 50 to 59
- Age 60 to 69
- Age 70+
- Age Unknown

- No
- One Sibling
- Additional Sibling

#### Melanoma?

- No
- Parent
- Sibling

#### Diabetes?

- No
- Mother
- Father
- Sibling

#### Pancreatic Cancer?

- No
- Mother
- Father
- Sibling

#### Parkinson’s Disease?

- No
- Mother
- Father
- Sibling

#### Major Clinical Depression?

- No
- Mother
- Father
- Sibling

### 24. Have you ever had gastrointestinal bleeding that required hospitalization or a transfusion?

- Yes

  a) What was the site of the bleeding? (Mark all that apply.)
  - Esophagus
  - Stomach
  - Duodenum
  - Colon/rectum
  - Other

  b) What year(s) did this happen? (Mark all that apply.)
  - Before 1993
  - 1993–’97
  - 1998–’99
  - 2000–’01
  - 2002–’03
  - 2004–’05
  - 2006+

### 25. How many squamous or basal cell carcinoma lesions have you ever had removed by surgery, cryotherapy or other means? (Exclude melanoma and benign lesions like moles or actinic keratoses.)

- Never had squamous or basal cell carcinoma
- 1
- 2–3
- 4–5
- 6+ days

### 26. Have you ever had infectious mononucleosis?

- Yes

  If yes, at which age:
  - Before 1993
  - 1993–’97
  - 1998–’99
  - 2000–’01
  - 2002–’03
  - 2004–’05
  - 2006+

- No

### 27. In a typical week during the past year, on how many days did you consume an alcoholic beverage of any type?

- No days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

### 28. In a typical month during the past year, what was the largest number of drinks of beer, wine and/or liquor you may have had in one day?

- None
- 1–2
- 3–5
- 6–9
- 10–14
- 15 or more
29. Do you currently take multi-vitamins? (Please report other individual vitamins in the next section.)
   a) How many do you take per week?
      - No
      - Yes
   b) What specific brand (or equivalency) do you usually take?
      - None
      - Brand

Not counting multi-vitamins, do you take any of the following preparations?

a) Vitamin A
   - No
   - Yes, seasonal only
   - Yes, most months
   - If Yes, dose per day: 10,000 IU

b) Potassium
   - No
   - Yes
   - If Yes, dose per day: 2.5 mEq (100 mg)

... (similar questions for each vitamin and supplement listed, with dose and frequency options)

30. Are there other supplements that you take on a regular basis?
   - Yes
   - No

31. Have you ever had any of the following professionally diagnosed conditions and/or procedures? (Year of first diagnosis and/or procedures.)
   Leave blank for NO, mark here for YES
   - Psoriasis
   - Increased Intraocular Pressure

32. On average, how many hours per week were you outdoors in direct sunlight in the middle of the day - 10 am to 3 pm - (including work and recreation) at each of these ages? Your best estimate is fine.
   - Summer months in High School/College
   - Summer months ages 25–35
   - Summer months ages 36–59
   - Summer months ages 60–65
   - Winter months over the last 2 years

33. Do you have unpleasant leg sensations (like crawling, paraesthesias, or pain) combined with leg restlessness and the urge to move?
   - No
   - Yes
   - Once a month or less
   - 2–4 times/month
   - 5–14 times/month
   - 15+ times/month

   If "Yes":
   a) Do these symptoms occur only at rest and does moving improve them?
   - Yes
   - No

   b) Are these symptoms worse in the evening/night compared with the morning?
   - Yes
   - No

34. Please indicate total hours of actual sleep in a typical 24-hour period:
   - 5 hours or less
   - 6 hours
   - 7 hours
   - 8 hours
   - 9 hours
   - 10 hours
   - 11 hours
   - 12 hours
   - 13 hours
   - 14 hours
   - 15 hours
   - 16 hours
   - 17 hours
   - 18 hours
   - 19 hours
   - 20 hours
   - 21 hours
   - 22 hours
   - 23 hours
   - 24 hours

