Dear Colleague:

As the Health Professionals Follow-Up Study enters its 26th year, the results coming from this study are contributing more than ever to our understanding of the many issues surrounding men’s health. As always, these developments are possible only because of your continued dedicated involvement.

The hundreds of research articles that have been published using Health Professionals Follow-Up Study data are a tribute to the great value of your participation. Findings from our work are regularly featured in major scientific journals and the mainstream press. This information helps shape national health guidelines and recommendations. Going forward, we are continuing to focus on how to decrease the risk of cancer, heart disease and other major chronic diseases in men. In addition, we are increasing our efforts to address issues of great importance to older men, such as how to maintain cognitive function and maximize quality of life. As such, your ongoing participation remains critical to help current and future generations of men live healthier lives.

For the first time we are offering you the opportunity to answer our questionnaire either online or by returning the attached survey. We now have much experience with online questionnaires from our companion Nurses’ Health Study II, and many participants strongly prefer this new way of responding. I would add that participating online greatly reduces costs of postage and processing, which has become important in this era of declining funding for research, and there are important environmental benefits as well.

To update your health status we ask that you complete the attached traditional form OR use your ID number (printed above) to log-in to our online questionnaire at [www.HPFSTUDY.org](http://www.HPFSTUDY.org). We hope that giving you options will make your continued involvement in the study more convenient. This questionnaire should take about 30 minutes to complete.

Your prompt reply is helpful and greatly appreciated. As always, your answers will be kept strictly confidential and will be aggregated with other participants’ responses for medical statistical purposes. You are an original member of the Health Professionals Follow-Up Study and as such, you are an indispensable colleague in our research. Whether you are retired or still working and whether your health has been excellent or if you have been ill, your response is equally important. In short, no matter what your circumstances, we want to hear from you!

It is with our deepest gratitude that we thank you again for the ongoing commitment and care that you have generously provided as we continue to learn about men’s health.

Sincerely,

Walter C. Willett, M.D.
Principal Investigator

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Do you have an e-mail address for occasional updates?

Please print neatly and differentiate numbers and letters (e.g., 1 vs I or 1 vs S)

---

1. [JAMA.](http://www.jama.com) 2011;305(24):2548-55 (Smoking and prostate cancer survival and recurrence.)
4. [JNCI.](http://jnci.oxfordjournals.org) 2011;103(11):876-84 (Coffee Consumption and Prostate Cancer Risk and Progression in the Health Professionals Follow-up Study.)
In performing specialized analyses on blood, toenails, tissue 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, 677 Huntington Ave., Boston, MA 02115. One of our researchers can answer any questions you may have.

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 617-432-2141 (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 2012 Health Professionals Follow-Up Study questionnaire.
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. Have you ever had gastrointestinal bleeding that required hospitalization or a transfusion?
8. Do you have difficulty climbing a flight of stairs or walking eight blocks due to a physical impairment?
9. What is your usual walking pace outdoors?
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. In an average week, on how many days do you usually exercise (include brisk walking or more strenuous 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>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>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>
</tr>
</thead>
<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>Biking intensity: Low</td>
<td>Medium</td>
<td>High</td>
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<td>Lap swimming</td>
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<td>Swimming intensity: Low</td>
<td>Medium</td>
<td>High</td>
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<td>Tennis</td>
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<td>Tennis intensity: Low</td>
<td>Medium</td>
<td>High</td>
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<td>Squash or racquetball</td>
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<td>Other aerobic exercise (e.g., exercise classes, etc.)</td>
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<td>Other lower intensity exercise (e.g., yoga, bowling)</td>
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<tr>
<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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<tr>
<td>Weight training/resistance exercises</td>
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<td>Arms (include machines such as LifeFitness)</td>
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<td>Legs</td>
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<tr>
<td>Standing or walking around work</td>
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<tr>
<td>Standing or walking around home</td>
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<td>Sitting at work or commuting</td>
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<td>Sitting at home while watching TV/VCR/DVD</td>
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<td>Other sitting at home (e.g., desk, eating, computer)</td>
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<td>Relationship:</td>
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</tbody>
</table>
### Health Professionals Follow-Up Study

