20. Is this your date of birth?
   - No
   - Yes

21. Do you currently take a multi-vitamin?
   - No
   - Yes
      a. How many do you take per week?
         - 2 or fewer
         - 6 to 9
         - 10 or more
   b. What specific brand do you usually use?

22. Not counting multi-vitamins, do you take any of the following supplements?

<table>
<thead>
<tr>
<th>SUPPLEMENT</th>
<th>AMOUNT PER DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin A?</td>
<td></td>
</tr>
<tr>
<td>Yes, seasonal use only</td>
<td></td>
</tr>
<tr>
<td>Yes, most months</td>
<td>amount unknown</td>
</tr>
<tr>
<td>No</td>
<td>8,000-12,000 IU</td>
</tr>
<tr>
<td>Vitamin C?</td>
<td></td>
</tr>
<tr>
<td>Yes, seasonal use only</td>
<td></td>
</tr>
<tr>
<td>Yes, most months</td>
<td>amount unknown</td>
</tr>
<tr>
<td>No</td>
<td>less than 400 mg</td>
</tr>
<tr>
<td>Vitamin B-6?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>amount unknown</td>
</tr>
<tr>
<td>No</td>
<td>less than 1 mg</td>
</tr>
<tr>
<td>Vitamin E?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>amount unknown</td>
</tr>
<tr>
<td>No</td>
<td>less than 50 IU</td>
</tr>
<tr>
<td>Calcium (including dolomite, Tums, etc.)</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>amount unknown</td>
</tr>
<tr>
<td>No</td>
<td>less than 600 IU</td>
</tr>
<tr>
<td>Selenium?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>amount unknown</td>
</tr>
<tr>
<td>No</td>
<td>less than 80 mcg</td>
</tr>
<tr>
<td>Niacin?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>amount unknown</td>
</tr>
<tr>
<td>No</td>
<td>less than 25 mg</td>
</tr>
<tr>
<td>Zinc?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>amount unknown</td>
</tr>
<tr>
<td>No</td>
<td>less than 10 mg</td>
</tr>
<tr>
<td>Fish oil?</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>amount unknown</td>
</tr>
<tr>
<td>No</td>
<td>less than 2 mg</td>
</tr>
<tr>
<td>Mark if you take any of these.</td>
<td></td>
</tr>
<tr>
<td>Potassium</td>
<td></td>
</tr>
<tr>
<td>Vitamin D</td>
<td></td>
</tr>
<tr>
<td>Magnesium</td>
<td></td>
</tr>
<tr>
<td>O3-Complex</td>
<td></td>
</tr>
<tr>
<td>Chromium</td>
<td></td>
</tr>
<tr>
<td>Iron</td>
<td></td>
</tr>
<tr>
<td>Magnesium</td>
<td></td>
</tr>
<tr>
<td>O2-Complex</td>
<td></td>
</tr>
<tr>
<td>Copper</td>
<td></td>
</tr>
<tr>
<td>Beta-Carotene</td>
<td></td>
</tr>
<tr>
<td>Folic Acid</td>
<td></td>
</tr>
<tr>
<td>Lecithin</td>
<td></td>
</tr>
<tr>
<td>Brewers Yeast</td>
<td></td>
</tr>
</tbody>
</table>

23. Since January 1, 1990, have you had any of the following professionally diagnosed conditions?
   Leave blank for NO, mark here for YES.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Elevated cholesterol</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Elevated triglycerides</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Myocardial infarction (heart attack)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hospitalized for this MI?</td>
<td>No</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Angina pectoris</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Coronary artery</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Bypass or angioplasty</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Peripheral venous thrombosis</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>TIA (Transient Ischemic Attack)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Stroke (CVA)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Carotid artery surgery</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Intermittent claudication</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Surgery for arterial disease of the leg (e.g., femoral artery)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Pulmonary embolus</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Aortic aneurysm</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Heart-rhythm disturbance</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Gout</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Rheumatoid arthritis</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other arthritis (e.g., osteoarthritis)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hip replacement</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Vasectomy</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Diverticulitis or Diverticulosis</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Colon or rectal polyp</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cancer of colon or rectum</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Basal cell skin cancer</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Squamous cell skin cancer</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Melanoma</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Solar or actinic keratosis</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Lymphoma or leukemia</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other cancer</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

Please specify site and year.

Glaucoma
Cataract extraction
Macular degeneration
Chronic renal failure
Gallstones
a. How was diagnosis made?
   - X-ray/ultra-sound
   - Other
b. Gallstone symptoms?
   - No
   - Yes
Gall bladder removal
Kidney stones
Gastric or duodenal ulcer
Ulcerative colitis
Periodontal disease with bone loss
Parkinson's disease
Pneumonia

Other major illness?

