To report an address change, update your information here and return this letter with your questionnaire.

This is your ID ➞

Do you have email?
If you do, please print your email address in the box so that we may send you occasional updates on the progress of the Health Professionals Follow-Up Study.

Please print neatly and differentiate numbers and letters (e.g., 1 vs I or i, Ø vs O, 5 vs S)

We will not release your email address to anyone!
INSTRUCTIONS:

Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely. The form is designed to be read by optical-scanning equipment, so it is important that you keep any write-in responses within the spaces provided and erase any incorrect marks completely. If you have comments, please write them on a separate piece of paper.

USE OF BIOLOGICAL SAMPLES

In performing specialized analyses on blood, toenails, tissues 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, 665 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 617-432-2143 (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 2020 Health Professionals Follow-Up Study questionnaire.
1. What is your current weight?

<table>
<thead>
<tr>
<th>POUNDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td>9</td>
</tr>
</tbody>
</table>

2. Is this your correct date of birth?

- Yes
- No

If No, please write correct date. [MONTH / DAY / YEAR]

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

- No
- Yes

How many/day? 1–4 5–14 15–24 25–34 35–44 45+

4. In the past two years, have you had a PSA test for prostate cancer?

- No
- Yes

If Yes, what was your PSA level?

<2 2–2.9 3–3.9 4–5.9 6–7.9 8–9.9 10–14.9 15+ Elevated, unknown Normal, unknown Don’t know

5. In the past two years, have you had . . . (If yes, mark all that apply)

- A physical exam?
- Exam by eye doctor?
- Prostate biopsy?
- Fasting blood sugar?
- Upper endoscopy?
- (Virtual) CT Colonoscopy?
- Colonoscopy?
- Sigmoidoscopy?

6. In the past two years, have you had gastrointestinal bleeding that required hospitalization or a blood transfusion?

- Yes
- No

Site(s): Esophagus Stomach Duodenum

Colon/Rectum Other Site(s) unknown

7. In the past two years, have you been diagnosed with an episode of:

a) Diverticulitis (NOT diverticulosis) that required antibiotics and/or hospitalization?

- No
- Yes

If Yes: Did you have more than one episode? Did you require surgery? Did you have an abscess (collection of infected fluid)?

b) Diverticular bleeding that required blood transfusion and/or hospitalization?

- No
- Yes

c) Diverticulosis of the colon WITHOUT diverticulitis or diverticular bleeding?

- No
- Yes
8. Since January 1, 2018, have you had any of these clinician-diagnosed illnesses?

<table>
<thead>
<tr>
<th>YEAR OF DIAGNOSIS</th>
<th>Before 2018</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enlarged prostate, treated by drugs, surgery, or laser</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Kidney cancer</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Bladder cancer</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Colon or rectal polyp (benign)</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cancer of the colon or rectum</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Leukemia or Lymphoma</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Melanoma</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Basal cell skin cancer</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Squamous cell skin cancer</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other cancer</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Elevated cholesterol</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Myocardial infarction (heart attack) Hospitalized for this MI?</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Angina pectoris Confirmed by angiogram?</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Coronary bypass, angioplasty, or stent</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Congestive heart failure</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Stroke</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>TIA (transient ischemic attack)</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Peripheral artery disease or claudication of legs (not varicose veins)</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Carotid surgery (endarterectomy)</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Pulmonary embolus or deep vein thrombosis</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Vertebra (spine) fracture, x-ray confirmed</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hip fracture</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hip replacement</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Knee replacement</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Depression, clinician-dx</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Glaucoma</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Macular degeneration of retina</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cataract extraction</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Parkinson’s disease</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>ALS (Amyotrophic Lat. Sclerosis)</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Alzheimer’s or other type of dementia</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Chronic viral hepatitis (B or C)</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Kidney stones</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Ulcerative colitis or Crohn’s or microscopic colitis</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Gastric/duodenal ulcer</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Barrett’s esophagus</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Gallbladder removal</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Fatty liver disease Confirmed by liver biopsy?</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hearing loss confirmed by audiogram</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Gout</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other major illness or surgery since January 2018</td>
<td>Y</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

Please specify: Date:
## 9. Regular Medication (Mark if used regularly in past 2 years)