**14. Since Jan. 1, 2010, have you had any of these clinician-diagnosed conditions?**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Before 2010</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>Y</td>
<td></td>
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<tr>
<td>Diabetes mellitus</td>
<td>Y</td>
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<tr>
<td>Elevated cholesterol</td>
<td>Y</td>
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<tr>
<td>Elevated triglycerides</td>
<td>Y</td>
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<tr>
<td>Coronary bypass, angioplasty or stent</td>
<td>Y</td>
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<tr>
<td>Myocardial infarction (heart attack)</td>
<td>Y</td>
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<tr>
<td>Angina pectoris</td>
<td>Y</td>
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<tr>
<td>Atrial fibrillation (more than 1 hour)</td>
<td>Y</td>
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<tr>
<td>Congestive heart failure</td>
<td>Y</td>
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<tr>
<td>Deep vein thrombosis</td>
<td>Y</td>
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<tr>
<td>TIA (Transient Ischemic Attack)</td>
<td>Y</td>
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<tr>
<td>Stroke (CVA)</td>
<td>Y</td>
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<tr>
<td>Carotid artery surgery</td>
<td>Y</td>
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<tr>
<td>Intermittent claudication</td>
<td>Y</td>
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<tr>
<td>Surgery or angioplasty for arterial disease of the leg</td>
<td>Y</td>
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<tr>
<td>Pulmonary embolus</td>
<td>Y</td>
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<tr>
<td>Aortic aneurysm</td>
<td>Y</td>
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<tr>
<td>Gout</td>
<td>Y</td>
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<tr>
<td>Rheumatoid arthritis</td>
<td>Y</td>
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<tr>
<td>Other arthritis (e.g., osteoarthritis)</td>
<td>Y</td>
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<tr>
<td>Chronic renal failure</td>
<td>Y</td>
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<tr>
<td>Diverticulitis or Diverticulosis</td>
<td>Y</td>
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<tr>
<td>Colon or rectal polyp</td>
<td>Y</td>
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<tr>
<td>Cancer of colon or rectum</td>
<td>Y</td>
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<tr>
<td>Prostatic enlargement, treated by drugs, surgery or laser</td>
<td>Y</td>
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<tr>
<td>Prostate cancer</td>
<td>Y</td>
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<tr>
<td>Bladder cancer</td>
<td>Y</td>
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<tr>
<td>Solar or actinic keratosis</td>
<td>Y</td>
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<tr>
<td>Basal cell skin cancer</td>
<td>Y</td>
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<tr>
<td>Squamous cell skin cancer</td>
<td>Y</td>
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<tr>
<td>Melanoma</td>
<td>Y</td>
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<tr>
<td>Lymphoma or Leukemia</td>
<td>Y</td>
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<tr>
<td>Other cancer</td>
<td>Y</td>
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<tr>
<td>Please specify site and year:</td>
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<tr>
<td>Glaucoma</td>
<td>Y</td>
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<tr>
<td>Cataract (1st Diagnosis)</td>
<td>Y</td>
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<tr>
<td>Macular degeneration</td>
<td>Y</td>
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<tr>
<td>Osteoporosis</td>
<td>Y</td>
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<tr>
<td>Hip replacement</td>
<td>Y</td>
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<tr>
<td>Hip fracture (proximal femur)</td>
<td>Y</td>
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<tr>
<td>Due to major trauma (e.g., car accident)</td>
<td>No</td>
<td>Yes</td>
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</tbody>
</table>

**15. Regular Medication (mark if used regularly in the past 2 years)**

- **Acetaminophen** (e.g., Tylenol)
  - Days/week: 1
  - Tablets/wk: 1
  - Dose/tab: 500 mg

- **Aspirin or asprin-containing products** (e.g., Aspirin, Bufferin)
  - Days/week: 1
  - Tablets/wk: 1
  - Dose/tab: 325 mg

- **Crestor**
  - Days/week: 1
  - Tablets/wk: 1
  - Dose/tab: 25 mg

- **Other anti-inflammatory analgesics**
  - Days/week: 1
  - Tablets/wk: 1
  - Dose/tab: 20 mg

- **“Statin” cholesterol-lowering drug**
  - Days/week: 1
  - Tablets/wk: 1
  - Dose/tab: 10 mg

### Other major illness or surgery since 1

- **January 2010**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Before 2010</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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</thead>
<tbody>
<tr>
<td>Parkinson’s disease</td>
<td>Y</td>
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<tr>
<td>ALS (Amyotrophic Lateral Sclerosis)</td>
<td>Y</td>
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<tr>
<td>Ulcerative colitis/Crohn’s disease</td>
<td>Y</td>
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<tr>
<td>Gastric or duodenal ulcer</td>
<td>Y</td>
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<tr>
<td>Barrett’s esophagus</td>
<td>Y</td>
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<tr>
<td>Alcohol dependence problem</td>
<td>Y</td>
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<td>Hearing loss, by audiogram</td>
<td>Y</td>
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<tr>
<td>Asthma</td>
<td>Y</td>
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<tr>
<td>Pernicious Anemia/B12 deficiency</td>
<td>Y</td>
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<td>Emphysema or chronic bronchitis (COPD)</td>
<td>Y</td>
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<td>Periodontal disease with bone loss</td>
<td>Y</td>
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<tr>
<td>Oral precancer/oral dysplasia</td>
<td>Y</td>
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<tr>
<td>Gall bladder removal</td>
<td>Y</td>
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<tr>
<td>Kidney stones</td>
<td>Y</td>
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</tbody>
</table>

**16. Is this your correct date of birth?**

- **Yes**
  - If no, please write correct date.
  - MONTH / DAY / YEAR

- **No**
17. **Do you currently take multivitamins? (Please report other individual vitamins in the next section.)**

- **a) How many do you take per week?**
  - No
  - Yes
  - 2 or less
  - 3–5
  - 6–9
  - 10 or more

**Not counting multivitamins, do you take any of the following preparations?**

- **a) Vitamin A**
  - No
  - Yes, seasonal only
  - Yes, most months
  - Dose per day
    - Less than 10,000 IU
    - 10,000 to 15,000 IU
    - 15,000 to 20,000 IU
    - 20,000 IU or more
  - If Yes, know

- **b) Potassium**
  - No
  - Yes, seasonal only
  - Yes, most months
  - Dose per day
    - Less than 2.5 mEq (100mg)
    - 2.5 to 3 mEq
    - 3 to 4 mEq
    - 4 mEq or more
  - If Yes, know

- **c) Vitamin C**
  - No
  - Yes, seasonal only
  - Yes, most months
  - Dose per day
    - Less than 400 mg
    - 400 to 500 mg
    - 500 mg or more
  - If Yes, know

- **d) Vitamin E**
  - No
  - Yes, seasonal only
  - Yes, most months
  - Dose per day
    - Less than 50 mg
    - 50 mg or more
  - If Yes, know

- **e) Vitamin B1**
  - No
  - Yes, seasonal only
  - Yes, most months
  - Dose per day
    - Less than 100 IU
    - 100 IU or more
  - If Yes, know

- **f) Calcium**
  - No
  - Yes
  - Dose per day
    - Less than 600 mg
    - 600 to 900 mg
    - 900 mg or more
  - If Yes, know

- **g) Selenium**
  - No
  - Yes
  - Dose per day
    - Less than 50 mcg
    - 50 mcg or more
  - If Yes, know

- **h) Vitamin D**
  - No
  - Yes
  - Dose per day
    - Less than 500 IU
    - 500 IU or more
  - If Yes, know

- **i) Zinc**
  - No
  - Yes
  - Dose per day
    - Less than 10 mg
    - 10 mg or more
  - If Yes, know

