

(sending institution: please stamp here):

patient label
name, date of birth, address

phone: (_____) _____ - _____ extension
please

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ANAMNESIS FORM

AN

completion of staging

day	month	year

Trial: **AVD-Rev**

Case ID: CRF ID:

Symptoms:

I. B-symptoms:

- | | | |
|-----------------------------------|--------------------------|--------------------------|
| | yes | no |
| 1a weight loss of > 10%/6 mon. | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b fever of unknown origin > 38°C | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c night sweats | <input type="checkbox"/> | <input type="checkbox"/> |

II. other

- | | | |
|------------------------|--------------------------|--------------------------|
| 2 pruritus | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 alcohol-induced pain | <input type="checkbox"/> | <input type="checkbox"/> |

Laboratory Values:

- | | | | | |
|--------------|--|-----------------------------------|---|--|
| ESR | <input type="text"/> <input type="text"/> <input type="text"/> mm/1. h | Hb | <input type="text"/> <input type="text"/> <input type="text"/> g/dl | <input type="text"/> <input type="text"/> mmol/l |
| leuco. | <input type="text"/> <input type="text"/> <input type="text"/> x 10 ³ /μl | albumin
(absolute) | <input type="text"/> <input type="text"/> g/dl | |
| lympho. | <input type="text"/> % | if albumin absolute not measured: | | |
| thrombocytes | <input type="text"/> <input type="text"/> <input type="text"/> x 10 ³ /μl | total protein | <input type="text"/> <input type="text"/> g/dl | albumin <input type="text"/> % |
| erythrocytes | <input type="text"/> <input type="text"/> x 10 ⁶ /μl | creatinin clearance | ≥ 60 ml/min | yes <input type="checkbox"/> no <input type="checkbox"/> |

ECOG activity index:

- 0 = fully active, able to carry on all pre-disease performance without restriction
- 1 = restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, office work
- 2 = ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours.
- 3 = capable of only limited self-care, confined to bed or chair more than 50% of waking hours.
- 4 = completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.

CIRS-G Score evaluated: yes if yes, please send CRF "CIRS-G Rating"
(see App. 11) no

body weight kg height cm body surface m²

Presence of concurrent disease which does not count as exclusion criterion (see in- and exclusion criteria): no yes

If yes, please specify:

which? _____

medication (agent and dosage) ? _____

Remarks:

day	month	year

Investigator signature