35. Is the address we mailed this questionnaire to your work or home address?
   - Work
   - Home
   - If home, do you spend more than 3 months away?
   - Yes
   - No

36. How many times per day do you eat? Include meals and snacks. (For snacks, count juice and non-diet soda, but exclude coffee and diet soda.)
   - 1 or 2 times per day
   - 3/day
   - 4/day
   - 5/day
   - 6/day
   - 7/day
   - 8/day
   - 9 or more times per day
37. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Mark one response on each line.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes, Limited A Lot</th>
<th>Yes, Limited A Little</th>
<th>No, Not Limited At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifting or carrying groceries</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climbing several flights of stairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Climbing one flight of stairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bending, kneeling, or stooping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking <em>more than a mile</em></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking several blocks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walking one block</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bathing or dressing yourself</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting in and out of a bed or chair</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

38. Do you use any devices for assistance with mobility, for example a walker, cane or walking stick?

- Yes
- No

39. Choose the best answer for how you felt the past month:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you basically satisfied with your life?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you dropped many of your activities and interests?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel that your life is empty?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you often get bored?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you in good spirits most of the time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are you afraid that something bad is going to happen to you?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel happy most of the time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you often feel helpless?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you prefer to stay at home, rather than going out and doing new things?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel you have more problems with memory than most?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you think it is wonderful to be alive now?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel pretty worthless the way you are now?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel full of energy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you feel that your situation is hopeless?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you think that most people are better off than you are?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

40. Have you recently experienced any change in your ability to remember things?

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have more trouble than usual remembering recent events?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have more trouble than usual remembering a short list of items, such as a shopping list?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have trouble remembering things from one second to the next?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have any difficulty in understanding or following spoken instructions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have more trouble than usual following a group conversation or a plot in a TV program due to your memory?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you have trouble finding your way around familiar streets?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

41. How often do you go to religious meetings or services?

| How often do you go to religious meetings or services?                   |     |    |

42. How many hours each week do you participate in any groups such as social or work group, church-connected group, self-help group, charity, public service or community group?

| How many hours each week do you participate in any groups such as social or work group, church-connected group, self-help group, charity, public service or community group? |     |    |

43. How many living children (include stepchildren) do you have?

<table>
<thead>
<tr>
<th>Daughters (include stepchildren) do you have?</th>
<th>None</th>
<th>1 to 2</th>
<th>3 to 6 hours</th>
<th>6 to 10 hours</th>
<th>11 to 15 hours</th>
<th>16 or more hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sons</td>
<td>None</td>
<td>1 to 2</td>
<td>3 to 6 hours</td>
<td>6 to 10 hours</td>
<td>11 to 15 hours</td>
<td>16 or more hours</td>
</tr>
</tbody>
</table>

44. How many of your children do you see at least once a month?

| How many of your children do you see at least once a month? | None | 1 to 2 | 3 to 5 | 6 to 9 | 10 or more |

45. Apart from your children, how many relatives do you have with whom you feel close?

| Apart from your children, how many relatives do you have with whom you feel close? | None | 1 to 2 | 3 to 5 | 6 to 9 | 10 or more |

46. Apart from your children, how many close relatives do you see at least once a month?

| Apart from your children, how many close relatives do you see at least once a month? | None | 1 to 2 | 3 to 5 | 6 to 9 | 10 or more |

47. How many close friends do you have?

| How many close friends do you have? | None | 1 to 2 | 3 to 5 | 6 to 9 | 10 or more |

48. How many of these friends do you see at least once a month?

| How many of these friends do you see at least once a month? | None | 1 to 2 | 3 to 5 | 6 to 9 | 10 or more |
56. Over the past month, how many times per night did you typically get up to urinate?

- No change
- 2-4 lbs.
- 5-9 lbs.
- 10-14 lbs.
- 15-19 lbs.
- 20-29 lbs.
- 30-39 lbs.
- 40-49 lbs.
- 50+ lbs.

Thank you! Please return forms in prepaid return envelope to: Dr. Walter Willett, 677 Huntington Avenue, Boston, MA 02115.