

Blood collection

	<p><i>The following questions are referred to the 12 hours prior to the blood drawing which you just made.</i></p>				
x0bc01	Have you ate during the 12 hours prior to the blood drawing?	x0bc01	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	x0bc05
x0bc02	When have you ate the last time?	x0bc02	<input type="checkbox"/> 1 yesterday <input type="checkbox"/> 2 today		
x0bc03	At what time?	x0bc03	__ __ : __ __		
x0bc04	What did you eat?	x0bc04	<input type="checkbox"/> 1 Normal meal <input type="checkbox"/> 2 Snack		
x0bc05	Have you drunken the 8 hours prior to the blood drawing (except water)?	x0bc05	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	x0bc08
x0bc06	When have you drunken the last time (except water)?	x0bc06	__ __ : __ __		
x0bc07	What did you drink the last time (except water)?	x0bc07a x0bc07b x0bc07c x0bc07d x0bc07e	<input type="checkbox"/> 1 Coffee/tea without sugar/milk <input type="checkbox"/> 2 Coffee/tea with sugar <input type="checkbox"/> 3 Coffee/tea with milk <input type="checkbox"/> 4 Fruit juice, Cola/soft drink Other _____		
x0bc08	Have you drunken alcoholic drinks during the last 24 hours?	x0bc08	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	x0bc10
x0bc09		x0bc09c x0bc09a x0bc09b	Beer (dl) __ __ Wine/champagne (dl) __ __ Glass schnapps (of 20 ml) __ __		
x0bc10	How many cigarettes did you smoke the 3 hours prior to the blood drawing?	x0bc10	__ __		
x0bc11	During the last 10 days, did you had fever, an inflammation, an acute infection, or a viral infection (flu)?	x0bc11	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	