



Division of Preventive Medicine
Department of Medicine

Please Reply to:

VITAL Study
900 Commonwealth Avenue
Boston, Massachusetts 02215-1204
(800) 388-3963
(617) 731-3843 FAX
vitalstudy@partners.org

Thank you very much for your participation in the VITamin D and OmegA-3 TriaL (VITAL). We are writing now, as we always do between your annual follow-up questionnaires, to check on your current health status and to ask whether your contact information has changed. As you know, VITAL is testing whether vitamin D and/or omega-3 supplements can reduce the risk for cancer, heart disease, stroke, and other health conditions. Thus, we follow these outcomes closely during the study. The enclosed questionnaire asks whether you have recently been diagnosed with these conditions.

However, you will notice that this interim questionnaire is longer than usual. There are two reasons for this. One reason is that the questionnaire contains a series of questions on your diet over the past year. You may recall that we asked similar questions about your diet at the beginning of the study. We now need to ask about your diet again, as this will provide information on your current diet and on changes in your diet over time that will be very helpful in interpreting the results of the study. We know that filling out the diet questions can be time consuming, but ***please note that this is the last time that we will ask you detailed questions about your diet.*** The other reason that this questionnaire is longer than usual is that it asks about two health issues that we have not previously assessed—(a) migraine or other recurring headaches and (b) leg pain when walking.

We request that you please complete the questionnaire and return it to us in the prepaid envelope at your earliest convenience.

We will mail your annual follow-up questionnaire to you in 5-6 months. In the meantime, if you have any questions about the study, please contact us at 1-800-388-3963 or vitalstudy@partners.org.

Thank you again for your support and commitment.

Sincerely,

Ann E. Manson, MD
Professor of Medicine
Harvard Medical School

Julie E. Buring, ScD
Professor of Medicine
Harvard Medical School



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Request

VITAL STUDY R 4.5

1. Have you had any of the following within the PAST YEAR? Please mark NO or YES next to the illness or procedure. If YES, provide the month/year of the event:

					Month / Year of event
A. Cancer - NOT including skin cancer (Specify type: _____)	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/>	/ <input type="text"/>
B. Heart attack or myocardial infarction	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/>	/ <input type="text"/>
C. Coronary bypass surgery	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/>	/ <input type="text"/>
D. Coronary angioplasty or stent (balloon used to unblock artery)	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/>	/ <input type="text"/>
E. Stroke	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/>	/ <input type="text"/>
F. Mini-stroke (TIA)	<input type="radio"/> No	<input type="radio"/> Yes	→	<input type="text"/>	/ <input type="text"/>

2. If you are having difficulties taking your study capsules and have newly discontinued taking them, please explain:

3. Below are the phone numbers that we have on file for you. IF THESE NUMBERS ARE NOT CORRECT OR HAVE CHANGED, write the updated information in the space provided to the right. If the numbers below are correct, please skip to item #4.

If the phone numbers to the left are not correct or have changed, please provide UPDATED telephone numbers below:

CURRENT HOME PHONE: (<input type="text"/> <input type="text"/> <input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> →	NEW HOME PHONE: (<input type="text"/> <input type="text"/> <input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
CURRENT CELL PHONE: (<input type="text"/> <input type="text"/> <input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> →	NEW CELL PHONE: (<input type="text"/> <input type="text"/> <input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
CURRENT WORK PHONE: (<input type="text"/> <input type="text"/> <input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> →	NEW WORK PHONE: (<input type="text"/> <input type="text"/> <input type="text"/>) - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>

4. The e-mail address we have on file for you is:

If you would like to receive information from the study, indicate if your e-mail address is the same → Same or provide an updated e-mail address on the line below:

5. We use DATE OF BIRTH as an identifier. Please verify . .

Below is the birthdate that we have on file for you. IF IT IS NOT CORRECT, please write your correct birthdate (month/day/year) in the space provided to the right.

If the birth date to the left is not correct, please provide CORRECTED date of birth information below:

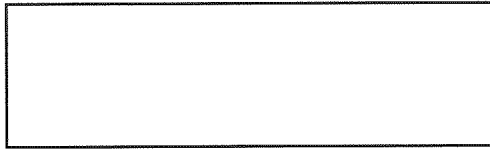
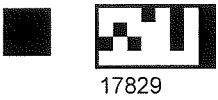
<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
month		day		year

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
month		day		year

Please continue on the next page. →

OFFICE USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE.

<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="text"/>	-	<input type="text"/>	1	<input type="text"/>	-	<input type="text"/>
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6. Have you EVER experienced recurring (repeated) headaches ? Yes No → If NO, skip to question #7 below.



a. Did your recurring headaches have any of the following characteristics? Mark all that apply.

- Duration 4-72 hours
- Moderate or severe pain intensity
- Pain pounding, pulsating, or throbbing
- Nausea and/or vomiting
- Aggravated by routine physical activity
- Pain worse on one side of the head
- Sensitivity to sound
- Sensitivity to light
- Limited your ability to do daily activities

b. How often have you experienced aura around the time of your recurring headaches (i.e., seen things like spots, stars, lines, flashing lights, zigzag lines, or "heat waves") ?

- Never
- Sometimes
- Always

c. Since you first started experiencing recurring headaches, what was the highest frequency of these headaches?

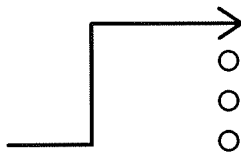
- At least 15 days per month
- Weekly
- Monthly
- Every other month
- Less than 6 times per year

d. On average, have your recurring headaches changed in the past 5 years with respect to frequency or severity?

Please answer both FREQUENCY and SEVERITY columns below.

