

# The Raine Study Parent Assessment

## PHYSICAL ASSESSMENT



Date: .....G126\_PA\_DAT.....  
 IDnumber: .....  
 Name: .....  
 DoB: .....

Consent Form  
 Blood and DNA Consent Form  
 Photo Consent Form  
 YES  NO blood sample  
 YES  NO DNA sample  
 Time Leaving in morning .....

<input type="checkbox"/> Medical conditions	<input type="checkbox"/> Height	<input type="checkbox"/> Neck Circumference
<input type="checkbox"/> Contact lenses removed	<input type="checkbox"/> Weight	<input type="checkbox"/> Pharyngeal Grade
<input type="checkbox"/> Resting Blood Pressure	<input type="checkbox"/> Hip/waist	<input type="checkbox"/> Mallampati
<input type="checkbox"/> Actigraph fitted	<input type="checkbox"/> Cogstate	<input type="checkbox"/> Mole count
	<input type="checkbox"/> Pre_Post Stanford Score	<input type="checkbox"/> Skin Impression
<hr/>		
Eye Tests <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Eye test appointment	<input type="checkbox"/> DXA scan
<hr/>		
<input type="checkbox"/> Pressure test	<input type="checkbox"/> Spirometry	
<input type="checkbox"/> Cold pain test	<input type="checkbox"/> 3D Photo	
<hr/>		
<input type="checkbox"/> Sleep set up	<input type="checkbox"/> Actigraph on in bed	
<input type="checkbox"/> Blood pressure pre-sleep	<input type="checkbox"/> Sleep Portrait photo	
<hr/>		
<input type="checkbox"/> Blood pressure morning	<input type="checkbox"/> Blood sample	<input type="checkbox"/> Urine sample
<hr/>		
<b>Questionnaires completed?</b>	<input type="checkbox"/> Sleep	<input type="checkbox"/> Participant
<hr/>		
<b>Follow up before leaving</b>		
<input type="checkbox"/> Actigraph Diary, RPE	<input type="checkbox"/> Sleep Feedback	<input type="checkbox"/> DXA sheet
<hr/>		

Hip actigraph (right)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hip Actigraph No .....
Wrist actigraph	<input type="checkbox"/> YES <input type="checkbox"/> NO	Wrist Actigraph No .....
Dominant handedness	<input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	
Actigraph on wrist (non dominant)	<input type="checkbox"/> RIGHT <input type="checkbox"/> LEFT	

Data Entered by ..... Date .....

Data checked by ..... Date .....

**BLOOD PRESSURE** (5 mins rest) RA .....G126\_BP\_RA.....

BP - Time of day of assessment (24hr)	G126_BP_TIM
BP - Temperature of assessment room (c)	G126_BP_TMP

Cuff size G126_CUFF	1	<input type="checkbox"/> Small/Child
	2	<input type="checkbox"/> Adult/Normal/Medium
	3	<input type="checkbox"/> Large
	4	<input type="checkbox"/> Thigh

Min	Systolic	Diastolic	Resting
0	G126_BP46	G126_BP47	G126_BP48
2	G126_BP49	G126_BP50	G126_BP51
4	G126_BP52	G126_BP53	G126_BP54
6	G126_BP55	G126_BP56	G126_BP57
8	G126_BP58	G126_BP59	G126_BP60
10	G126_BP61	G126_BP62	G126_BP63

**SLEEP PHYSIOLOGY Measurements**.....G126\_PS\_RA.....RA

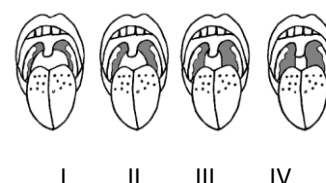
**Neck Circumference:** *Measured at level of cricoid cartilage.*

(1) \_\_\_\_\_G126\_NEC\_\_\_cm      (2) \_\_\_\_\_G126\_NEC2\_\_\_cm



Subject seated with head neutral, mouth fully open and tongue maximally protruded. Subject instructed not to talk. Oropharynx viewed from patient's eye level and classified as follows

Pharyngeal Grade G126_PGG	1	Class 1: Palatopharyngeal arch intersects at the edge of the tongue
	2	Class 2: Palatopharyngeal arch intersects at 25% or more of the tongue diameter.
	3	Class 3: Palatopharyngeal arch intersects at 50% or more of the tongue diameter.
	4	Class 4: Palatopharyngeal arch intersects at 75% or more of the tongue diameter.



Depressed Tongue     yes     no

G126\_PGDE

Mallampati Class G126_MPC	1	Class 1: soft palate, fauces, uvula and tonsillar pillars visible
	2	Class 2: soft palate, fauces and uvula visible
	3	Class 3: soft palate and base of uvula visible
	4	Class 4: soft palate not visible



Depressed Tongue     yes     no

G126\_MDE

**ANTHROPOMORPHIC MEASURES**

RA ..... **G126\_ANTH\_RA**.....

