

Appendix 2 Draft initial questionnaire,

To be attached to the draft flier

CLINICAL RESEARCH TRIAL OF ASTROLOGY AS A DIAGNOSTIC TOOL IN HEALTH BREAKDOWNS

I have had a recent breakdown in my health for which I have not yet had treatment, and would like to participate in this trial as a trialist or in the control group, and accept the conditions as stated in the trial brochure.

Name.....

Address.....

E mail address.....

Phone numbers.....

Date of birth.....Time of birth.....

Place of birth.....

My health breakdown is.....

Date of onset of my health breakdown.....

The conventional treatment for my breakdown is.....

My GP is.....

My GPs address and phone number is.....

Signed.....Date.....

...

For trial staff use

Transit 1.....

Transit 2.....

Transit 3.....

Transit 4.....

Transit start date.....

Transit end date.....

Trial participant accepted as a trialist number.....

Or control group number

And informed of the transit end date on.....

Please return this form to trial manager John Kapp, at 22, Saxon Rd Hove BN3 4LE 01273 417997, e mail johnkapp@btinternet.com, who will contact you and invite to an interview in Hove.