FREQUENCY

- No change in frequency over past 5 years
- I have more headache days per month now
- I have fewer headache days per month now



SEVERITY

- No change in severity over past 5 years
- My headaches are more severe now
- My headaches are less severe now

e. Do you still experience recurring headaches?

- Yes
- No → Your recurring headaches stopped approximately how many years ago?
- 1-2 years
- 3-4 years
- 5 or more years

7. Do you get pain in either leg or buttock on walking? Yes No Uncertain → If NO OR UNCERTAIN, skip to the next page. →



a. Does this pain ever begin when you are standing still or sitting? Yes No Uncertain

b. In what part of the leg or buttock do you feel it? Mark all that apply.

- Pain includes calf/calves
- Pain includes thigh/thighs
- Pain includes buttock/buttocks

c. Do you get it when you walk uphill or hurry? Yes No Never walk uphill or hurry

d. Do you get it when you walk at an ordinary pace on the level? Yes No Uncertain

e. Does the pain ever disappear while you are walking? Yes No Uncertain

f. What do you do if you get it when you are walking? Stop/Slow down Carry on

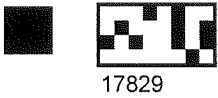
g. What happens to the pain if you stand still? Unchanged Lessens or relieved

h. If you answered "lessens or relieved" in the question above, how soon does the pain lessen/stop?

- Not applicable
- 10 minutes or less
- More than 10 minutes

i. On average, have you noticed a change in the pain in the past 5 years?

- The pain is more severe/frequent now
- The pain is less severe/frequent now
- No change



VITAL STUDY
DIET ASSESSMENT 2
R 4.5

DIET ASSESSMENT SECTION

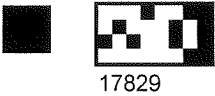
Please fill in your **AVERAGE** total use, during the **PAST YEAR**, of each specified food. Please try to average your seasonal use of foods over the entire year. For example, if a food such as cantaloupe is eaten 4 times a week during 3 months that it is in season, then the **AVERAGE** total use would be once per week over the year.

AVERAGE USE LAST YEAR

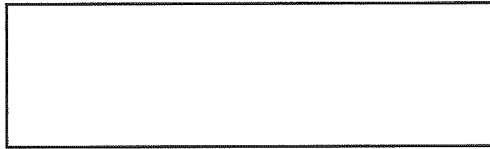
SEAFOOD	Never, or less than once per month	1-3 per month	1 per week	2-4 per week	5-6 per week	1 per day	2-3 per day	4-5 per day	6+ per day
Canned tuna fish (3-4 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breaded fish cakes, pieces, or fish sticks (1 serving store bought)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shrimp, lobster, scallops as a main dish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dark meat fish, e.g., mackerel, salmon, sardines, bluefish, swordfish (3-5 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other fish, e.g., cod, haddock, halibut (3-5 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DAIRY FOODS	Never, or less than once per month	1-3 per month	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
Milk (8 oz. glass)	Skim milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1 or 2% milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Whole milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Soy milk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your milk fortified with omega-3? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know									
Cream, e.g., coffee, whipped or sour cream (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-dairy coffee whitener (1 Tbs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frozen yogurt, sherbet or low-fat ice cream (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Regular ice cream (1 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yogurt (1 cup)	Low-carb, artificially sweetened or plain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Sweetened with fruit or other flavoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Margarine (pat), added to food or bread; exclude use in cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your buttery spread or margarine fortified with omega-3? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know									
Is your buttery spread or margarine fortified with flax oil? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know									
Butter (pat), added to food or bread, exclude use in cooking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cottage or ricotta cheese (1/2 cup)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cream cheese (1 oz.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other cheese, e.g., American, cheddar, etc., plain or as part of a dish (1 slice or 1 oz. serving)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
What type of cheese do you usually eat? <input type="radio"/> Regular <input type="radio"/> Low fat or lite <input type="radio"/> Nonfat <input type="radio"/> None									

(GO TO NEXT PAGE)



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VITAL STUDY

DIET ASSESSMENT 2

R 4.5

EGGS, MEAT

		Never, or less than once per month	1-3 per month	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
Eggs	Omega-3 fortified including yolk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Regular eggs including yolk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef, lamb or pork as a main dish, e.g., steak, roast, ham, or chops (4-6 oz.) or as a sandwich or mixed dish, e.g., stew, casserole, lasagna, etc.		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beef or pork hot dogs (1), bacon (2 slices), sausage (2 oz. or 2 small links), salami, bologna, or other processed meats		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hamburger (1 patty)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken/turkey sandwich or frozen dinner		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chicken or turkey, with or without skin (3 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chicken or turkey hot dogs (1)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

BEVERAGES

		Never, or less than once per month	1-3 per month	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
Beer, regular (1 glass, bottle, can)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Light Beer, e.g., Bud Light (1 glass, bottle, can)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Red wine (5 oz. glass)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
White wine (5 oz. glass)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Liquor, e.g., vodka, gin, etc. (1 drink or shot)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tea with caffeine (8 oz. cup), including green tea		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decaffeinated coffee (8 oz. cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coffee with caffeine (8 oz. cup)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MISCELLANEOUS

		Never, or less than once per month	1-3 per month	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
Cold breakfast cereal (1 cup) fortified calcium/vit D		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cold breakfast cereal (1 cup) not fortified		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peanut butter (1 Tbs.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is your peanut butter fortified with omega-3? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know										
Oil used for food prep - soybean or canola (1 Tbs.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oil used for food prep - NOT soy or canola (1 Tbs.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pizza (2 slices)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad dressing		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Type of salad dressing <input type="radio"/> Nonfat <input type="radio"/> Low-fat <input type="radio"/> Olive oil <input type="radio"/> Other vegetable oil										
Peanuts (small packet or 1 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walnuts (1 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other nuts (small packet or 1 oz.)		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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