<b>G126_A2</b>	Height - m	<b>G126_BMI</b>
<b>G126_A1</b>	Weight - kg	Body mass index (kg/m2)
<b>G126_A12A</b>	Waist girth measurement 1 (cm)	<b>G126_A12</b>
<b>G126_A12B</b>	Waist girth measurement 2 (cm)	Waist girth average (cm)
<b>G126_A13A</b>	Hip measurement 1 (cm)	<b>G126_A13</b> Hip average (cm)
<b>G126_A13B</b>	Hip measurement 2 (cm)	<b>G126_A14</b> Waist-Hip ratio

RA.....**G126\_COG\_RA**.....

<b>COGSTATE</b> : <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>G126_COG_DONE</b>
For the TEST, <b>SEE OK ? Y/N</b>	<b>G126_COG_OK</b>
For the TEST, <b>HEAR OK ? Y/N</b>	<b>G126_COG_HOK</b>
<b>TIME STARTED</b> (24hr clock)	<b>G126_COG_TIMS</b>
<b>TIME COMPLETED</b> (24hr clock)	<b>G126_COG_TIMF</b>
<b>Time since last COFFEE</b> (24hr)	<b>G126_COG_CoffT</b>
Number of coffee in last 24hrs	<b>G126_COG_CoffN</b>
<b>Time since last TEA</b> (24hr)	<b>G126_COG_TeaT</b>
Number of tea in last 24hs	<b>G126_COG_TeaN</b>
<b>In the last 24 hours?</b>	
Drugs <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>G126_COG_DG</b>
Alcohol <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>G126_COG_ALC</b>
Medications <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>G126_COG_MED</b>
<b>Current smoker?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>G126_COG_SMK</b>
if YES,	
Time of last cigarette - default time is 00:00	<b>G126_COG_SMKT</b>
<b>STANFORD SLEEPINESS SCALE</b>	
Before Cogstate (Current Rating (1-7))	<b>G126_COG_BSSS</b>
After Cogstate (Current Rating (1-7))	<b>G126_COG_ASSS</b>
<b>Cogstate Comments</b> .....	
<i>Note anything that happened during test, eg phone went off</i>	<b>G126_COG_COM</b>

MOLE COUNTS (RA) ..... G126\_MC\_RA .....

Right Upper Arm

	Front	
	Total	Raised
< 2mm	G126_MC_RUA_FTOT1	G126_MC_RUA_FR1
2-5mm	G126_MC_RUA_FTOT2	G126_MC_RUA_FR2
>5mm	G126_MC_RUA_FTOT3	G126_MC_RUA_FR3
Atypical	G126_MC_RUA_FAPT	

	Back	
	Total	Raised
< 2mm	G126_MC_RUA_BTOT1	G126_MC_RUA_BR1
2-5mm	G126_MC_RUA_BTOT2	G126_MC_RUA_BR2
>5mm	G126_MC_RUA_BTOT3	G126_MC_RUA_BR3
Atypical	G126_MC_RUA_BAPT	

1 or more of the following = Atypical: Discoloured, irregular border, ill defined border.

Right Lower Arm

	Front	
	Total	Raised
< 2mm	G126_MC_RUA_FTOT1	G126_MC_RUA_FR1
2-5mm	G126_MC_RUA_FTOT2	G126_MC_RUA_FR2
>5mm	G126_MC_RUA_FTOT3	G126_MC_RUA_FR3
Atypical	G126_MC_RUA_FAPT	

	Back	
	Total	Raised
< 2mm	G126_MC_RLA_BTOT1	G126_MC_RLA_BR1
2-5mm	G126_MC_RLA_BTOT2	G126_MC_RLA_BR2
>5mm	G126_MC_RLA_BTOT3	G126_MC_RLA_BR3
Atypical	G126_MC_RLA_BAPT	

Right Hand

	Palm	
	Total	Raised
< 2mm	G126_MC_RH_FTOT1	G126_MC_RH_FR1
2-5mm	G126_MC_RH_FTOT2	G126_MC_RH_FR2
>5mm	G126_MC_RH_FTOT3	G126_MC_RH_FR3
Atypical	G126_MC_RH_FAPT	

	Back	
	Total	Raised
< 2mm	G126_MC_RH_BTOT1	G126_MC_RH_BR1
2-5mm	G126_MC_RH_BTOT2	G126_MC_RH_BR2
>5mm	G126_MC_RH_BTOT3	G126_MC_RH_BR3
Atypical	G126_MC_RH_BAPT	

Date entry – zero if no moles

ASTHMA TESTING Please complete pre-test spirometry Qs (RA) .....G126\_SPIRO\_RA.....

SPIROMETRY	Test1	Test2	Test3	Predicted	
FVC	G126_FVC1	G126_FVC2	G126_FVC3	G126_FVCP	*largest value
FEV1	G126_FEV1	G126_FEV2	G126_FEV3	G126_FEVP	*largest value
FEV1/FVC	G126_FEV_FVC1	G126_FEV_FVC2	G126_FEV_FVC3	G126_FEV_FVCP	*from best test
FEF <sub>25-75</sub>	G126_FEF1	G126_FEF2	G126_FEF3	G126_FEFP	*from best test
FIVC	G126_FIVC1	G126_FIVC2	G126_FIVC3	G126_FIVCP	*largest value

Comments (Spirometry).....G126\_SPIRO\_COM.....

**MUSCULOSKELETAL DATA**

PRESSURE PAIN THRESHOLD (PPT) [RA] ..... G126\_BM\_RA.....

Site	Wrist	Leg	Neck	Back
Normal Sensation at test site? (Y/N)	G126_PPT_NSW	G126_PPT_NSL	G126_PPT_NSN	G126_PPT_NSB
Pressure Sensation (Y/N)	G126_PPT_PSW	G126_PPT_PSL	G126_PPT_PSN	G126_PPT_PSB
Trial 1 PPT	G126_PPT_PPW1	G126_PPT_PPL1	G126_PPT_PPN1	G126_PPT_PPB1
Trial 2 PPT	G126_PPT_PPW2	G126_PPT_PPL2	G126_PPT_PPN2	G126_PPT_PPB2
Trial 3 PPT	G126_PPT_PPW3	G126_PPT_PPL3	G126_PPT_PPN3	G126_PPT_PPB3
Trial 4 PPT	G126_PPT_PPW4	G126_PPT_PPL4	G126_PPT_PPN4	G126_PPT_PPB4

COLD PAIN THRESHOLD (CPT) [RA] .....

Site	Wrist
Cold threshold	G126_CPT_CPT
Trial 1 CPT	G126_CPT_CPT1
Trial 2 CPT	G126_CPT_CPT2
Trial 3 CPT	G126_CPT_CPT3
Trial 4 CPT	G126_CPT_CPT4

**CURRENT PAIN**

In the past week, have you had pain over any one of these test sites?

Site	Pain (Y/N)	If YES ⇔	Comments (musculo skeletal) G126_PRES_COM
Wrist	G126_PW		
Lower Leg	G126_PL		
Neck	G126_PN		
Back	G126_PB		

DEXA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for No	
DEXA report	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for No	
Skin Impression	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for No	
3-D Facial Photograph	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for No	

**SLEEP STUDY - ROOM NUMBER .....**

Sleep set up calibration RA/sleep technician	G126_CALIBRATED_TECH	Sleep set up portrait photo <input type="checkbox"/> Yes <input type="checkbox"/> No
Checked by	G126_SLCHECK_TECH	G126_SPP

**BLOOD PRESSURE READINGS**

**PRE- SLEEPING :** Time .....G126\_BPSL..... 24 hr clock

	Systolic	Diastolic	Resting
Min 0	G126_BPS1	G126_BPD1	G126_SHR1
Min 2	G126_BPS2	G126_BPD2	G126_SHR2
Min 4	G126_BPS3	G126_BPD3	G126_SHR3
Average	G126_BPS7	G126_BPD7	G126_SHR7

**WAKING :** Time .....G126\_WKBP..... 24 hr clock

	Systolic	Diastolic	Resting
Min 0	G126_BPS4	G126_BPD4	G126_SHR4
Min 2	G126_BPS5	G126_BPD5	G126_SHR5
Min 4	G126_BPS6	G126_BPD6	G126_SHR6
Average	G126_BPS8	G126_BPD8	G126_SHR8

**Time lights out** .....G126\_SLPT..... 24 hr clock

**Time woke up** .....G126\_WKT..... 24 hr clock

**Comment Sleep Study**

G126\_SL\_COM

### Medical Conditions

Do you have any allergies  NO  YES

If YES, what allergies (specifically skin related)

Do you tend to get up in the night  NO  YES

If YES, approximately how many times

Are you on current medication? Do you have your current medications with you?  NO  YES

If YES, do you have your current medication with you?  NO  YES

Do you have any medical conditions that may affect you in any way  NO  YES

If YES, please describe

### Pre-test Spirometry

Do you have a history of asthma or problems with your breathing such as COPD?  NO  YES

Are you taking any asthma medications (such as Ventolin, Bricanyl)?  NO  YES

If YES, have you taken any in the last 72 hours?  NO  YES

Have you had any eye/abdominal/thoracic surgery/injury in the past 4 weeks?  NO  YES

Does the participant have symptoms that might exclude testing such as uncontrolled coughing, wheezing, etc?  NO  YES

Have you been sick (as in flu) in the past 2 weeks?  NO  YES

Any recent serious illness (myocardial infarction, pulmonary embolism, etc)?  NO  YES

Does the participant show signs of the Inability to follow directions or control breathing?  NO  YES