

Bar code

Participant Study
Number:

| | | | | | | |
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ADDITION Plus 5-year measurement checklistCENTRE: Ely IMS Wisbech Other

Date _____ Arrival time _____ Departure time _____

| Yes | No | |
|-----|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | Blood sample taken |
| | | Plasma/Serum aliquots obtained |
| | | Urine sample taken |
| | | Urinalysis results entered onto the measurement form |
| | | Aliquot form completed (countersigned double check) _____ Time of sample despatch _____ |
| | | Food Frequency Questionnaire – completed and checked. Please also tick: Brought with ptpt <input type="checkbox"/>or..... Completed at visit <input type="checkbox"/> |
| | | Physical Activity Questionnaire - times checked and questionnaire completed. Please also tick: Brought with ptpt <input type="checkbox"/>or..... Completed at visit <input type="checkbox"/> |
| | | Addition Plus Questionnaire (white) – completed and checked. Please also tick: Brought with ptpt <input type="checkbox"/>or..... Completed at visit <input type="checkbox"/> |
| | | General Questionnaire - completed and checked |
| | | Cambridge 5 yr Questionnaire (salmon) – completed and checked |
| | | Case Record Form (Measurement Questionnaire) - completed and checked |
| | | ADDITION 5 yr Extra Measures - completed and checked |
| | | 1 ECG printout enclosed ECG Saved on computer |
| | | Expenses form completed |
| | | Car parking ticket given |
| | | Addition Plus Exercise and Screening Form – completed Treadmill screening questions reviewed (Comments on the measurement form) Check for BP, Rose Angina Q, medication, ECG [if available](Signature required) |
| | | Rest test carried out |
| | | Exercise test carried out |
| | | Monitor explanation <i>(check before volunteer departs)</i> AH Return Discussed Special Delivery Envelope Number <input type="text"/> Hand delivered <input type="checkbox"/> |
| | | Actiheart documents printed Actiheart no: <input type="text"/> |
| | | Has the Actiheart database been recorded and the Actiheart logged out? |
| | | Have the Rest and Exercise Test files been backed-up? |
| | | Is the volunteer's address and GP the same (Changes to be written on the CRF2) Date of change (address) Date of change (GP)..... |

Checklist completed by: