**CODING VERSION**

# The Raine Study Gen2_27 year follow-up
## PHYSICAL ASSESSMENT

Date: ……

IDnumber: ……

Name: ……

DoB: ……

| | |
|---|---|
| Consent | ☐ YES ☐ NO |
| Blood consent | ☐ YES ☐ NO |
| Blood sample collection | ☐ YES ☐ NO |
| 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

**BLOOD PRESSURE (Sitting)** (5 mins rest) ..... G227_BP_RA RA

**Time** G227_BP_TIM **Arm Cuff size:** G227_CUFF **Temp** G227_BP_TMP

| Min | BP | HR/Pulse |
|---|---|---|
| 0. | Sys_____ /Dia _____ | _____ |
| 2. | Sys_____ /Dia _____ | _____ |
| 4. | Sys_____ /Dia _____ | _____ |
| 6 | Sys_____ / Dia_____ | _____ |
| 8 | Sys_____ / Dia_____ | _____ |
| 10 | Sys_____ / Dia_____ | _____ |

| Sitting Systolic blood pressure | Sitting Diastolic blood pressure | Sitting Resting heart rate |
|---|---|---|
| G227_BP46 | G227_BP47 | G227_BP48 |
| G227_BP49 | G227_BP50 | G227_BP51 |
| G227_BP52 | G227_BP53 | G227_BP54 |
| G227_BP55 | G227_BP56 | G227_BP57 |
| G227_BP58 | G227_BP59 | G227_BP60 |
| G227_BP61 | G227_BP62 | G227_BP63 |

**Ave SBP:** G227_AvSBP
**Ave DBP:** G227_AvDBP
**Ave HR:** G227_AvHR

**ANTHROPOMORPHIC MEASURES** ..... RA

Height G227_A2 ___cm Weight G227_A1 **BMI:** G227_BMI

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

**Time** .....

**Temp**.....

| Min | BP | HR/Pulse |
|---|---|---|
| 0. | Sys_____ /Dia _____ | _____ |
| 2. | Sys_____ /Dia _____ | _____ |
| 4 | Sys_____ /Dia _____ | _____ |
| 6 | Sys_____ / Dia_____ | _____ |
| 8 | Sys_____ / Dia_____ | _____ |
| 10 | Sys_____ / Dia_____ | _____ |

| Supine Systolic blood pressure | Supine Diastolic blood pressure | Supine Resting heart rate |
|---|---|---|
| G227_BP10 | G227_BP11 | G227_BP12 |
| G227_BP13 | G227_BP14 | G227_BP15 |
| G227_BP16 | G227_BP17 | G227_BP18 |
| G227_BP19 | G227_BP20 | G227_BP21 |
| G227_BP22 | G227_BP23 | G227_BP24 |
| G227_BP25 | G227_BP26 | G227_BP27 |

**CODING VERSION**

**ARTERIAL STIFFNESS (1min rest)** ..... G227_Sphy_RA ..... RA

**Sphyg Comments:**
G227_Sphyg_Com

G227_PWA_SBP/
G227_PWA_DBP

PWA G227_PWA ☐No _____/_____ BP

PWV G227_PWV ☐No G227_PWVms1 ___ m/s G227_PWVms2 ___ m/s

Carotid to sternal notch _____mm

Sternal notch to cuff _____mm

Femoral to cuff _____mm

Medication G227_Med _____ Y27_AnRA _____

**ANTHROPOMORPHIC MEASURES** ..... RA

| | | | | | |
|---|---|---|---|---|---|
| Waist | G227_A12A G227_A13A | cm | G227_A12B G227_A13B | cm | **Ave Waist:** G227_A12 **Ave Hip:** G227_A13 |
| Hip | | cm | | cm | |

**Waist-to-hip ratio:** G227_A14

G227_SF_RA

**SKINFOLDS** ..... RA

| | | | | |
|---|---|---|---|---|
| Triceps | _____ | mm | _____ | mm |
| Biceps | _____ | mm | _____ | mm |
| Subscapular | _____ | mm | _____ | mm |
| Abdominal | _____ | mm | _____ | mm |
| Suprailiac | _____ | mm | _____ | mm |

| | | | Average |
|---|---|---|---|
| **Triceps** | G227_A7A | G227_A7B | G227_A7 |
| **Biceps** | G227_A11A | G227_A11B | G227_A11 |
| **Subscapular** | G227_A8A | G227_A8B | G227_A8 |
| **Abdominal** | G227_A10A | G227_A10B | G227_A10 |
| **Suprailiac** | G227_A9A | G227_A9B | G227_A9 |

G227_EYE_RA

**EYE TESTS** ..... RA

| | | |
|---|---|---|
| Do you normally wear glasses? | ☐ Yes | ☐ No |
| Did you bring your glasses with you today? | ☐ Yes | ☐ No |
| Do you normally wear contact lenses? | ☐ Yes | ☐ No |
| Contact lenses with you today? | ☐ Yes | ☐ No |

G227_VISGLASS
G227_GLASSES
G227_VISCONT
G227_CONTACTS

## CODING VERSION

**STATION 1**

IPD G227_IPD_PRE .....

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

K values **RH** .....Angle..... **LH**.....Angle.....

K values **RV** .....Angle..... **LV**.....Angle.....

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

| | | | | |
|---|---|---|---|---|
| **Right** | G227_RKVALUEH | **h value** | G227_RKVALUEV | **v value** |
| | G227_RKHAXIS | **h axis** | G227_RKVAXIS | **v axis** |
| **Left** | G227_LKVALUEH | **h value** | G227_LKVALUEV | **v value** |
| | G227_LKHAXIS | **h axis** | G227_LKVAXIS | **v axis** |

**STATION 2**

With Glasses ☐ Yes ☐ No G227_VAGLASSES

VA **R**..G227_RVA & G227_RVA_LM **L**..G227_ LVA & G227_LVA_LM

VA Pinhole **R**..G227_RVAPH & G227_RVAPH_LM **L**..G227_ LVAPH & G227_LVAPH_LM

**Autorefraction (see above)**
**RS:** G227_RSPHPRE **& RC:** G227_RCYLPRE **& RA:** G227_RAXISPRE
**LS:** G227_LSPHPRE **& LC:** G227_LCYLPRE **& LA:** G227_LAXISPRE

**STATION 3**

**Ocular Biometry** ☐ Right ☐ Left G227_OcularBiometryR & G227_OcularBiometryL

| | **Right** | **Left** |
|---|---|---|
| Axial Length | G227_RIOL_AXL | G227_LIOL_AXL |
| K Values | **K1** G227_IOL_RK1 | **K1** G227_IOL_LK1 |
| | **K2** Yg227_IOL_RK2 | **K2** G227_IOL_LK2 |
| AC Depth | G227_RAC_DEP | G227_LAC_DEP |
| White on White | G227_IOL_WOWR | G227_IOL_WOWL |

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

**STATION 4**

Conjunctiva Auto fluorescence Photography ☐ Right ☐ Left G227_CONJUNCT_PHOTOR_DONE G227_CONJUNCT_PHOTOL_DONE

Eye colour Photography ☐ Yes ☐ No G227_CO_DONE

## CODING VERSION

Pterygium ☐Yes ☐No ☐Right ☐Left ☐Bilateral

G227_PTERYGIUM_DONE
G227_PTERYGIUM_LOCATION

| | Right | Left |
|---|---|---|
| **Pterygium present on nasal** | G227_OD_N_PTERYGIUM | G227_OS_N_PTERYGIUM |
| **Grade of pterygium on nasal** | G227_OD_N_GRADE | G227_OS_N_GRADE |
| **Pterygium present on temporal** | G227_OD_T_PTERYGIUM | G227_OS_T_PTERYGIUM |
| **Grade of pterygium on temporal** | G227_OD_T_GRADE | G227_OS_T_GRADE |

***Notes*** G227_EYE_NOTE

**3D PHOTO**..... G227_3Dp_RA ....RA

**3D Photo complete** ☐ Yes ☐No G227_3Dp_DON

**TiBS**..... G227_TiBs_RA ...RA

☐ Yes ☐No G227_TiBs_PA_DONE
G227_Tibs_Q_DONE