Your TB skin test since 1987: O Pos O Neg O Unknown
If ever positive, conversion date: O Before 1987 O 1987+
24. Since January 1, 1990, have you had any of these fractures?
- None
- Hip (exclude pelvis)
- Wrist (Colles or distal forearm)
- Other

If hip or wrist, please specify circumstances. If a fall, include cause, impact, surface, and height of fall.

25. Please mark any of these professionally diagnosed diseases or clinical procedures and year of first occurrences.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Herniated disk</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Asthma</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Cataract</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Was this herniated disk confirmed by CT or MRI?
- No
- Yes

26. Current Medication (mark if used regularly):
- No regular medication
- Acetaminophen, 2× times/week (e.g., Tylenol)
- Aspirin, 2× times/week (e.g., Anacin, Bufferin, Aka-Seltzer)
- Other anti-inflammatory (e.g., Advil, Motrin, Indocin)
- Furosemide-like diuretics (e.g., Lasix, Bumex)
- Thiazide diuretic
- Calcium blocker (e.g., Calan, Procardia, Cardizem)
- Cimetidine, Ranitidine (e.g., Tagamet, Zantac)

How long have you been taking Cimetidine?
- 0-3 years
- 4-6 years
- 7-9 years
- 10+ years
- Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)
- Other antihypertensive (e.g., Aldomet, Capoten, Apresoline)

- Steroids taken orally (e.g., Prednisone, Decadron, Medrol)
- Antiarrhythmic (e.g., Quinidine, Procain, Tococard, Norpace)
- Cholesterol-lowering drug (e.g., Omeprazone, Mevacor, Lopid)
- Theophylline (e.g., Theodil, Slo-Phyllin, Uniphyl)
- Levodopa (e.g., Sinemet, Larodopa)
- Nitrate (e.g., Isordil, Nitrostat, Transderm, Isosorbide)
- Major Tranquilizers (e.g., Thorazine, Haldol, Prolixin, Mellaril, Triafton)
- Minor Tranquilizers (e.g., Valium, Xanax, Alival, Librium, Klonopin)

- Antidepressants
- Digoxin (e.g., Lanoxin)
- Other prescription medicine(s) Please give NAME and DOSE

27. On average, how many days each month do you take aspirin?
(Including Anacin, Bufferin, etc. Do not include Tylenol or other aspirin-free products.)
- Never
- 1-4 days/month
- 5-14 days/month
- 15-21 days/month
- 22 + days/month

28. On days that you do take aspirin, how many do you usually take?
- Never
- < 1 aspirin (e.g., baby aspirin)
- 1 aspirin
- 2 aspirin
- 3-4 aspirin
- 5-6 aspirin
- 7+ aspirin

29. Did you ever take Tetracycline for at least two months at a time (e.g., for acne or other reason)?
- No
- Yes For how long?
- 2-11 months
- 1-2 years
- 2-3 years
- more than 4 years

Because little is known about the causes of prostate cancer, we are focusing on this organ. You may ignore questions that you feel are too sensitive.

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

<table>
<thead>
<tr>
<th>% OF TIME EXPERIENCED SYMPTOMS</th>
<th>0%</th>
<th>10%</th>
<th>25%</th>
<th>50%</th>
<th>75%</th>
<th>Almost 100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOW LARGE A PROBLEM?</td>
<td>None</td>
<td>Very Small</td>
<td>Small</td>
<td>Medium</td>
<td>Large</td>
<td></td>
</tr>
</tbody>
</table>

- Sensation of incomplete bladder emptying
- Having to urinate again after less than 2 hours
- Stopping and starting several times during urination
- Found it difficult to postpone urinating
- Weak urinary stream
- Had to push or strain to begin urination

31. a. Over the past month, how many times per night did you typically get up to urinate?
- 0
- 1
- 2
- 3
- 4
- 5
- 6 or more times per night

b. How large of a problem was this to you?
- None
- Very small
- Small
- Medium
- Large

32. Have you ever had an enlarged prostate detected by rectal exam?
- No
- Yes

33. Since January 1, 1990, have you had surgery for enlarged benign prostate or BPH (e.g., transurethral resection)?
- No
- Yes

34. Have you ever had prostatitis or prostatic infection?
- No
- Yes

a. How long did the symptoms persist?
- < 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- > 10 years

b. Were you ever treated for prostatitis?
- No
- Yes

35. Did you ever have a diagnosis of:
- Syphilis
- Gonorrhea
- Neither

36. On average, how many ejaculations did you have per month during these ages?

Ages 20-29:
- None
- 1-3/month
- 4-7
- 8-12
- 13-20
- > 20/month

Ages 40-49:
- None
- 1-3/month
- 4-7
- 8-12
- 13-20
- > 20/month

Past year:
- None
- 1-3/month
- 4-7
- 8-12
- 13-20
- > 20/month

37. Did you have a vasectomy before 1986?
- No
- Yes

At what age?

