

VITAL SIGNS AT VISIT

59. Current weight lbs
60. Height inches
61. Blood pressure

SYMPTOM ASSESSMENT

SUMMARY GRADES

Summary of Form 52

Summary of Form 52 table with columns: Symptom, Grade, Grade?, Cause?, Yes/No checkboxes. Includes items like Skin redness, Skin dryness, etc.

Summary of Self-Administered Forms 12/14/96

(Q. 62-64)

Score

Summary of Self-Administered Forms section with questions 62-77 regarding headaches, anxiety, nosebleeds, stomach problems, bowel problems, depression, and weight loss.

Questions 78-88 have been renumbered 65E-77E.

89. SUPPLEMENTAL VITAMIN USE

Do you take supplemental vitamins?

0 No
1 Yes

89.1 Did you bring your supplemental vitamin bottles with you?

0 No
1 Yes

Table for supplemental vitamins with columns: Supplement brand name, Vitamin A, Vitamin E, Beta-Carotene. Includes 'TOTALS' and 'Unknown values' rows.

Counsel all participants to keep vitamin A supplement intake under 5,500 IU per day and to take no beta-carotene supplements.

90. What actions were taken to assist the participant in smoking cessation? (Mark all that apply.)

0 None
1 Counseling
2 Gave printed information
3 Outside referral
4 Other, specify

91. VITAMINS DISPENSED

Table for vitamins dispensed with columns: Enrollment, Follow-up vitamins, Bottle Number, Question Deleted.

Vanguard Only: Exceed threshold level?

92. SGOT
93. Alk. phosphatase
0 No
1 Yes
8 Not done