

DIGITALIS INTERVIEW

Social security code

_____ - _____

Name

Locality

Id number

Date

_____ - _____

Observer

For interviewer: trade marks of digitalis preparations:

Caradrin, Cardigoxin, Cedilanid, Cedoxin, Celanata, Digitoxin, Digoxin, Lanadix, Lanasid C, Lanoxin, Medigoxin, Talusin.

1. Trade mark and strength of digitalis preparation _____

2. Dosing schedule _____ Prescription seen No
Yes

3. For how many years have you been taking this medicine regularly or fairly regularly? (Less than one year = 00) _____ years

4. When did you last take this medicine? _____
day month year hour min

5. At what time do you usually take this medicine? (tick off one or more alternatives)

	No	Yes
early morning	0	1
late morning	0	1
afternoon	0	1
evening	0	1

6. Have you felt sick or nauseated regularly or repeatedly? No (go to question 8)
Yes

7. At what time do you usually feel this? (tick off one or more alternatives)

	No	Yes
early morning	0	1
late morning	0	1
afternoon	0	1
evening	0	1
night	0	1

8. How long ago (months) was the prescription for this medicine last renewed during a personal visit (not by telephone)? (Less than one month = 00) _____ months

9. Blood sample taken _____
day month year hour min

10. Blood sample taken by _____

11. Serum separated and stored (at least 1 ml)