CODING VERSION

The Raine Study Gen2_27 year follow-up

PHYSICAL ASSESSMENT

Date:	Consent	☐ YES ☐ NO
IDnumber:	Blood consent	☐ YES ☐ NO
Name:	Blood sample collection	☐ YES ☐ NO
DoB:	Fasting blood	☐ YES ☐ NO
	Urine sample	☐ YES ☐ NO
	Feacal sample	☐ YES ☐ NO

☐ YES ☐ NO	Height	☐ YES ☐ NO	Waist/hip	
☐ YES ☐ NO	Weight	☐ YES ☐ NO	Skinfolds	
☐ YES ☐ NO	Sitting BP (1)	☐ YES ☐ NO	Eye tests	
☐ YES ☐ NO	Supine BP (2)	☐ YES ☐ NO	TiBS	RA ....
☐ YES ☐ NO	SphygmoCor	☐ YES ☐ NO	3D Photo	

☐ YES ☐ NO Faecal sample kit given ☐ YES ☐ NO Faecal Date returned: ....

☐ YES ☐ NO MRI appointment Date:............................. Attended: ☐ YES ☐ NO

☐ YES ☐ NO Referral Scanned

Participant questionnaire	☐ paper ☐ online	Completed ☐ YES ☐ NO
Food frequency	☐ paper ☐ online	Completed ☐ YES ☐ NO
Drink and caffeine diary		Completed ☐ YES ☐ NO
		Scanned ☐ YES ☐ NO
TiBs Questionnaire		Completed ☐ YES ☐ NO

Comments_______________________

____

Entered ☐ YES ☐ NO RA______

Checked ☐ YES ☐ NO RA______

CODING VERSION

Arm (cm): Y27_arm

BLOOD PRESSURE (Sitting) (5 mins rest) .... Y27_BPRA RA

Time Y27_BPtm **Arm Cuff size:** Y27_A6 **Temp** Y27_BPtp

Min	**BP**	**HR/Pulse**
0.	Sys______ /Dia	Y27_BP46/Y27_BP47 & Y27_BP48
2.	Sys______ /Dia	Y27_BP49/Y27_BP50 & Y27_BP51
4.	Sys______ /Dia	Y27_BP52/Y27_BP53 & Y27_BP54
6	Sys______ / Dia	Y27_BP55/Y27_BP56 & Y27_BP57
8	Sys______ / Dia	Y27_BP58/Y27_BP59 & Y27_BP60
10	Sys______ / Dia	Y27_BP61/Y27_BP62 & Y27_BP63

Ave SBP: Y27_AvSBP
Ave DBP: Y27_AvDBP
Ave HR: Y27_AvHR

ANTHROPOMORPHIC MEASURES .... RA

Height Y27_A2 ___cm Weight Y27_A1

BMI: Y27_BMI

BLOOD PRESSURE (Supine) (5 mins rest)... RA

Time .... **Temp.....................**

Min	**BP**	**HR/Pulse**
0.	Sys______ /Dia	Y27_BP10/Y27_BP11 & Y27_BP12
2.	Sys______ /Dia	Y27_BP13/Y27_BP14 & Y27_BP15
4	Sys______ /Dia	Y27_BP16/Y27_BP17 & Y27_BP18
6	Sys______ / Dia	Y27_BP19/Y27_BP20 & Y27_BP21
8	Sys______ / Dia	Y27_BP22/Y27_BP23 & Y27_BP24
10	Sys______ / Dia	Y27_BP25/Y27_BP26 & Y27_BP27

