Participant Identification Label: ☐

Date: ☐☐/☐☐/☐☐

The ADDITION Study:
A study about screening for diabetes

Screening Case Report Form

You will need to have the following things done during the morning

Fasting blood samples	☐	Blood Pressure	☐
Health questionnaire	☐	Weight and Body Fat	☐
Hip/waist measurements	☐	Heart Tracing (ECG)	☐
2 hour blood samples	☐	Height	☐

Last blood samples due at ☐

Personal Details

Name:

Home Address:

Sex: Male ☐ Female ☐

Date of Birth: ☐☐/☐☐/☐☐☐☐

Contact Telephone Number

GP Name:

Practice Number:

Occupation:

NHS Number

Patients must not have any of the following:

Housebound	☐No
Terminal Illness	☐No
Pregnant or lactating	☐No
Be taking part in any other clinical trials	☐No
Active Psychotic illness which means patient cannot give informed consent	☐No

Consent

Consent taken: ☐ Yes

Consent for stored sample ☐ Yes ☐ No

(Do not take orange sample or 9ml brown sample if patient has not consented for samples to be stored)

Consent for Genetic Sample: ☐ Yes ☐ No

Blood Tests (venous whole blood) (fasting):

Orange 9ml ***(for freezer)***: ☐ Yes (Do not take if not consented for stored samples)

Brown 1 x 5ml, ☐ Yes

Brown 1 x 9ml ***(9ml for freezer)*** ☐ Yes (Do not take if not consented for stored samples)

Yellow 2.7ml: ☐ Yes

Red 2.5ml EDTA ☐ Yes

OGTT

394 mls lucozade: ☐ Yes Time started: _____

Urine Dipstick ☐ Yes

Result: Negative ☐ Other ☐ _____
(please specify)

MSU sent ☐ Yes ☐ No

MSU Result

Urine sample sent to lab ☐ Yes

Sample Spinning

Blood samples spun ☐ **Orange** Stored in rack: _____

Numbers: ☐ ☐

☐ ☐

Brown: Stored in rack:_____

Numbers: ☐ ☐

☐ ☐

INSTRUCTIONS FOR FREEZER SAMPLES:

Orange sample should be spun and pipetted into 4 x 1ml vials within 30 minutes and then transferred to –30 freezer. Yellow lids

Brown sample should be left to clot for 30 minutes and then spun and pipetted into 4 x 1ml vials and then transferred to –30 freezer. Brown lids

All samples should be taken down to -70 freezer at end of screening session.

If patient has not consented for genetics but has consented for stored samples please use a white label on top of coloured lid

Blood Pressure

Arm used for Blood Pressure Left ☐ Right ☐

Arm circumference ☐☐☐ cms

BP Cuff size used _____

Blood pressure 1: ☐☐☐ / ☐☐☐ mmHg
Systolic Diastolic

Blood pressure 2: ☐☐☐ / ☐☐☐ mmHg
Systolic Diastolic

Blood pressure 3: ☐☐☐ / ☐☐☐ mmHg
Systolic Diastolic

Average of last two = ☐☐☐ / ☐☐☐ mmHg
Systolic Diastolic

Smoking Status

Non-smoker ☐ Yes

Ex-smoker ☐ Yes

Date stopped smoking ☐☐/☐☐/☐☐

How Many Used to smoke Per Day? _____

Current smoker ☐ Yes

How Many Per Day? _____

Medical History: Does the patient have a history of:

MI	Yes ☐	No ☐
Heart Valve Disease	Yes ☐	No ☐
Heart Failure	Yes ☐	No ☐
Atrial Fibrillation	Yes ☐	No ☐
Angina	Yes ☐	No ☐
Stroke	Yes ☐	No ☐
Angioplasty/CABG	Yes ☐	No ☐
Leg Angioplasty/bypass	Yes ☐	No ☐
Peripheral Vascular Disease	Yes ☐	No ☐
High Blood Pressure	Yes ☐	No ☐
High Cholesterol	Yes ☐	No ☐
IGT/IFG	Yes ☐	No ☐
Gestational Diabetes	Yes ☐	No ☐
Polycystic Ovary Syndrome	Yes ☐	No ☐

Please list any other medical conditions such as recent surgery, asthma, epilepsy etc:

Does the patient currently take any new medications?

