INSTRUCTIONS

PLEASE DO NOT MARK ON THIS SIDE

USE NO. 2 PENCIL ONLY

Please use an ordinary pencil to answer all questions by completely filling in the appropriate response circle, or by writing the requested information if a space is provided. Because this form is meant to be read by optical-scanning equipment, it is important for you to make no stray marks and to keep any write-in responses within the provided spaces. Should you need 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 10

The last item on this 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.
- Try to 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.

Thank you for completing the 1987 Health Professionals Follow-up Study Questionnaire.

Please tear off the cover letter (to preserve confidentiality) and return the questionnaire and your nail samples in the postpaid envelope.
1987 Questionnaire

Please see instructions on the reverse side.

1. Please begin by copying your ID number from this form to the small brown toenail envelope.

2. Please write in your date of birth (example: June 1, 1946 is June 01 46).

Month  Day  Year

☐ Jan.  ☐ 1  ☐ 0
☐ Feb.  ☐ 2  ☐ 3
☐ Mar.  ☐ 3  ☐ 3
☐ Apr.  ☐ 4  ☐ 4
☐ May  ☐ 5  ☐ 5
☐ June ☐ 6  ☐ 6
☐ July ☐ 7  ☐ 7
☐ Aug. ☐ 8  ☐ 8
☐ Sep. ☐ 9  ☐ 9
☐ Oct. ☐ 10  ☐ 10
☐ Nov. ☐ 11  ☐ 11
☐ Dec. ☐ 12  ☐ 12

3. How often do you take…

Never, or less than once per month  1-3 per mo  1 per week  2-4 per week  5-6 per week  1 per day  2-3 per day  4-5 per day  6+ per day

- Aluminum antacids, 2 tsp or tablets (e.g. Amphojel, ALtemaGEL)
- Calcium antacids, 1 tablet (e.g. Tums)
- Magnesium antacids, 2 tsp or tablets (e.g. Mcalox, Mylanta)
- Magnesium laxatives, 1 Tbs (e.g. Haley’s M-O, Phillips)
- Potassium supplements, 20 meq (e.g. K-1or, K-lyte)

4. Please indicate total hours of actual sleep in a typical 24-hour period:

- 5 hrs or less
- 6 hrs
- 7 hrs
- 8 hrs
- 9 hrs
- 10 hrs
- 11+ hrs

5. What is your usual sleeping position?

- On back
- On side
- On front

6. Do you snore?  

- Every night
- Most nights
- A few nights a week
- Occasionally
- Almost never

7. Were any of these natural family members diagnosed with diabetes?

Please mark all that apply:

- None
- Father
- Mother
- Sister
- Brother

8. How tall are you?

- Foot:
- Inches:

9. Please record the total number of moles on both of your forearms between your elbow and your wrist, of this size or larger (3+ mm diameter):

- None
- 3-5
- 10-14
- 21 or more
- 1-2 moles
- 6-9
- 15-20

10. Using the instructions found on the reverse side, please record the following measurements to the nearest quarter inch:

Torsao:

- Inches:
- Fraction:

Hip:

- Inches:
- Fraction:

Please do not forget to return your toenail clippings in the small brown envelope. Thank you.

Health Professionals Follow-up Study, Harvard School of Public Health, 677 Huntington Ave., Boston, Mass. 02115