

**The Newcastle**



**Study**

**PHASE 5**

# **GP Record Review**

Institute of Health and Society



## Interviewer Instructions

- Throughout this document all **interviewer instructions** are in grey.

**Clarity and Data Quality: All interviewers must be ‘signed off’ from a data system e.g. EMIS, System 1 etc before undertaking GP record review data collection in that data system.**

- Use only blue or black biro to record actual data.
- Pencil should be used to make interviewer notes.
- Zeros, Z & 7 should all be crossed to avoid confusion with letter O, number 2 and 1.
- It is the interviewers’ responsibility to write legibly and clearly.
- Any changes should be scored through with a single line, initialled and correct response written alongside. It may be necessary to then complete a clarification form if the record review has been data entered.
- Ensure the most up to date version of the coding frame is referenced.
- When coding ‘other, specify options’ – please remember to specify actual details or the significance of the response is much reduced.
- If unsure about responses then document as much detail as possible in notes and discuss with Karen when returning to office.
- Upon completion log outcome in the recruitment database: date GP record review completed (use most recent date if split over several visits) & if GPRR not completed then document reasons why in appropriate comments section. This section can also be used to document other relevant information.

## Liaising with External Organisations

- Permission to access paper records at CSA for deceased participants **must** be co-ordinated via the study team.
- Permission to access computer and or paper records for participants who have moved outside Newcastle and North Tyneside but remain within the North East or Cumbria regions must be conducted using the ‘trace system’. This should be documented on the e form and the study team must be kept informed.

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### E. CONSULTATIONS IN PREVIOUS 12 MONTHS

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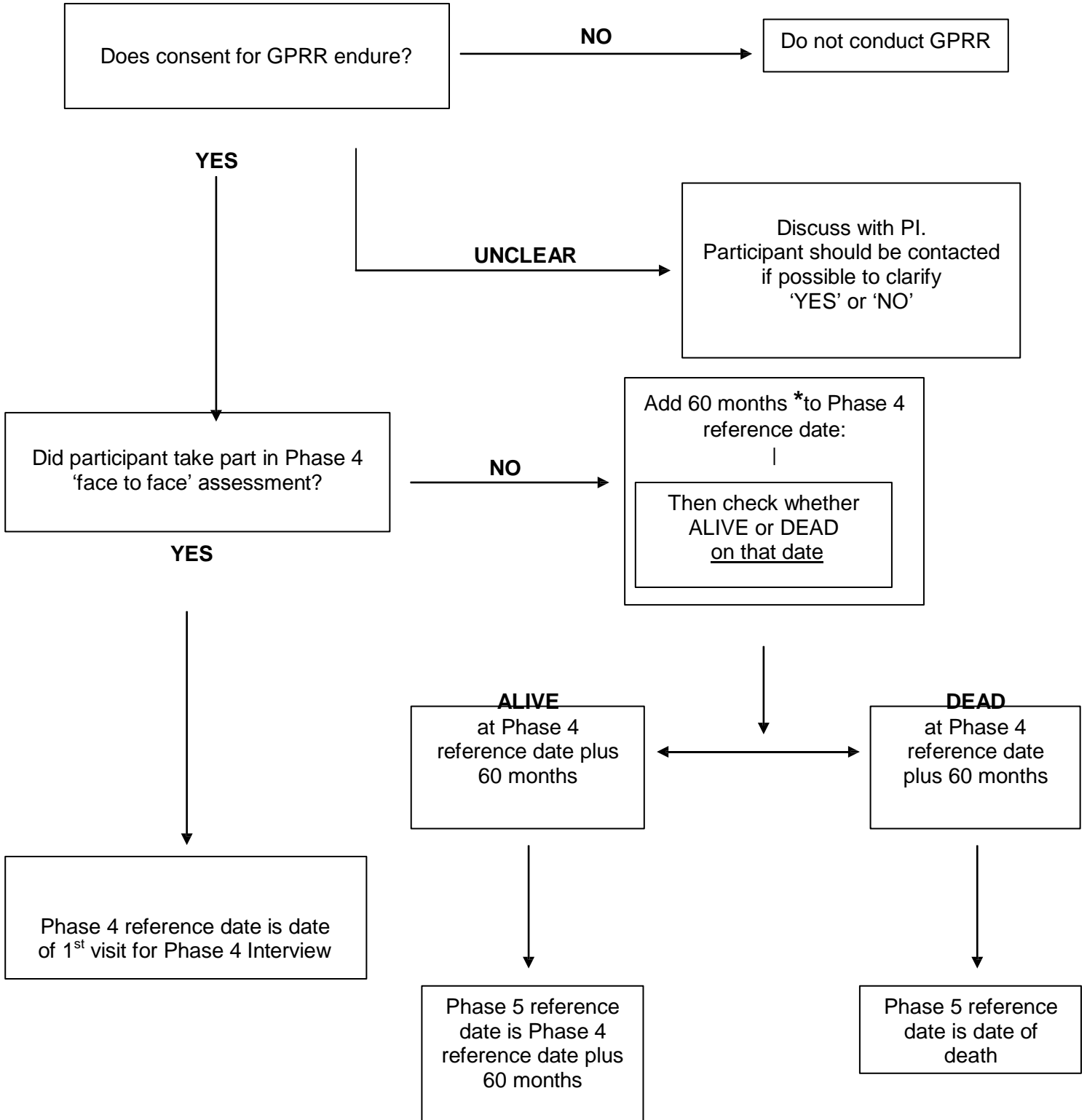
### G. CHANGE OF ADDRESS FORM

### H. CHANGE OF GP SURGERY FORM

## FLOW CHART FOR NEWCASTLE 85+ STUDY PHASE 5 GP RECORD REVIEW

### Interviewer Instructions:

- Also refer to GPRR electronic form for guidance.



**\* If Phase 4 reference date is 03/10/2011, the date 60 months on is 03/10/2016**

**A 'PROCESS' INFORMATION**

0	1
---	---

11-12

1. Date of birth .....

D	D	M	M	Y	Y

13-18

2. Sex

Male.....1  
 Female.....2

19

3. NHS Number

--	--	--	--	--	--	--	--	--	--

20-29

4. Researcher ID .....

.....

--	--

30-31

5. Is this a reliability check?

Yes..... 1  
 No.....2

32

**6. Phase 4 reference date**

Enter from GPRR form on database

D	D	M	M	Y	Y

33-38

**Interviewer instruction:**

- Follow GPRR database form and flow chart opposite to identify Phase 4 reference date.

7. Participated in Phase 4 'face to face' assessment?

Yes..... 1 Skip 8  
 No.....2

39

8. Was the participant alive or dead 60 months on from Phase 4 reference date?

Alive..... 1  
 Dead.....2  
 Unknown as moved out of country..... 3  
 Not applicable.....8

40

9. Is the participant address different to the one held on PID links?

- If yes, detach and complete the change of address form at the back of this document and follow change of address protocol back at the office.

Yes.....1  
 No.....2

41

**10. Phase 5 reference date**

Enter from GPRR form on database

D	D	M	M	Y	Y

42-47

**NOTES:**

**DATE(S) GP RECORDS REVIEWED**

**11. DATE 1**

<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>

48-53

**12. Start time (24h clock format)**

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54-57

**13. Finish time (24h clock format)**

--	--	--	--

58-61

**14. DATE 2**

<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>

62-67

**15. Start time (24h clock format)**

--	--	--	--

68-71

**16. Finish time (24h clock format)**

--	--	--	--

72-75

**17. DATE 3**

<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>

76-81

**18. Start time (24h clock format)**

--	--	--	--

82-85

**19. Finish time (24h clock format)**

--	--	--	--

86-89

**20. DATE 4**

<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>

90-95

**21. Start time (24h clock format)**

--	--	--	--

96-99

**22. Finish time (24h clock format)**

--	--	--	--

100-103

**22b. Total time taken to complete record review (h,h,m,m)**

--	--	--	--

104-107

**NOTES:**



**PRACTICE INFORMATION**

**23. Was the participant registered at the same practice for the entire period between Phase 4 reference date and Phase 5 reference date?**

Yes..... 1

No.....2

13

**24. Enter practice details and dates for all practices: for the entire period between the Phase 4 reference date and Phase 5 reference date.**

- See additional training notes: 'coding' for this section – pages 48 & 49
- of this document
- If participant left country to unknown surgery, code surgery as 99 and enter dates if known.

