

A.I.G.S.S.- Italian Association for the fight against Gerstmann Straussler Scheinker's disease

HEAD QUARTER: VIA ALFIERI 2- 20813-BOVISIO MASCIAGO (MB)-ITALY

CF: 91146390157 - <https://www.aigss-it.org/en/>



ANAMNESIS

MALE? _____ FEMALE? _____

AGE? _____

HEIGHT (CENTIMETER) _____

WEIGHT (KILOGRAMME) _____

KIND OF MUTATION:

P102L (YES/NOT) _____

A117V (YES/NOT) _____

H187R (YES/NOT) _____

G131V (YES/NOT) _____

F198S (YES/NOT) _____

Q217R (YES/NOT) _____

OTHER _____

SHORT QUESTIONS.

Have you got heart problems? (YES/NOT) _____

Are you celiac? (YES/NOT) _____

Do you take medicines? (YES/NOT) _____

If yes which? _____

Have you some problems with blood pressure? (YES/NOT) _____

Do you take oral anticoagulants drugs? (YES/NOT) _____

Are you asthmatic? (YES/NOT) _____

Do you suffer from kidney failure? (YES/NOT) _____

Do you suffer from epilepsy? (YES/NOT) _____

Do you smoke? (YES/NOT) _____

Are you diabetic? (YES/NOT) _____

Are you able to sleep peacefully at night?
(YES/NOT) _____

Do you remember when your symptoms started (back and / or leg pains)? (MONTH AND YEAR)

Could you tell something about your symptoms? (open question)

I (first name), (last name) declared to have told the truth.

Signature _____