

1. Patient personal details

Insurance number:.....

First name:.....

Last name:.....

Date of birth:.....

Gender: female / male

Race: White / Black / Asian-Indian / Not known

Pediatric pancreatitis yes / no / N/A

Date of interview:

Institute
.....

Doctor code
.....

Blood sample code
.....

Date of blood sampling
.....

2. Details from the medical history

Alcohol consumption: yes / no / N/A
 if yes: frequency: N/A/occasionally/monthly/weekly/daily
 amount (g/occasion):..... N / A
 For how many years? (years):..... N / A

If not: Did you drink alcohol earlier? yes / no / N/A
 if yes: frequency: N/A/occasionally/monthly/weekly/daily
 amount (g/occasion):..... N / A
 For how many years? (years):..... N / A

Guide for estimation of the amount:
 1 dl beer (4.5 vol. %) = ~3.5 g alcohol
 1 dl wine (12.5 vol. %) = ~10 g alcohol
 1 dl hard drink (50 vol. %) = ~40 g alcohol

Smoking: yes / no / N / A
 if yes: amount (cigarettes/day):..... N / A
 For how many years? (year): N / A

If not: Did you smoke earlier? yes / no/N/A
 if yes: amount (cigarette/day):..... N / A
 For how many years? (years):..... N / A

Drug abuse: yes / no / N / A *Prescribed medication should not be included here.*
 if yes: type of drug:..... amount:.....
 For how many years? (year):..... N / A

Exposure to chemicals (e.g. occupational hazard): yes/no / N/A

if yes: substance:.....

For how many years?..... N / A

History of infectious disease:

HBV yes / no if yes: Year of diagnosis:

HCV yes / no if yes: Year of diagnosis:

HPV yes / no if yes: Year of diagnosis:

Other chronic infectious disease: yes / no

If yes, description:.....

Year of diagnosis:.....

Chronic bacterial infection: yes / no

If yes, description:.....

Year of diagnosis:.....

Other yes / no

If yes, description:.....

Year of diagnosis:.....

Diabetes mellitus: yes / no / N / A

if yes: type: N/A / Type I. / Type II. / Type III.c / MODY

since when (year):..... N / A

Lipid metabolism disorder: yes / no / N / A

if yes: since when (year):..... N / A

Any disease of the pancreas: yes / no / N / A

if yes: type: acute pancreatitis/ chronic pancreatitis/ autoimmune pancreatitis/ tumor/
other

if other:

If the patient had ACUTE PANCREATITIS in the history:

How many times did the patient have acute episodes before the diagnosis of pancreatic cancer:..... N / A

When did the patient have the first acute episode (year):.....N / A

name :..... amount:.....
 name :..... amount:.....

Diet: yes / no / N / A
 if yes: please describe:.....

BMI

Weight before the pancreatic cancer: _____ kg

Height: _____ cm

Body Mass Index (BMI) before the diagnosis of pancreatic cancer: _____ kg/m²

Notes.....

3. Symptoms and signs

Start date of symptoms:

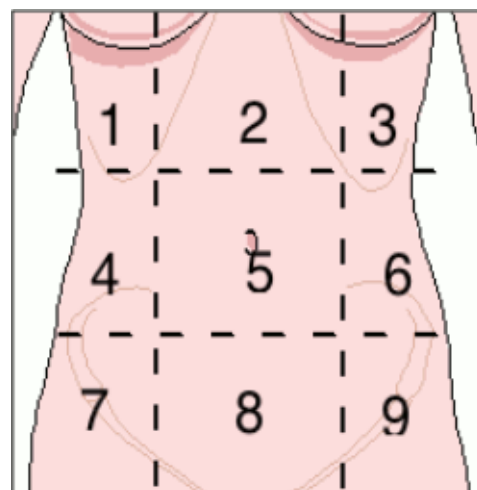
Abdominal pain at the time of diagnosis yes / no / N / A

if yes: since when:..... N / A

type: N/A/cramping / dull / sharp

intensity (1-10):..... N / A

location: N/A/localized/diffuse



Specify location (according to the picture):

Abdominal pain generally: yes / no/ N/A

if yes: behavior:

- N/A
- rarely
- often
- continuous pain, the use of analgesics helps to relieve pain
- continuous pain despite the use of pain relief medications

Nausea: yes / no/ N / A

Vomiting: yes / no/ N / A

if yes: how many times per day:..... N / A
 contents of cast: unknown/watery/containing food residue/bloody/containing bile

Recurrent fever: yes / no/ N / A
 if yes: since when:..... / N / A
 Temperature (axiliar) (°C):.....

Appetite: N / A / good / retained / bad

Weight loss: yes / no/ N / A

if yes: how long did it take:N / A how much (kg):.....N / A

Stool: normal / diarrhea / constipation / fatty / putrid / undigested food/bloody/mucus

Jaundice: yes / no/ N / A

Genetic testing

Has it been performed earlier: yes / no / N/A

If yes, please describe: