

BARCODE LABEL

**The Newcastle**



**Study**

# **GP Record Review**

The Institute for Ageing and Health



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## MISSING VALUE CODES FOR “KEY DIAGNOSES”

- If the diagnosis is recorded but no date:      enter 7777
- If there is no record of that diagnosis:      enter 8888



BARCODE LABEL

1-10

0 1

11-12

DATE OF BIRTH .....

D D M M Y Y

13-18

SEX

MALE.....1

FEMALE.....2

19

RESEARCH NURSE ID .....

[ ] [ ]

20-21

PRACTICE .....

[ ] [ ]

22-23

1. Reliability check

Yes.....1

No.....2

Item not completed.....0

24

2. 'GP Record Review only' participant

Yes.....1

No.....2

Item not completed.....0

25

3. Date of GP record review

D D M M Y Y

26-31

4. Date of first visit for Interview 1

Enter date of record review if RR only

D D M M Y Y

32-37

5. Time taken

Time at start .....

[ ] [ ] [ ] [ ]

38-41

Time at finish .....

[ ] [ ] [ ] [ ]

42-45

If >1 visit to complete then enter 9999 here and keep record of times to enter in total time taken.

Total time taken (minutes) .....

[ ] [ ] [ ]

46-48

**6. Were the paper records available?**

- Yes.....1
- No.....2
- Item not completed*.....0

49

**7. If yes, date paper records began**

Y	Y	Y	Y

50-53

If no paper records, enter 8888. If no records due to RIP, enter 9999

**8. Were the computer records available?**

- Yes.....1
- No.....2
- Item not completed*.....0

54

**9. If yes, date of earliest consultation on computer**

Y	Y	Y	Y

55-58

If no computer records, enter 8888

**NOTES:**



**A. MEDICATION**

0	2	11-12
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Enter details of all medication “active” for the calendar month prior to date of the first visit for Interview 1 (or calendar month prior to date of GP record review for RR only participants)

Please include creams, appliances, wound dressings etc

**A: Date of 1<sup>st</sup> visit for Interview 1  
or date of record review if RR only**

D	D	M	M	Y	Y

13-18

**B: Date 1 calendar month before A**

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19-24

**C: Date 6 calendar months before A**

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25-30

Record all meds prescribed/issued during the key month i.e. between date B and the day before date A

Also record any meds prescribed/issued in 5 months leading up to key month (between date C and day before date B) if likely that still active during key month.

When you have recorded all relevant medications, leave the remaining rows blank.

If there are NO relevant medications, enter 8 in the repeat/acute box and 888888 in the drug code box FOR THE FIRST ROW ONLY and leave the rest blank

Drug	Repeat (1), Acute (2), Prescribed by other (3), Unclear from Records (7), Omitted in error (0)	Drug Code							
1.								31-37	
2.								38-44	
3.								45-51	
4.								52-58	
5.								59-65	
6.								66-72	
7.								73-79	
8.								80-86	
9.								87-93	
10.								94-100	
11.								101-107	
12.								108-114	
13.								115-121	
14.								122-128	
15.								129-135	
							0	3	11-12

Drug	Repeat (1), Acute (2), Prescribed by other (3), Unclear from Records (7), Omitted in error (0)	Drug Code						
16.								13-19
17.								20-26
18.								27-33
19.								34-40
20.								41-47
21.								48-54
22.								55-61
23.								62-68
24.								69-75
25.								76-82
26.								83-89
27.								90-96
28.								97-103
29.								104-110
30.								111-117



**NOTES:**

**Peripheral vascular disease – relevant surgery/intervention**

Femoral – popliteal bypass, ileo-femoral bypass, ileal/femoral/popliteal artery angioplasty, amputation for vascular disease

**B. KEY DIAGNOSES: 'EVER' DIAGNOSES**

<b>0</b>	<b>4</b>	11-12
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**1. CARDIOVASCULAR**

Date (of event / diagnosis)

Y Y Y Y

<b>Angina Ischaemic heart disease (NOS)</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13-16
<b>Myocardial infarction</b> (Enter earliest event if >1) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	17-20
<i>MI/Heart attack/acute coronary syndrome</i>					
<b>If angina or MI, has the participant had an IHD check in the last 12 months?</b>					
<b>Yes</b> .....					<b>1</b>
<b>No</b> .....					<b>2</b>
<i>Not applicable</i> .....					<b>8</b>
<i>Item not completed</i> .....					<b>0</b> 21
 <b>Coronary angioplasty/ Coronary Stent</b> (enter earliest event if >1) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	 22-25
<b>CABG</b> (enter earliest event if >1).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	26-29
<b>Atrial fibrillation (AF)</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	30-33
<b>Atrial Flutter</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	34-37
<b>Heart Failure</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	38-41
<i>Left ventricular failure (LVF/LHF), right ventricular failure (RVF/RHF), cor pulmonale Congestive cardiac failure, pulmonary oedema</i>					
<b>Hypertension</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	42-45
<i>High blood pressure/HBP</i>					
<b>Systolic BP&gt;140 or diastolic &gt;90 and treatment started</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	46-49
<b>Pacemaker</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	50-53
<b>Peripheral vascular disease:</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	54-57
<i>(Intermittent claudication/rest pain, limb ischaemia, relevant surgery/intervention</i>					
<b>Stroke</b> (Enter earliest event if >1) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	58-61
<i>Cerebrovascular accident (CVA)</i>					
<b>Transient ischaemic attack</b> (Enter earliest event if >1) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	62-65
<i>TIA</i>					
<b>Carotid endarterectomy</b> (Enter earliest event if >1).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	66-69

## 2. CANCER

If no cancer diagnoses recorded, enter 88 in site code boxes and 8888 in date boxes for line 1 only and leave the rest blank.

	Site	Site Code	Date diagnosed				
			Y	Y	Y	Y	
1.	.....	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	70-75
2.	.....	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	76-81
3.	.....	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	82-87
4.	.....	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	88-93
5.	.....	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	94-99

## 3. ENDOCRINE

		Date diagnosed				
		Y	Y	Y	Y	
<b>DIABETES</b>						
Type 1 <i>Insulin dependent diabetes mellitus (IDDM)</i> .....		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	100-103
Type 2 <i>Non insulin dependent diabetes mellitus (NIDDM), Maturity onset DM</i> .....		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	104-107
Type unspecified .....		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	108-111
Impaired glucose tolerance <i>without documented DM</i> .....		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	112-115

### COMPLETE EITHER DM CATEGORIES OR IMPAIRED GTT OR NEITHER

If documented type 1, type 2 or type unspecified, have they had a DM check in the last 12 months?

Yes .....	1	
No .....	2	
<i>Not applicable</i> .....	8	
<i>Item not completed</i> .....	0	116

### THYROID DISEASE

	Y	Y	Y	Y	
Hyperthyroid <i>Thyrotoxicosis / Graves' Disease</i> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	117-120
Hypothyroid <i>Myxoedema</i> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	121-124

**NOTES:**



**4. EYE DISEASE**

Date (of event /  
diagnosis)

	Y	Y	Y	Y	
<b>Cataracts</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	125-128
<b>Cataract surgery</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	129-132
<b>Diabetic eye disease</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	133-136
<b>Glaucoma</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	137-140
<b>Age related macular degeneration:</b> <i>ARMD, Senile macular degeneration, MD</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	141-144
<b>Registered partially sighted</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	145-148
Reason .....			<input type="text"/>	<input type="text"/>	149-150
<b>Registered blind</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	151-154
Reason .....			<input type="text"/>	<input type="text"/>	155-156

## 5. FRACTURES

0	5	11-12
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Record all fractures documented from 1971 onwards

If no fractures recorded, enter 8 in the site code and cause boxes and 8888 in the date boxes for row 1. Leave the other rows blank.

Fracture site	Site	Cause	Date				
	Code		Y	Y	Y	Y	
1.....							13-18
2. ....							19-24
3. ....							25-30
4. ....							31-36
5. ....							37-42
6. ....							43-48
7. ....							49-54
8. ....							55-60
9. ....							61-66
10. ....							67-72
11. ....							73-78
12. ....							79-84
13. ....							85-90
14. ....							91-96
15. ....							97-102



**NOTES:**



## 6. LIVER DISEASE

	Y	Y	Y	Y	
<b>Abnormal liver function tests (without diagnostic label)</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103-106
<b>Alcoholic liver disease</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107-110
<i>(alcoholic fatty liver, alcoholic hepatitis, alcoholic cirrhosis)</i>					
<b>Non alcoholic fatty liver disease: non-alcoholic steatohepatitis</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111-114
<b>'Other' fatty liver disease: specify</b> ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115-118
<b>Hepatitis B liver disease (hepatitis/cirrhosis)</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119-122
<b>Hepatitis C liver disease (hepatitis/cirrhosis)</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	123-126
<b>Autoimmune Hepatitis</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	127-130
<b>'Other' Hepatitis: specify</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	131-134
<b>Primary Biliary Cirrhosis</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	135-138
<b>'Other' Cirrhosis: specify</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	139-142
<b>Haemachromatosis</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	143-146
<b>Primary Sclerosing cholangitis</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	147-150