### Analgesics
- Acetaminophen (e.g., Tylenol)
  - Days per week: 1, 2-3, 4-5, 6+ days
  - Total tablets per week: 1-2, 3-5, 6-14, 15+ tablets

- Low dose aspirin (100mg or less/tablet)
  - Days per week: 1, 2-3, 4-5, 6+ days
  - Total tablets per week: 1-2, 3-5, 6-14, 15+ tablets

- Aspirin or aspirin-containing products (325mg or more/tablet)
  - Days per week: 1, 2-3, 4-5, 6+ days
  - Total tablets per week: 1-2, 3-5, 6-14, 15+ tablets

- Ibuprofen (e.g., Advil, Motrin, Nuprin)
  - Days per week: 1, 2-3, 4-5, 6+ days
  - Total tablets per week: 1-2, 3-5, 6-14, 15+ tablets

- Celebrex
  - Days per week: 1, 2-3, 4-5, 6+ days

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

### Other Regularly Used Medications
- Thiazide diuretic
- Calcium channel blocker (e.g., amlodipine, diltiazem)
- Beta-blocker (e.g., Metoprolol, Atenolol, Corgard, Coreg)
- ACE inhibitors (e.g., lisinopril, enalapril)
- Angiotensin receptor blocker (valsartan, losartan, irbesartan)
- Other anti-hypertensive (e.g., clonidine, doxazosin, Lasix)
- Coumadin
- Pradaxa, Xarelto, Eliquis, Savaysa
- Clopidogrel, Ticlopidine, Prasugrel
- Digoxin
- Antiarrhythmic
  
- "Statin" cholesterol-lowering drug:
  - Mevacor (lovastatin)
  - Lipitor (atorvastatin)
  - Pravachol (pravastatin)
  - Crestor
  - Zocor (simvastatin)
  - Other

- Other cholesterol-lowering drug
- Steroids taken orally
  (e.g., Prednisone, Decadron, Medrol)

### Diabetes drugs: (Mark all that apply)
- Insulin
- Non-insulin injections (e.g., Byetta, Victoza, Trulicity)
- Metformin (Glucophage)
- Jardiance
- Invokana
- Farxiga
- Januvia
- Other oral hypoglycemic agent

### Other Medications
- Opioid pain medications
  (e.g., codeine, Percocet, Vicodin, tramadol)
- Alpha blocker for BPH (e.g., Hytrin (terazosin), Flomax)
- SSRIs (e.g., Citalopram)
- Tricyclics (e.g., amitriptyline, nortriptyline, imipramine)
- SNRIs/Other antidepressants (e.g., Wellbutrin, Effexor, Remeron, Cymbalta, venlafaxine, bupropion)
- Minor tranquilizers (e.g., Valium, Xanax, Ativan)
- Prilosec, Nexium, Prevacid, Protonix, Aciphex
- H2 blocker (e.g., Pepcid, Tagamet, Zantac, Aixd)
- Aricept
- Exelon
- Razadyne
- Namenda
- Fosamax, Actonel, or other bisphosphonate
- ß-agonist inhaler (e.g., albuterol (Ventolin), Maxair)
- Finasteride/Proscar
- Propecia
- Avodart
- Prescription sleep medications (e.g., Ambien, Sonata, Lunesta)
- Other regular medications (no need to specify)
10. Your current marital status:  
   ○ Married  ○ Divorced/separated  ○ Widowed  ○ Never married

11. Your current living arrangement: (Mark all that apply)  
   ○ Alone  ○ With spouse/partner  ○ With other family  ○ With pet(s)  ○ Other  
   ○ Assisted living  ○ Nursing home  ○ Senior/retirement housing or community for people age 55+

12. Do you have difficulty with your balance?  
   ○ No  ○ Occasionally  ○ Often

13. Do you usually use a cane, walker, or wheelchair/scooter?  
   (Mark all that apply)  
   ○ No  ○ Cane  ○ Walker  ○ Wheelchair/scooter  ○ Unable to walk

14. What is your usual walking pace outdoors?  
   ○ Unable to walk  ○ Easy, casual (less than 2 mph)  ○ Brisk pace (3-3.9 mph)  ○ Very brisk/striding (4 mph or faster)

   ○ Normal, average (2-2.9 mph)