18. 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 more than a mile</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>

19. **Do you have difficulty with your balance?**

- No
- Yes

20. **Do you use any of these devices for assistance with mobility, for example a walker, cane or walking stick?**

- No
- Yes

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

<table>
<thead>
<tr>
<th>Change</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>More trouble than usual remembering recent events?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>More trouble than usual remembering a short list of items, such as a shopping list?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble remembering things from one second to the next?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty in understanding or following spoken instructions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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>Trouble finding your way around familiar streets?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. **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/wk
- 2 day/wk
- 3 days/wk
- 4 days/wk
- 5 days/wk
- 6 days/wk
- 7 days/wk

23. **In a typical month, what is the largest number of drinks of beer, wine, and/or liquor you have in one day?**

- 1 drink
- 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6+ drinks

24a. **In a typical week during the past year, how often did you drink alone?**

- Never or don’t drink
- 1–2 times/month
- 3–5 times/month
- 6–9 times/month
- 10+ times/month

24b. **On these days, how many drinks did you typically consume?**

- 1 drink
- 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6+ drinks

---

**Note:** The text above is a rough transcription of the document image. The actual document contains more detailed questions and answers, but the provided transcription captures the essence of the questions asked.
25. Choose the best answer for how you felt the past month:
   - Are you basically satisfied with your life?
   - Have you dropped many of your activities and interests?
   - Do you feel that your life is empty?
   - Do you often get bored?
   - Are you in good spirits most of the time?
   - Are you afraid that something bad is going to happen to you?
   - Do you feel happy most of the time?
   - Do you often feel helpless?
   - Do you prefer to stay at home, rather than going out and doing new things?
   - Do you feel you have more problems with memory than most?
   - Do you think it is wonderful the way you are now?
   - Do you feel pretty worthless the way you are now?
   - Do you think it is wonderful the way you are now?
   - If Yes:
     - b) When was your home built?
     - a) In the past two years have you fallen on these stairs?

26. These questions are about how you feel and how things have been with you during the past 4 weeks.
   For each question, please give the one answer that comes closest to the way you have been feeling.

Over the last 4 weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Feeling nervous, anxious or on edge</th>
<th>Not At All</th>
<th>Several Days</th>
<th>More Than Half The Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not being able to stop or control worrying</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worrying too much about different things</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trouble relaxing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being so restless that it is hard to sit still</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Becoming easily annoyed or irritable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling afraid as if something awful might happen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. Please indicate the extent to which you agree or disagree with the following statements.

In uncertain times I usually expect the best.

<table>
<thead>
<tr>
<th>Disagree Strongly</th>
<th>Disagree A Little</th>
<th>Neither Agree Nor Disagree</th>
<th>Agree A Little</th>
<th>Agree Strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>If something can go wrong with me, it will.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I'm always optimistic about my future.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I hardly ever expect things to go my way.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I rarely count on good things happening to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling afraid as if something awful might happen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. Have you ever attempted suicide?
   - No
   - Yes
   If Yes:
   Thinking about your most recent attempt:
   1. What method did you use:
      - Prescription drug poisoning
      - Over-the-counter drug poisoning
      - Cutting
      - Hanging
      - Firearms
      - Jumping/drowning
      - Asphyxiation by gas
      - Other
   2. Did you require medical attention in an emergency department or hospital?
      - No
      - Yes
   3. Have you made a suicide attempt in the past two years?
      - No
      - Yes

29. Does your home have interior stairs?
   - No
   - Yes
   If Yes:
   a) In the past two years have you fallen on these stairs?
      - No
      - Yes
   b) When was your home built?
      - Before 1980
      - 1980-1989
      - 1990-1999
      - 2000 or later

30. Do you own any of the following animals? (mark all that apply)
   - Dog
   - Cat
   - Rabbit
   - Parrot
   - Other bird
   - Reptile
   - Horse
   - Farm animals
   - Other animal

31. Over the past year, how often have you had heartburn or acid reflux?
   - None in the past year
   - Less than once/month
   - About once/month
   - About once/week
   - Several times/week
   - Daily
32. Have you ever been diagnosed with diverticulitis of the colon that required antibiotics or hospitalization?
   - [ ] No
   - [ ] Yes
      - a) Total number of episodes:
         - [ ] 1
         - [ ] 2
         - [ ] 3
         - [ ] 4
         - [ ] 5
      - b) Year(s) of all episodes:
         - [ ] Before 1992
         - [ ] 1992–93
         - [ ] 1994–95
         - [ ] 1996–97
         - [ ] 1998–99
         - [ ] 2000–01
         - [ ] 2002–03
         - [ ] 2004–05
         - [ ] 2006–07
         - [ ] 2008–09
         - [ ] 2010–11
         - [ ] 2012+
      - c) Surgery for diverticulitis?
         - [ ] No surgery
         - [ ] After 1st episode
         - [ ] After 2nd episode
         - [ ] After later episode

33. Have you been diagnosed with diverticular bleeding that required blood transfusion and/or hospitalization?
   - [ ] No
   - [ ] Yes
      - a) Total number of episodes:
         - [ ] 1
         - [ ] 2
         - [ ] 3
         - [ ] 4
         - [ ] 5
      - b) Year(s) of all episodes:
         - [ ] Before 1992
         - [ ] 1992–93
         - [ ] 1994–95
         - [ ] 1996–97
         - [ ] 1998–99
         - [ ] 2000–01
         - [ ] 2002–03
         - [ ] 2004–05
         - [ ] 2006–07
         - [ ] 2008–09
         - [ ] 2010–11
         - [ ] 2012+
      - c) Surgery for diverticular bleeding?
         - [ ] No surgery
         - [ ] After 1st episode
         - [ ] After 2nd episode
         - [ ] After later episode

34. Have you ever been diagnosed with diverticulosis of the colon without diverticulitis or diverticular bleeding?
   - [ ] No
   - [ ] Yes

35. Have any of the following biological relatives (exclude half siblings; include deceased) had:
   - [ ] Crohn's Disease
   - [ ] Ulcerative colitis
   - [ ] Other colitis?
   - [ ] Colon or rectal cancer?
   - [ ] Additional child

36. Have your parents or any siblings had dementia?
   - [ ] Mother: [ ] No
   - [ ] Yes: [ ] < age 55
   - [ ] age 55–64
   - [ ] age 65+
   - [ ] Father: [ ] No
   - [ ] Yes: [ ] < age 55
   - [ ] age 55–64
   - [ ] age 65+
   - [ ] Sibling: [ ] No
   - [ ] Yes: [ ] < age 55
   - [ ] age 55–64
   - [ ] age 65+

37. Please indicate the times of day that you usually eat (mark all that apply):
   - [ ] Before breakfast
   - [ ] Breakfast
   - [ ] Between breakfast and lunch
   - [ ] Lunch
   - [ ] Between lunch and dinner
   - [ ] Dinner
   - [ ] Between dinner and bed time
   - [ ] After going to bed

38. How many meals a week (lunch or dinner) do you eat that are prepared at home “from scratch”?
   - [ ] 0
   - [ ] 1–4
   - [ ] 5–8
   - [ ] 9–12
   - [ ] 13–14

39a. For each of the following periods of your life, please add up the total amount of time you used antibiotics (exclude skin creams, mouthwash or isoniazid).

<table>
<thead>
<tr>
<th>Relative's Age at First Diagnosis</th>
</tr>
</thead>
</table>

39b. What was the most common reason that you used an antibiotic over these periods?
   - [ ] Respiratory infection
   - [ ] UTI/Prostatitis
   - [ ] Acne/Rosacea
   - [ ] Chronic bronchitis
   - [ ] Dental
   - [ ] Other

40. Have you ever been clinically diagnosed with Alopecia areata?
   - [ ] No
   - [ ] Yes
      - a) Before 1986
      - b) 1986–1995
      - c) 1996–2005
      - d) 2006–now

41. Have you ever been clinically diagnosed with Vitiligo?
   - [ ] No
   - [ ] Yes
      - a) Before 1986
      - b) 1986–1995
      - c) 1996–2005
      - d) 2006–now

42. Have you ever had colored moles (pigmented nevi) surgically removed from your skin on the recommendation of a dermatologist (exclude melanoma)?
   - [ ] No
   - [ ] Yes
      - a) Were any of the moles considered atypical (dysplastic)?
      - b) How many atypical moles were surgically removed?

