

ATBC STUDY
FOLLOW-UP FORM A

(Name and study ID are
printed on the first page)

1. Have you had any of the following illnesses since your last visit?

	No	Yes
"flu", common cold	0	1 (____) times
other upper respiratory tract infection	0	1
acute bronchitis	0	2
acute, transient diarrhea	0	1
acute prostatitis	0	2
superficial venous thrombosis or thrombophlebitis	0	4

2. Have you been consulting a physician or been in hospital care since your last visit?

1. no
2. yes; where and when? _____
why? _____

3. Have you had any of the following symptoms or troubles since you last visit?

	No	Yes
fatigue	0	1
poor appetite	0	2
insomnia	0	4
nausea	0	1
poor memory	0	2
difficulties to concentrate	0	4
headache	0	1
dizziness	0	2
visual weakening	0	4
anxiety, nervousness	0	1
depression	0	2
intestinal cramps	0	4
heartburn, pyrosis	0	1
flatulence	0	2
constipation	0	4
diarrhea	0	1
impotence	0	2
cutaneous scaling	0	4

yellowing of the skin	0	2
cutaneous itching	0	1
falling of hair	0	4
edema in legs	0	1
leg cramps	0	2
nocturnal restless legs	0	4
joint ache	0	1
muscle ache	0	2
walking pain in the hips	0	4
walking pain in the knees	0	1
nosebleed	0	2
bruises	0	4

4. Have you been bedridden at least one day because of backache since your last visit?

1. No
2. Yes

5. Have you smoked since your last visit?

1. No
2. Yes, but I have now stopped
3. Yes, continuously

6. How much do you smoke daily on an average at present?

- _____ manufactured cigarettes a day
- _____ self-made cigarettes day
- _____ pipes day
- _____ cigars a day

If you smoke manufactured cigarettes, mark down the brand you mainly smoke.

7. Have you used any vitamin or trace element preparation during the past 2 weeks. Write down also the name of the preparation and how many tablets or capsules you take daily.

1. no

2. yes; name of the preparation

daily dose

8. Have any changes occurred in the drugs prescribed by physician since your last visit?

1. No

2. Yes; started

- " -

dose changed

- " -

stopped

- " -

drug

present daily dose
