**FORM B – VISIT**

1. Personal data

Date:..................................................

PIN:……………………………………...

Appeared at the visit: yes/ no

 if no: cause: currently hospitalized/ died/ non-compliance / lost to follow-up / other: ………………

2. Personal and medical history (since last visit)

# 2.1 Harmful substances

**Smoking:**

Used tobacco product: conventional cigarette/ heated tobacco product (e.g. IQOS)/ e-cigarette/ other (pipe, chewing tobacco, dip, cigar):…………
 amount ( cigarette / day): …………………
 How long (month)? …………………………

**Alcohol consumption:**
 frequency: occasionally/monthly/weekly/daily
 amount (g/day):…………………………………
 cumulative alcohol consumption in the last 2 weeks: …………………..

*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*

**Coffee consumption:**
 frequency: occasionally/monthly/weekly/daily
 amount (espresso(s)/day):…………………………………
 cumulative coffee consumption in the last 2 weeks (espressos): …………………..

**Drug abuse**: yes / no (*Prescribed medication should not be included here.)* if yes: type of drug:…………………………………….

# 2.2 Co-morbidities DIAGNOSED SINCE ENROLLMENT

**Diabetes mellitus:** yes / no / no data
 if yes: **Type?** Type I / Type II / Type III. / MODY / no data
 **Date of diagnosis (years)?**.....................................

**Hypertension:** yes / no / no data
 if yes: **Date of diagnosis (years)?**...................

(choose yes, if the patient has medication for it - even if blood pressure is in the physiological range)

**COPD:** yes / no / no data
 if yes: **Date of diagnosis (years)?** ..................

**Asthma:** yes / no / no data
 if yes: **Date of diagnosis (years)?**..................

**Other chronic respiratory disease:** yes / no / no data
 if yes: ............................ **Date of diagnosis (years)?**..... …… ...

(emphysema, silicosis, chronic bronchitis, pulmonary fibrosis, sarcoidosis, in case of any doubt ask the physician)

**Autoimmune disease:** yes / no / no data
 if yes: ............................ . **Date of diagnosis (years)?**................

(inflammatory bowel disease, SLE, rheumatoid arthritis, Sjögren's syndrome, Basedow's disease, Hashimoto's thyroiditis, scleroderma, Reiter's syndrome, multiple sclerosis, anemia perniciosa, celiac disease, autoimmune hepatitis, PBC, PSC, ITP, in case of any doubt ask the physician)

**Cardiovascular diseases**: yes / no / no data
 if yes: **type**: IHD / STEMI / NSTEMI / infarction/ angina / heart failure /cardiomyopathy / peripheral vascular disease / other: ...................... .........

**Since when (date: year)?** ..........
if heart failure: **NYHA class**: I / II / III / IV.

(IHD: ischemic heart disease, STEMI and NSTEMI AMI, ie subtypes of acute myocardial infarction; infarction: if data about ST-elevation is not available cardiomyopathy: DCM, ie dilatative, HCM i.e. hypertrophic, RCM i.e. restrictive peripheral vascular disease: generalized atherosclerosis, bypass, stent if heart failure develops as a consequence of any of these disease, please indicate it here separately)

**Cirrhosis of the liver:** yes / no / no data
 if yes: **Date of diagnosis (years)?** ......
 **Child class**: A / B / C

**Other chronic liver disease**: yes / no / no data
 if yes, please specify ..................... ................................. .....

 **Date of diagnosis (years)? ......... …………………….**....

(autoimmune hepatitis, PBC, PSC, adenoma, NAFLD, fatty liver, peilosis hepatis, intrahepatic cholestasis, chronic viral hepatitis, in case of any doubt the issue should be decided with medical help)

**Dialysis-dependent:** yes / no / no data
 if yes: **Since when (date: year)?** ... ...

**Other chronic kidney disease:** yes / no / no data
 if yes, please **specify:**............................... ............................. **Date of diagnosis** (years)? .............…

(decrease of eGFR may help; nephrosclerosis, cirrhosis of the kidney, renal artery stenosis, if the patient has only one kidney but it is working well then it should not be marked. In case of any doubt the issue should be resolved with medical help)

**2.3 Medications**

 name of medication:………..……..
 active substance:………………
 dose: …………. (number only!)
 unit: g / mg / IU

if fluid, concentration (e.g. 10%, 1g/2ml, etc.)……………………

how many times per day (e.g. 3): ………….

method of administration: intravenous / oral /rectal/ subcutan /transdermal /inhalative/intramuscular/nasal

other notes: ………………………………………

# 3. Laboratory tests

**Date of laboratory tests:**

**Full blood count:**

Red blood cell count (RBC)

Hemoglobin (HGB)

Hematocrit (HCT)

Mean corpuscular volume (MCV)

Mean corpuscular hemoglobin (MCH)

Mean corpuscular hemoglobin concentration (MCHC)

Platelet count (PLT)

Red cell distribution width (RDW)

White blood cell count (WBC)

Reticulocyte ratio (relative to RBCs)

**Differential blood count:**

Neutrophil, segmented

Neutrophil, band form

Neutrophil, metamyelocyte (juvenile form)

Eosinophil count

Basophil count

Monocyte count

Lymphocyte count

**Hemostatic parameters:**

international normalized ratio (INR)

prothrombin time

**Ions:**

Sodium

Potassium

Calcium

**Metabolites:**

Total bilirubin (TBIL)

Direct reacting bilirubin (DBIL)

Glucose

Blood urea nitrogen (BUN)

Creatinine

Total cholesterol

HDL-cholesterol

LDL cholesterol

Triglycerides

**Proteins:**

Albumin

Total protein

C-reactive protein (CRP)

**Enzymes:**

alpha-amylase

lipase

alanin-aminotransferase (ALAT/GPT)

aspartate-aminotranspherase (ASAT/GOT)

phosphatase (ALP)

gamma-glutamyl-transpeptidase (GGT)

lactate dehydrogenase (LDH)

# 4. Quit-smoking products and strategies

Nicotine replacement therapy (patch, inhaler, gum, lozenge, spray, strip etc.): yes/ no

Bupropion: yes/ no

Varenicline: yes/no

Exercise program: yes/no

Applications/websites: yes/no

Self-help program/ methods: yes/no

Help from a specialist: yes/no

Other: …………………………………………………………………………………………..

# 5. Alcohol quitting strategies

Pharmacotherapy (disulfiram, GHB, naltrexone, nalmefene etc.): yes/ no

Treatment by addictologist: yes/ no

Psychotherapy: yes/ no

Self-help program/methods: yes/ no

Alcoholics Anonymous or similar groups: yes/ no

Institutional rehabilitation/ detoxification: yes/ no

Other: …………………………………………………………………………………………………

# 6. Admission SINCE ENROLLMENT/LAST FOLLOW-UP

Presentation at the emergency room: yes/no

if yes:

 date:

 cause: alcohol-related/ non-alcohol related

 diagnosis: pancreatitis / other: …………………….

Admission: yes/no

if yes:

 date:

 cause: alcohol-related/ non-alcohol related

 diagnosis: pancreatitis / other: …………………….

 Length of stay: (days)

**7. Biobank samples**

Type: serum/ plasma/ urine / hair

Date of sample collection:

Code:

**Comments:**