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Please fill in the circles below to show whether you have taken anti-inflammatory medicines (sometimes called NSAIDs) for **at least two of the last five years**, and if so, how often you took them.

First, please think about Aspirin-containing medicines (e.g., Bufferin, Ecotrin, Disprin, Empirin, Ascriptin, Lortab, Norgesic, etc.).

I used these medicines for at least two years during the last 5 years and the usual frequency was:

- Less than
once/week
- Several times
per week
- Once
each day
- Several
each day

Second, please consider other non-Aspirin NSAIDs such as Aleve, Anaprox, Celebrex, Arthrotec, Clinoril, Dolobid, Naproxin, Indocin, Mobic, Motrin, Ibuprofen, Nalfon, Neoprofen, Preactid, Voltaren, and others. DO NOT include acetaminophen (Tylenol) or steroids (such as prednisone).

I used these medicines for at least two years during the last 5 years and the usual frequency was:

- Less than
once/week
- Several times
per week
- Once
each day
- Several
each day

I never used either of these types of medicine, or for less than 2 of the last 5 years.

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Please check your contact details printed below. Make corrections or updates in the space to the right. It is important that we can keep in contact with you. We again promise that your details are kept absolutely confidential.

You have now finished.

Thank you again for your continued and most valuable support of AHS-2.

Please mail this form in the enclosed postage paid envelope to us at Adventist Health Study-2, 24785 Stewart St, Room #203, Loma Linda, CA 92350

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