**7. MUSCULOSKELETAL DISEASE**

Date of diagnosis

Y Y Y Y

<b>Osteoarthritis (1st date, any joint)</b>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					
Hip OA		13-16				
Left .....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					17-20
Right .....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					21-24
Knee OA						
Left.....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					25-28
Right .....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					29-32
Hand OA						
Left .....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					33-36
Right .....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					37-40
Cervical spondylosis <i>Neck OA</i> .....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					41-44
Lumbar spondylosis <i>Back OA / Spine OA</i> .....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					45-48
Generalised OA .....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					49-52
<b>Degenerative arthritis (not otherwise specified)</b>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					53-56
<b>Rheumatoid arthritis</b> .....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					57-60
<b>Ankylosing spondylitis</b> .....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					61-64
<b>Psoriatic arthropathy</b> .....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					65-68
<b>Other Arthritis (specify)</b> .....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					69-72
<b>Arthritis: Not otherwise specified</b> .....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					73-76
<b>Osteoporosis</b> .....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					77-80
<b>Kyphosis/kyphoscoliosis</b> .....	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					81-84

**NOTES:**



**Joint replacement / Arthroplasty: if >1 event, enter earliest event**

Left hip .....	<table border="1"> <tr> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Y	Y	Y	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13-16
Y	Y	Y	Y							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Right hip .....	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17-20				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Left knee .....	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21-24				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Right knee .....	<table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25-28				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

**8. NEUROLOGICAL DISEASE**

Date of diagnosis

Parkinson's disease .....	<table border="1"> <tr> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Y	Y	Y	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29-32
Y	Y	Y	Y							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

**9. PSYCHIATRIC DISEASE**

Date of diagnosis

Dementia / Alzheimer's disease .....	<table border="1"> <tr> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Y	Y	Y	Y	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33-36
Y	Y	Y	Y							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							

**10. RESPIRATORY DISEASE**

Date of diagnosis

	Y	Y	Y	Y	
<b>Asthma</b> ..... (exclude childhood asthma)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	37-40
<b>Chronic bronchitis</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	41-44
<b>Emphysema</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	45-48
<b>Chronic obstructive pulmonary disease (COPD) / <i>Chronic obstructive airways disease (COAD)</i></b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	49-52
<b>Bronchiectasis</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	53-56
<b>Pulmonary fibrosis</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	57-60
<b>Fibrosing alveolitis</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	61-64
<b>Asbestosis</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	65-68
<b>Pneumoconiosis (<i>coal miner's lung / black lung</i>)</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	69-72
<b>Tuberculosis (TB)</b> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	73-76



**NOTES:**



### C. KEY DIAGNOSES: 'EVENTS IN LAST 12 or 6 MONTHS'

Date 12 months prior to first visit for interview 1 .....

D	D	M	M	Y	Y

77-82

Enter date 12 months prior to GP Record review if RR only

Date 6 months prior to first visit for interview 1 .....

D	D	M	M	Y	Y

83-88

Enter date 6 months prior to GP Record review if RR only

#### 1. Blood pressure check in last 12 months

- Yes.....1
- No.....2
- Item not completed* .....0

89

Most recent value:   SYS ..... 

--	--	--

90-92

                          DIAS ..... 

--	--	--

93-95

Date ..... 

D	D	M	M	Y	Y

96-101

#### 2. Influenza vaccination in last 12 months

- Yes.....1
- No.....2
- Item not completed* .....0

102

#### 3. Depression in last 12 months

- Yes.....1
- No.....2
- Item not completed* .....0

103

#### 4. Medication review in the last 6 months

- Yes.....1
- No.....2
- Item not completed* .....0

104

## 5. Infections in last 12 months

Please review all paper and electronic documentation when completing this section. Make note of infection and prescription and code back at the office.

Please record ongoing infection as one episode from earliest onset UNLESS the same event has also required hospitalisation and then count hospitalisation as priority over presentation to GP

If no infections recorded, enter 8 in the site code, source and drug boxes and 8888 in the date boxes for row 1. Leave the other rows blank

When you have recorded all relevant infections, leave the remaining rows blank

<u>Infection Info.</u>	<u>Source</u>		<u>Drug Info.</u>	<u>Drug code</u>	<u>Date</u>						
	<u>Site Code</u>				D	D	M	M	Y	Y	
1.....		Hosp (1)	.....								105-115
2. ....		G.P (2)	.....								116-126
3. ....		Unclear (7)	.....								127-137
4. ....		Omit in error (0)	.....								138-148
5. ....			.....								149-159
6. ....			.....								160-170
7. ....			.....								171-181
8. ....			.....								182-192
9. ....			.....								193-203
10. ....			.....								204-214

Source

Hosp (1)

G.P (2)

Unclear  
(7)

Omit in  
error (0)

Infection Info.