Yes ☐ No ☐ If 'yes', please enter details below:

Medication Type		Name of Medication	Reason for Use
ACE-Inhibitor	☐		
Alpha-Blocker	☐		
ARB	☐		
Beta-Blockers	☐		
Calcium Channel Blockers	☐		
Diuretics/Thiazides	☐		
Aspirin	☐		
Lipid Lowering – Statin	☐		
Lipid Lowering – Fibrate	☐		
Steroids	☐		
Glyceryl Trinitrate (GTN) (for angina)	☐		
Please state whether steroids are oral, inhaled or injected ☐ Oral ☐ Injected ☐ Inhaled			
Thyroid/Anti-Thyroid	☐		

Other drugs:

Drug Category	Trade Name
ACE-Inhibitors	**C**ilazipril; **E**nalapril; **F**osinopril; **I**midapril; **P**erindopril; **Q**uinapril; **R**amipril; **T**randolapril
Alpha-Blockers	**D**oxazosin; **I**nduramin; **P**haechromocytosin; **P**razosin; **T**erazosin;
ARB's Angiotensin-II receptor antagonists)	**C**andesartan; **E**prosartan; **I**rbersartan; **L**osartan; **T**elmisartan; **V**alsartan
B-Blockers	**A**cubatolol; **A**tenolol; **B**isoprolol; **C**arvedilol; **C**eliprolol; **L**abetolol; **M**etoprolol; **N**adolol; **N**ebivolol; **O**xprenonol; **P**indolol; **P**ropanolol; **S**otalol; **T**imolol
Calcium Channel Blockers	**A**mlodipine; **D**iltiazem; **F**elodopine; **L**acidipine; **L**ercanidipine; **N**icardipine; **N**ifedipine; **N**imodipine; **V**erapamil
Diuretis/Thiazides	**B**endrofluazide; **B**enzthiazide; **C**yclopenthiazide **H**ydrochlorothiazide; **I**ndapamide; **M**etolazone; **X**ipamide
Lipid Lowering: Statins Lipid Lowering: Fibrates	**A**torvastatin; **F**luvastatin; **P**ravastatin; **S**imvastatin **B**ezafibrate; **C**iprofibrate; **F**enofibrate; **G**emfibrozil;
Steroids/Corticosteroids	**B**udesonide; **D**iclometasone Dipropionate; **F**luticasone Propionate;
Thyroid/Anti-Thyroid Drugs	**C**arbimazole; **I**odine; **P**ropranolol; **P**ropylthiouracil; **T**hyroxine;

Family History

		Which family member and at what age?
Diabetes (ask which type)	Yes ☐	

Number of 1st degree relatives with diabetes (mother, father, brother or sister): ☐☐

Parent or sibling with diabetes: ☐ Yes

Parent and sibling with diabetes ☐ Yes

		Which family member and at what age?
Stroke	Yes ☐	
Peripheral Vascular Disease	Yes ☐	

Does the patient have a family history of Heart Disease? Yes ☐ No ☐

If 'yes', please enter details below:

Problem	Age	Which Family member

Blood Tests (120 mins)

Time taken: _____

Yellow 1 x 2.7 mls: ☐ Yes

Red 10 ml EDTA ***(genetic)*** ☐ Yes
(Do not take if patient has not consented for genetic analysis)

12 Lead ECG? ☐ Yes

Normal ☐ Abnormal ☐ (to be completed by Doctor)

Comments:

Has patient had ABPI? ☐ Yes ☐ No
(If yes, please complete separate CRF – ABPI)

Other Measurements

Height: ☐.☐☐ m Weight: ☐☐☐.☐☐kg

Waist Measurement: ☐☐☐cm Hip Measurement: ☐☐☐cm

Body Fat: ☐☐☐.☐% BMI: ☐☐

Final Diagnosis

Project Manager Use Only

Comments: Normal ☐ IFG ☐ IGT ☐ Both ☐ Diabetes ☐