

ATBC STUDY
ANNUAL FOLLOW-UP FORM C
(Replaces form B on annual visits)

1. Study ID ____-__-__
2. Date of examination ____/____/19__; full hour ____
3. Weight _____ kg
4. Blood pressure ____/____ mmHg
5. Pulse ____/30 s
6. Sight: without glasses ____ r/l ____
with glasses ____ r/l ____

- | 7. DYSPNOEA | | No | Yes |
|-------------|--|----|-----|
| 7.1 | Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? (If "No", proceed to item 8). | 0 | 1 |
| 7.2 | Do you get shortness of breath walking with other people of your own age on level ground? (If "No", proceed to item 8). | 0 | 2 |
| 7.3 | Do you have to stop because shortness of breath when walking at your own pace on level ground? (If "No", proceed to item 8). | 0 | 1 |
| 7.4 | Do you have shortness of breath even when just standing and e.g. washing or dressing? | 0 | 2 |

8. CHEST PAIN ON EFFORT QUESTIONS

- 8.1 Have you ever had pain or discomfort in your chest?
 - 1 No
 - 2 Yes (proceed to question 8.3)
- 8.2 Have you ever had pressure or heaviness in your chest?
 - 1 No (proceed to item 9)
 - 2 Yes
- 8.3 Do you get it when you walk uphill or hurry on level ground?

- 1 No (proceed to question 8.9)
- 2 Yes
- 3 Never hurries or walks uphill

8.4 Do you get it when you walk at an ordinary pace on the level?

- 1 No (if 8.3 = 3, proceed to question 8.9)
- 2 Yes

8.5 What do you do if you get it while you are walking? (Record "Stop or slow down if subject carries on after taking nitroglycerine.)

- 1 Stop or slow down
- 2 Carry on (proceed to question 8.8)

8.6 If you stand still, what happens to it?

- 1 Relieved
- 2 Not relieved (proceed to question 8.8)

8.7 How soon?

- 1 10 minutes or less
- 2 More than 10 minutes

8.8 Is the symptom localized to:

	No	Yes
1 Sternum (upper or middle)	1	2
2 Sternum (lower)	1	2
3 Left anterior chest	1	2
4 Left arm	1	2
5 Other (If yes, shade the location)	1	2

8.9 Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

- 1 No
- 2 Yes

9. INTERMITTENT CLAUDICATION QUESTIONS

9.1 Do you get pain in either leg on walking?

- 1 No (proceed to item 10)
 - 2 Yes
- 9.2 Does this pain ever begin when you are standing still or sitting?
- 1 No
 - 2 Yes (proceed to item 10)
- 9/3 In what part of your leg do you feel it?
- 1 Pain includes calf/calves
 - 2 Pain does not include calf/calves (proceed to item 10)
- 9.4 Do you get it if you walk uphill or hurry?
- 1 No (proceed to item 10)
 - 2 Yes
 - 3 Never hurries or walks uphill
- 9.5 Do you get it if you walk at an ordinary pace on level ground?
- 1 No
 - 2 Yes
- 9.6 Does the pain ever disappear while you are walking?
- 1 No
 - 2 Yes (proceed to item 10)
- 9.7 What do you do if you get it when you are walking?
- 1 Stop or slow down
 - 2 Carry on (proceed to item 10)
- 9.8 What happens to it if you stand still?
- 1 Relieved
 - 2 Not relieved (proceed to item 10)
- 9.9 How soon?
- 1 10 minutes or less
 - 2 More than 10 minutes

Those subject answering "yes" to question 9.5 are asked the following question:

9.10 When you walk at an ordinary pace on level ground, how many meter can you walk before the leg pain appears?

After walking _____ m

10. COUGH NO YES

10.1 Do you usually cough first thing in the morning in the winter?
(Count a cough with first smoke or on "first going out of doors".
Exclude clearing throat or a single cough.) 0 1

10.2 Do you usually cough during the day or at night in the winter?
(Ignore an occasional cough.) 0 2

Those men answering "yes" to one or both of the preceding questions are asked furthermore:

10.3 Do you cough like this on most days for at least 3 months each year? 0 4

11. PHLEGM

No Yes

11.1 Do you usually cough up phlegm from your chest first thing in the morning in the winter? 0 1

11.2 Do you usually cough up phlegm from your chest during the day, or at night, in the winter? (Yes means twice or more). 0 2

Those men answering "yes" to one or both of the preceding questions are asked furthermore:

11.3 Do you cough up phlegm like this on most days for at least 3 months each year? 0 4

FOR EVERYONE:

11.4 In the past 3 years have you had a period of (increased) cough and phlegm lasting for 3 weeks or more?

- 1 No
- 2 Once
- 3 More than once

12. Grayness of hair

- 1 No gray hair
- 2 Less than 25%
- 3 About 25%
- 4 About 50%
- 5 About 75%
- 6 Almost all hair gray
- 7 All hair gray
- 8 Bald or almost bald
- 9 Dyed hair

13. Has the subject had any difficulties to get to the follow-up visit.

- 0 no difficulties
- 1 laborious journey, high traveling costs
- 2 difficult to get during working hours (employer _____)
- 4 other reasons; what? _____

14. Since the last visit has the subject had symptoms which he suspects were caused by the capsules?

- 0 No
- 1 Yes; positive; what? _____
- 2 Yes; negative; what? _____

15. When checking the question No. 2 on follow-up form A, verify if any cancer has been diagnosed since the previous visit.

- 1 No
- 2 Yes (Fill in the Cancer End-point Form)

16. The amount of returned capsules or participant's estimate of the number of remaining capsules.

Capsule package	reserve cap. pack.	amount	counted	estimated	period or running no.
_ 1	_ 2	_____	_ 1	_ 2	_____

17. Daily dose.

- 1 Normal; one capsule daily
- 2 abnormal; one capsule every second day

18. How many days during the past follow-up period was the longest continuous pause during which the subject did not take capsules?

_____ days.

What was the reason for this longest pause? The reason is inquired only if the pause was longer than three days.

- 1 forgot to take the capsules
- 2 the capsules had run out
- 3 the capsules had gotten lost
- 4 the subject had been traveling, in hospital etc and forgot the capsules home
- 5 the subject had been sick and stopped at his own initiative taking the capsules
- 6 a physician has recommended to keep a pause
- 7 side-effects, what? _____
- 8 other reason, what? _____

19. A full capsule package was given

- 0 No
- 1 Yes, for period _____

20. A reserve capsule package was given

- 0 No
- 1 yes, running no. _____

21. Date of next examination _____ / _____ 199__, time _____

22. Interviewer code _____

23. Has any chest x-rays been taken after the previous visit?

- 1 No
- 2 Yes

24. Month and place of chest x-rays.

I _____ / _____ 19____

II _____ / _____ 19 _____
III _____ / _____ 19 _____