Site  
Code

Drug Info.

Drug  
code

Date

D D M M Y Y

11.....			.....								215-225
12.....			.....								226-236
13.....			.....								237-247
14.....			.....								248-258
15.....			.....								259-269
16.....			.....								270-280
17.....			.....								281-291
18.....			.....								292-302
19.....			.....								303-313
20.....			.....								314-324

# D. CONSULTATIONS

0	8
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11-12

Please enter details of all consultations documented for the 12 months prior to the date of the first visit for interview 1 or 12 months prior to date of GP record review for RR only participants

When you have entered details of all relevant consultations, leave the remaining rows blank.

If there are NO relevant consultations documented, enter 8 in EACH of the boxes FOR THE FIRST ROW ONLY and leave the rest blank.

**Date 12 months prior to first visit for interview 1.....**

D	D	M	M	Y	Y

13-18

(Or date 12 months prior to GP record review for RR only participants)

	<b>Date</b>	<b>Professional seen</b>	<b>Type</b>	<b>3<sup>rd</sup> party?</b>												
	D D M M Y Y	GP: practice (01) GP: out of hours service (02) Practice Nurse (03) District Nurse (04) Health visitor (05) Dietician (06) Phlebotomist (07) Other (specify) (08) Not specified (09) Clerical (10) Not completed-error (90)	Surgery attendance (01) Home Visit (02) Telephone contact (03) Letter contact (04) e-mail contact (05) Other (specify) (06) Not specified (09) Not completed-error (90)	No (1) Yes (2) Unclear from records (3) Not completed-error (0)												
C1	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		19-29
C2	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		30-40
C3	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		41-51
C4	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		52-62
C5	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		63-73
C6	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		74-84
C7	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		85-95
C8	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		96-106
C9	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		107-117
C10	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		118-128
C11	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		129-139
C12	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>							<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> .....			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>		140-150

**NOTES:**





Date

Professional seen  
Professional seen

- GP: practice (01)
- GP: out of hours service (02)
- Practice Nurse (03)
- District Nurse (04)
- Health visitor (05)
- Dietician (06)
- Phlebotomist (07)
- Other (specify) (08)
- Not specified (09)
- Clerical (10)
- Not completed-error (90)

Type

- Surgery attendance (01)
- Home Visit (02)
- Telephone contact (03)
- Letter contact (04)
- e-mail contact (05)
- Other (specify) (06)
- Not specified (09)
- Not completed-error (90)

3<sup>rd</sup> party?

- No (1)
- Yes (2)
- Unclear from records (3)
- Not completed-error (0)

D D M M Y Y

C13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13-23
C14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	24-34
C15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	35-45
C16	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	46-56
C17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	57-67
C18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	68-78
C19	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	79-89
C20	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	90-100
C21	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	101-111
C22	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	112-122
C23	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	123-133
C24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	134-144
C25	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	145-155
C26	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	156-166
C27	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	167-177
C28	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	178-188
C29	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	189-199

**Date**
**Professional seen**
**Type**
**3<sup>rd</sup> party?**

GP: practice (01)  
 GP: out of hours service (02)  
 Practice Nurse (03)  
 District Nurse (04)  
 Health visitor (05)  
 Dietician (06)  
 Phlebotomist (07)  
 Other (specify) (08)  
 Not specified (09)  
 Clerical (10)  
 Not completed-error (90)

Surgery attendance (01)  
 Home Visit (02)  
 Telephone contact (03)  
 Letter contact (04)  
 e-mail contact (05)  
 Other (specify) (06)  
 Not specified (09)  
 Not completed-error (90)

No (1)  
 Yes (2)  
 Unclear from records (3)  
 Not completed-error (0)

D D M M Y Y

C30	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	<input type="text"/>	13-23
C31	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	<input type="text"/>	24-34
C32	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	<input type="text"/>	35-45
C33	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	<input type="text"/>	46-56
C34	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	<input type="text"/>	57-67
C35	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	<input type="text"/>	68-78
C36	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	<input type="text"/>	79-89
C37	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	<input type="text"/>	90-100
C38	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	<input type="text"/>	101-111
C39	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	<input type="text"/>	112-122
C40	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	<input type="text"/>	123-133

**NOTES:**