Sphyg Comments: Y27_SphygComm

ARTERIAL STIFFNESS (1min rest) .... Y27_SphyRA RA

PWA Y27_PWA Yes ☐ No Y27_PWA_SBP/Y27_PWA_DBP BP

PWV Y27_PWV Yes ☐ No Y27_PWVms1 m/s Y27_PWVms2 m/s

Carotid to sternal notch ________mm

Sternal notch to cuff ________mm

Femoral to cuff ________mm

Medication Y27_Med ____

CODING VERSION

ANTHROPOMORPHIC MEASURES .... Y27_AnRA .... RA

Waist	Y27_A12A cm	Y27_A12B cm	**Ave Waist:** Y27_A12	**W2H:** Y27_A14
Hip	Y27_A13A cm	Y27_A13B cm	**Ave Hip:** Y27_A13	

SKINFOLDS .... Y27_SkRA .... RA

Triceps	Y27_A7A mm	Y27_A7B mm	**Ave Hip:** Y27_A7C
Biceps	Y27_A11A mm	Y27_A11B mm	**Ave Hip:** Y27_A11C
Subscapular	Y27_A8A mm	Y27_A8B mm	**Ave Hip:** Y27_A8C
Abdominal	Y27_A10A mm	Y27_A10B mm	**Ave Hip:** Y27_A10C
Suprailiac	Y27_A9A mm	Y27_A9B mm	**Ave Hip:** Y27_A9C

EYE TESTS .... Y27_EyeRA .... RA

Do you normally wear glasses?	☐ Yes	☐ No	Y27_Glasses
Did you bring your glasses with you today?	☐ Yes	☐ No	Y27_Glasses_today
Do you normally wear contact lenses?	☐ Yes	☐ No	Y27_Contacts
Contact lenses with you today?	☐ Yes	☐ No	Y27_ Contacts _today

STATION 1

IPD Y27_IPD_PRE ....

Auto refraction **RS**............ **RC**............ **RA**........... **LS**............ **LC**............ **LA**............

K values Y27_RKVALUEH .Angl Y27_RKHAXIS L Y27_LKVALUEH le....... Y27_LKHAXIS

K values Y27_RKVALUEV .Angl Y27_RKVAXIS L Y27_LKVALUEV e....... Y27_LKVAXIS

Please attach AR printout to the page at end of the examination form ☐

STATION 2

With Glasses ☐ Yes ☐ No Y27_S2Glasses

VA **R**.. Y27_RVA **&** Y27_RVA_LM **L**... Y27_ LVA **&** Y27_LVA_LM

VA Pinhole **R**.. Y27_RVAPH **&** Y27_RVAPH_LM **L**... Y27_ LVAPH **&** Y27_LVAPH_LM

Autorefraction (see above)
RS: Y27_RSPHPRE **& RC:** Y27_RCYLPRE **& RA:** Y27_RAXISPRE
LS: Y27_LSPHPRE **& LC:** Y27_LCYLPRE **& LA:** Y27_LAXISPRE

CODING VERSION

STATION 3
Ocular Biometry ☐Right ☐Left Y27_OcularBiometryR & Y27_OcularBiometryL

	Right		**Left**	
Axial Length	Y27_RIOL_AXL		Y27_LIOL_AXL	
K Values	**K1**	Y27_IOL_RK1	**K1**	Y27_IOL_LK1
	K2	Y27_IOL_RK2	**K2**	Y27_IOL_LK2
AC Depth	Y27_RAC_DEP		Y27_LAC_DEP	
White on White	Y27_IOL_WOWR		Y27_IOL_WOWL	

Please attach IOL Master print out at the end of this form ☐

STATION 4 Y27_conjunct_photoR & Y27_conjunct_photoL
Conjunctiva Auto fluorescence Photography ☐Right ☐Left

Eye colour Photography ☐Yes ☐No Y27_eyecolour

Pterygium ☐Yes ☐No ☐Right ☐Left ☐Bilateral
Y27_pterygium Y27_pterygiumRLB

Notes Y27_eyenotes

3D PHOTO.. Y27_3DRA ....RA
3D Photo complete ☐ Yes ☐No Y27_3Dp

TiBS.. Y27_TiBsRA ...RA
☐ Yes ☐No **TiBs PA done:** Y27_TiBs