Personal national registration number ☐☐☐☐☐☐ – ☐☐☐☐

Date: ……

| | | Yes | No |
|---|---|---|---|
| 1) | Do you take any medication against ache and inflammation? | ☐ | ☐ |
| | (e.g. Magnesyl, Treo, Aspirin, Ipren, Voltaren, Diklofenak, Celebra) | | |
| | If "Yes", what? …….. | | |
| 2) | How old were you when you reached menopause? …….. | | |
| 3) | Have you used/do you use medicines with oestrogen? | ☐ | ☐ |
| | (e.g. Ovestrin, Kliogest, Trisekvensk, Premarina, Premelle) | | |
| | If "Yes", what? …….. | | |
| | What was/is the dosage? …… | | |
| | For how long have you used this medicine? …… | | |
| | What age were you when you *started* taking the medicine? …… | | |
| | What age were you when you *stopped* taking the medicine? …… | | |
| 4) | Have you taken antibiotics *the past year*? | ☐ | ☐ |
| | If "Yes", when? …….. | | |
| 5) | Do you take any other medications or natural remidies? | | |
| | If "Yes", what? …… | | |
| | …… | | |

| | | | Yes | No |
|---|---|---|---|---|
| 6) | Do you often get constipated? | | ☐ | ☐ |
| 7) | Have you been diagnosed with diabetes? | | ☐ | ☐ |
| | If "Yes", have you received | 1) Dietary council? | ☐ | ☐ |
| | | 2) Tablets? | ☐ | ☐ |
| | | 3) Insulin? | ☐ | ☐ |
| 8) | Do you smoke? | | ☐ | ☐ |
| | If "Yes", how many cigarettes per day? | ☐ cigarettes | | |
| | If "Yes", how old were you when you started? | ☐ years old | | |

| | | Yes | No |
|---|---|---|---|
| 9) | Have you smoked earlier in life?<br>If “Yes”, how old were you when you quit? ☐ years old | ☐ | ☐ |
| 10) | Are you lactose intolerant? | ☐ | ☐ |
| 11) | Do you regularly eat yogurt, sour milk with vitamin additives, or similar, which contain live bacterial cultures?<br>(e.g. Onaka, Verum hälsofil, among others) | ☐ | ☐ |

---

If we have further questions, can we contact you by phone? Yes ☐ No ☐

If “Yes”, please provide your phone number: ……..

What time is the most convenient for you to be contacted? ……..