OFFICE USE ONLY

Please continue on page 4
38. In which state were you born?
In which state did you live in at age 15?
In which state did you live in at age 25?

39. On the average, how many months of the year did you participate in strenuous (aerobic) physical activity or sports at least twice per week (e.g., swimming, aerobics, hockey, basketball, cycling, running):

- During high school:
  - Never
  - 1-3 months/yr
  - 4-6 months/yr
  - 7-9 months/yr
  - 10-12 months/yr

- During college:
  - Never
  - 1-3 months/yr
  - 4-6 months/yr
  - 7-9 months/yr
  - 10-12 months/yr

- During ages 30 to 40:
  - Never
  - 1-3 months/yr
  - 4-6 months/yr
  - 7-9 months/yr
  - 10-12 months/yr

40. As an adolescent, at the beginning of the summer, if you were out in the sun for the first time and were to stay out for one hour without sunscreen, would you:
- Painfully burn then peel
- Burn then tan
- Tan without burning

41. During summers as a teenager, on average, how many times per week were you outdoors in a swimsuit:
- < 1/week
- 1/week
- 2/week
- Several/week
- Daily

42. a. How many times in your life have you had a sunburn that blistered?
- Never
- 1-2 times
- 3-5 times
- 6-9 times
- 10 or more times

b. How many of these involved:
- Face: Never
- 1-2 times
- 3-5
- 6-9
- 10 or more times

- Back or chest: Never
- 1-2 times
- 3-5
- 6-9
- 10 or more times

- Thighs or legs: Never
- 1-2 times
- 3-5
- 6-9
- 10 or more times

c. During the past summer, when you were outside at the pool or beach, what % of the time did you wear sunscreen:
- Not in sun
- 0%
- 25%
- 50%
- 75%
- 100%

43. Between the ages of 18-30, how many times did you purposely lose 10 or more pounds (excluding illness)?
- 0 times
- 1-2 times
- 3-4 times
- 5-6 times
- 7+ times

44. Within the last 20 years (exclude illness):
   a. What was your: Minimum weight
   b. How many times did you lose each of the following amounts of weight on purpose (excluding illness):
      - 5-9 pounds: 0 times
      - 10-19 pounds: 0 times
      - 20-49 pounds: 0 times
      - 50+ pounds: 0 times

45. Within the last 4 years (exclude illness):
   a. What was your: Minimum weight
   b. How many times did you lose each of the following amounts of weight on purpose (excluding illness):
      - 5-9 pounds: 0 times
      - 10-19 pounds: 0 times
      - 20-49 pounds: 0 times
      - 50+ pounds: 0 times

   c. If you lost 10 or more pounds, what primary method(s) did you use for your most recent weight loss:
      - Did not lose 10 or more pounds
      - Weight loss was unintentional (e.g., illness, unusual stress, depression)
      - Low calorie diet
      - Skipped meals/fasted
      - Increased exercise
      - Diet pills
      - Commercial weight loss program
      - Gastric surgery/intestinal bypass
      - Other

46. Your hair pattern at age 45:

47. How would you rate the amount of stress in your daily life:
   - At work: Severe
   - At home: Severe

48. In a typical month, what is the largest number of drinks of beer, wine and/or liquor you may have in one day?
- None
- 1-2 drinks/day
- 3-5
- 6-9
- 10-14
- 15 or more drinks/day

49. Apart from communion or passover, have you drunk 50 or more drinks in your life?
- Yes
- No

50. What is your best visual acuity (corrected by glasses if you wear them) for each eye?
   - LEFT EYE
     - 20/25 or better
     - 20/30 to 20/65
     - 20/70 to 20/180
     - 20/200 or worse
   - RIGHT EYE
     - 20/25 or better
     - 20/30 to 20/65
     - 20/70 to 20/180
     - 20/200 or worse

51. What is your heart rate after sitting for 10-15 minutes (e.g., after completing this form):

52. In this study, it will be important to maintain contact for a number of years:
   Please indicate the name of someone at a different address that we might write to in the event we are unable to contact you:
   Name:
   Address:

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