43. How frequently do you have a bowel movement?
   - [ ] More than once a day
   - [ ] Daily
   - [ ] Every other day
   - [ ] Every 3 days or less

44. How often do you use a laxative (such as softeners, bulking agents, fiber supplements or suppositories)?
   - [ ] Never
   - [ ] Less than once/month
   - [ ] 1–3 times/month
   - [ ] About once/week
   - [ ] 2–3 times/wk
   - [ ] 4–5 times/wk
   - [ ] Daily
   - [ ] More than once/day

45. On average, how often in the past year, have you experienced any amount of accidental bowel leakage?
   - [ ] None
   - [ ] Less than once/month
   - [ ] 1–3 times/month
   - [ ] About once/week
   - [ ] 2–3 times/wk
   - [ ] 4–5 times/wk
   - [ ] Daily
   - [ ] More than once/day

46. What was your average use last year of probiotics including yogurt, supplements, or other foods containing live bacterial cultures?
   - [ ] Never
   - [ ] Less than once/month
   - [ ] 1–3 times/month
   - [ ] About once/week
   - [ ] 2–3 times/wk
   - [ ] 4–5 times/wk
   - [ ] Daily
   - [ ] More than once/day
47. This question asks about how well you sleep:  

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

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

49. Has your snoring ever bothered other people?  
- Yes
- No

50. Has anyone noticed that you stop breathing during your sleep?  
- Yes
- No

51. Have you ever had physician-diagnosed sleep apnea?  
- Yes
- No

52. 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?  
- Yes
- No

53. 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?  
- Yes
- No

54. 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

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

56. On days that you nap, how long on average do you sleep/nap?  
- <15 minutes
- 15–30 minutes
- 30–60 minutes
- 1–2 hrs
- 2+ hrs

57. Over the past year, how many nights per week have you used medications to help you sleep?  
- Every night
- 5–6 nights/week
- 3 days/week
- 2 days/week
- 1 day/week
- Rarely
- Never

58. 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?  
- Yes
- No

59. Do you have a problem with your sense of taste, such as not being able to taste salt or sugar, or with tastes in the mouth that shouldn’t be there, like bitter, salty, sour or sweet tastes, for at least 3 months?  
- Yes
- No

60. During the past month, please indicate how frequently you had these urinary symptoms and how large of a problem they were to you:  

<table>
<thead>
<tr>
<th>% OF TIME EXPERIENCED SYMPTOMS</th>
<th>HOW LARGE A PROBLEM?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>Sensation of incomplete bladder emptying</td>
<td></td>
</tr>
<tr>
<td>Having to urinate again after less than 2 hours</td>
<td></td>
</tr>
<tr>
<td>Stopping and starting several times during urination</td>
<td></td>
</tr>
<tr>
<td>Found it difficult to postpone urinating</td>
<td></td>
</tr>
<tr>
<td>Weak urinary stream</td>
<td></td>
</tr>
<tr>
<td>Had to push or strain to begin urination</td>
<td></td>
</tr>
</tbody>
</table>

61. If you have had an extended problem getting and/or keeping an erection in the past, what is the duration of time from when you first realized you had this problem until you sought treatment?  
- Less than 6 months
- 6 months–1 year
- 1–3 years
- 3–5 years
- >5 years
- Never a problem

62. During the past three months, how would you rate your ability (without treatment) to have and maintain an erection good enough for intercourse?  
- Very Poor
- Poor
- Fair
- Good
- Very Good

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