15. DURING THE PAST YEAR, what was your average time PER WEEK spent at each of the following recreational activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>TIME PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking for exercise or walking for transportation or errands</td>
<td>Zero</td>
</tr>
<tr>
<td>Jogging (slower than 10 minutes/mile)</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>Running (10 minutes/mile or faster)</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>Bicycling: stationary exercise bike</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>Intensity:</td>
<td>○ Low</td>
</tr>
<tr>
<td>Bicycling: outside, separated from traffic (e.g., bike path)</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>Intensity:</td>
<td>○ Low</td>
</tr>
<tr>
<td>Bicycling: outside on road</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>Intensity:</td>
<td>○ Low</td>
</tr>
<tr>
<td>Tennis, squash, or racquetball</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>Racquet sport intensity:</td>
<td>○ Low</td>
</tr>
<tr>
<td>Lap swimming</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>Swimming intensity:</td>
<td>○ Low</td>
</tr>
<tr>
<td>Other aerobic exercise (e.g., aerobic dance, ski or stair machine, etc.)</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>Lower intensity exercise (e.g., yoga, stretching, toning)</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>Other vigorous activities (e.g., lawn mowing)</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>Weight training or resistance exercises (include free weights or resistance machines)</td>
<td>Arm weights</td>
</tr>
<tr>
<td>Leg weights</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
</tbody>
</table>

16. DURING THE PAST YEAR, on average, how many HOURS PER WEEK did you spend:

<table>
<thead>
<tr>
<th>Activity</th>
<th>TIME PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standing or walking around at work or away from home?</td>
<td>Zero Hrs.</td>
</tr>
<tr>
<td>Standing or walking around at home?</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>Sitting at work or away from home or while driving?</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>Sitting at home while watching TV/DVD/movies?</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>Other sitting at home (e.g., reading, meal times, at desk)?</td>
<td>○ ○ ○ ○ ○ ○ ○ ○</td>
</tr>
</tbody>
</table>
17. Do you have difficulty climbing a flight of stairs or walking eight blocks due to a physical impairment?  
○ No  ○ Yes

18. How many flights of stairs (not steps) do you climb daily? (Do not include time spent on stair or exercise machines.)
○ No flights  ○ 1–2 flights  ○ 3–4 flights  ○ 5–9 flights  ○ 10–14 flights  ○ 15 or more flights

19. This question asks about how well you sleep:
How often do you have difficulty falling asleep?
○ Most of the Time  ○ Sometimes  ○ Rarely or Never
How often do you have trouble waking up during the night?
○ Most of the Time  ○ Sometimes  ○ Rarely or Never
How often are you troubled by waking up too early and not being able to fall asleep again?
○ Most of the Time  ○ Sometimes  ○ Rarely or Never
How often do you get so sleepy during the day or evening that you have to take a nap?
○ Most of the Time  ○ Sometimes  ○ Rarely or Never
How often do you feel really rested when you wake up in the morning?
○ Most of the Time  ○ Sometimes  ○ Rarely or Never
How often do you get so sleepy during the day or evening that you have to take a nap?
○ Most of the Time  ○ Sometimes  ○ Rarely or Never
How often are you troubled by waking up
○ Most of the Time  ○ Sometimes  ○ Rarely or Never

20. Do you snore?  ○ Every night  ○ Most nights  ○ A few nights a week  ○ Occasionally  ○ Almost never
21. Has your snoring ever bothered other people?  ○ No  ○ Yes

22. Have you ever had physician-diagnosed sleep apnea?
If Yes: date of diagnosis:

23. 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?
○ No  ○ Yes  ○ I do not have a sleep partner

24. 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?
○ No  ○ Yes  ○ I do not have a sleep partner

25. 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?
○ No  ○ Yes  ○ I do not have a sleep partner

26. 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

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

28. On days that you nap, how long on average do you sleep over the course of the day?
○ Rarely nap  ○ <15 minutes/day  ○ 15–30 minutes/day  ○ 30–60 minutes/day  ○ 1–2 hrs/day  ○ 2+ hours/day

29. Over the past year, how many nights per week have you used medications to help you sleep?
○ Every night  ○ 5–6 nights/week  ○ 2–4 nights/week  ○ 1 night/week  ○ Rarely  ○ Never

30. How often do you use a laxative (such as softeners, fiber supplements or suppositories)?
○ Never  ○ Less than once/month  ○ 1–3 times/month  ○ Once/week  ○ 2–3 times/week  ○ 4–5 times/week  ○ Daily  ○ 2+ times/day

31. How frequently do you have a bowel movement?
○ More than twice a day  ○ Twice a day  ○ Daily  ○ Every other day  ○ Every 3–4 days  ○ Every 5 days or less

32. In the past year, what has been the primary appearance of your stools? (Mark two most common forms.)
○ Separate hard lumps, like nuts (hard to pass)  ○ Like a sausage or snake, smooth and soft
○ Sausage-shaped but lumpy  ○ Soft blobs with clear-cut edges
○ Like a sausage but with cracks on the surface  ○ Fluffy pieces with ragged edges, a mushy stool
○ Watery, no solid pieces.  ○ Entirely liquid.

33. In the past year, have you been bothered by constipation or diarrhea for at least 12 weeks (not necessarily consecutive)?
○ No  ○ Yes, diarrhea  ○ Yes, constipation
If Yes, were your bowel movements associated with abdominal pain?
○ No  ○ Yes
34. 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?

- No
- Yes
- Don’t know

If yes, which problem do you have, not being able to smell things or things not smelling the way they are supposed to?

- Loss of smell
- Things don’t smell right
- Don’t know

35. Do you ever wear a hearing aid?

- Yes
- No

When did you get your first hearing aid?

- Less than 1 year ago
- 1–2 years
- 3–5 years
- 6–9 years
- 10+ years ago

36. Please report how you generally feel regarding each statement.

I enjoy exploring new ideas.

- Almost Never
- Sometimes
- Often
- Almost Always

I find it fascinating to learn new information.

- Almost Never
- Sometimes
- Often
- Almost Always

I enjoy learning about subjects that are unfamiliar to me.

- Almost Never
- Sometimes
- Often
- Almost Always

I enjoy discussing abstract concepts.

- Almost Never
- Sometimes
- Often
- Almost Always

When I learn something new, I like to find out more about it.

- Almost Never
- Sometimes
- Often
- Almost Always

37. For each statement, mark the answer that best describes the degree to which you agree or disagree.

I enjoy making plans for the future and working to make them a reality.

- Strongly disagree
- Somewhat disagree
- Slightly disagree
- Slightly agree
- Somewhat agree
- Strongly agree

My daily activities often seem trivial and unimportant to me.

- Strongly disagree
- Somewhat disagree
- Slightly disagree
- Slightly agree
- Somewhat agree
- Strongly agree

I am an active person in carrying out the plans I set for myself.

- Strongly disagree
- Somewhat disagree
- Slightly disagree
- Slightly agree
- Somewhat agree
- Strongly agree

I don’t have a good sense of what it is I’m trying to accomplish in life.

- Strongly disagree
- Somewhat disagree
- Slightly disagree
- Slightly agree
- Somewhat agree
- Strongly agree

I sometimes feel as if I’ve done all there is to do in life.

- Strongly disagree
- Somewhat disagree
- Slightly disagree
- Slightly agree
- Somewhat agree
- Strongly agree

I live life one day at a time and don’t really think about the future.

- Strongly disagree
- Somewhat disagree
- Slightly disagree
- Slightly agree
- Somewhat agree
- Strongly agree

I have a sense of direction and purpose in my life.

- Strongly disagree
- Somewhat disagree
- Slightly disagree
- Slightly agree
- Somewhat agree
- Strongly agree

38. Please answer Yes or No for each of the following questions about your memory:

- Have you recently experienced any change in your ability to remember things?
- Yes
- No

- Do you have more trouble than usual remembering recent events?
- Yes
- No

- Do you have more trouble than usual remembering a short list of items, such as a shopping list?
- Yes
- No

- Do you have trouble remembering things from one second to the next?
- Yes
- No

- Do you have any difficulty in understanding or following spoken instructions?
- Yes
- No

- Do you have more trouble than usual following a group conversation or a plot in a TV program due to your memory?
- Yes
- No

- Do you have trouble finding your way around familiar streets?
- Yes
- No

39. Is the address to which we mailed this questionnaire your...

- Home?
- Work?
- Other?

If home, do you spend more than 3 months away?

- Yes
- No

40. 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:

Name:

Address:

Relationship:

Email/Phone #:

Thank you! Please return forms to:
HPFS, 665 Huntington Ave., Boston, MA 02115.