

ATBC STUDY  
FOLLOW-UP FORM B

1. Subject ID number \_\_\_\_\_
2. Date of examination \_\_\_\_/\_\_\_\_/19 \_\_\_\_; full hours \_\_\_\_\_
3. Has the subject had any difficulties to get to the follow-up visit.  
0 no difficulties  
1 laborious journey, high travelling costs  
2 difficult to get during working hours (employer \_\_\_\_\_)  
4 other reasons; what? \_\_\_\_\_
4. 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? \_\_\_\_\_
5. 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)
6. 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	_____
7. Daily dose.  
1 Normal; one capsule daily  
2 Abnormal; one capsule every second day
8. How many days during the past follow-up period was the longest continuous pause during which the subject did not take capsules?  
\_\_\_\_\_ days.

9. 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? \_\_\_\_\_
10. A full capsule package was given
- 0 No
  - 1 Yes, for period \_\_\_\_\_
11. A reserve capsule package was given
- 0 No
  - 1 yes, running no. \_\_\_\_\_
12. Date of next examination \_\_\_\_\_/\_\_\_\_\_/19\_\_\_, time \_\_\_\_\_
13. Interviewer code \_\_\_\_\_
14. Has any chest x-rays been taken after the previous visit?
- 1 No
  - 2 Yes
15. Month and place of chest x-rays.
- |     |                   |       |
|-----|-------------------|-------|
| I   | _____/_____/19___ | _____ |
| II  | _____/_____/19___ | _____ |
| III | _____/_____/19___ | _____ |