	Practice code	Start of registered period						End of registered period						* CCG	
		D	D	M	M	Y	Y	D	D	M	M	Y	Y		
1	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	14-28
2	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	29-43
3	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	44-58
4	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	59-73
5	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	74-88

\* In CCG column enter:

:

**NOTES:**

**PAPER RECORDS**

**Interviewer instructions:**

- If paper records were temporarily unavailable you must return to review them.
- If the paper records are held at another practice you must review them at the new practice unless outside North East and Cumbria region. If paper records are outside the study area then inform Karen and document on 'all problems'.
- If the paper records are held by the CSA e.g. due to death you must review them at the CSA.
- See additional training notes: 'paper records' for this section – page 48 of this document

**25. Were the paper records reviewed?**

Yes.....1 Skip 28  
No.....2 Skip: 26, 27

89

**26. Where were the paper records reviewed?**

General practice.....1  
CSA.....2  
Not applicable.....8

90

**27. Enter practice code for practice where paper records reviewed.**

- If paper records were not reviewed at all or they were reviewed at CSA enter 98 in boxes.

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91-92

**28. If paper records were not reviewed, why not?**

- Please discuss with research nurse manager.

Permanently lost by CSA..... 1  
Records held out of North East or Cumbria area..... 2  
Other reason please specify..... 3

--

Not applicable..... 8

93

**NOTES:**

**COMPUTER RECORDS**

**Interviewer Instructions:**

- If participant has been registered with more than one practice between Phase 3 reference date and Phase 4 reference date you must review the relevant computer records at all practices.
- If computer records are unavailable you must make a return appointment to review.
- See additional training notes: ‘computer records’ for this section – page 48 of this document.

**29. Were ANY computer records reviewed for the time period between Phase 4 reference date and Phase 5 reference date?**

Yes.....1 Skip 33  
 No.....2 Skip 30, 31, 32

94

**30. Enter practice code for practice(s) where computer records were reviewed.**

- If computer records were not reviewed, enter 98 in first 2 boxes and leave the others blank. Earliest practice 1st

	Practice Code		
Practice 1			95-96
Practice 2			97-98
Practice 3			99-100
Practice 4			101-102
Practice 5			103-104

**31. Were ALL of the relevant computer records reviewed at each practice at which participant was registered between Phase 4 reference date and Phase 5 reference date?**

Yes.....1 Skip 32 (reminder to skip 33)  
 No.....2  
 Not applicable.....8

105

**32. Give details of any relevant computer records not reviewed with time frame and reason:**

- Include practice code, dates and reason

**33. If NONE of the relevant computer records were reviewed, why not?**

Moved out of North East or Cumbria area .....1  
 Other reason, please specify.....2

---

Not applicable.....8

106

**NOTES:**

## B. MEDICATION

0	3
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11-12

### Interviewer Instructions:

- Enter details of all medication “active” for the calendar month prior to the Phase 5 reference date.
- Please include creams, appliances, wound dressings etc.
- If your participant has been hospitalised: check discharge summary as GP ‘non issue’ of repeat item may be due to prescription by hospital pharmacy.

<b>A: Phase 5 reference date</b>	D	D	M	M	Y	Y	13-18
----------------------------------	---	---	---	---	---	---	-------

<b>B: Date 1 calendar month before A</b>							19-24
--	--	--	--	--	--	--	-------

*If phase 5 reference date is 03/10/16, date 1 calendar month before is 03/09/16*

<b>C: Date 6 calendar months before A</b>							25-30
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*If phase 5 reference date is 03/10/16, date 6 calendar months before is 03/04/16*

- Record all meds prescribed/issued during the key month i.e. between date B (including 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 including 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.
- See additional training notes: ‘coding’ for this section – page 49 of this document.

Drug	Repeat presc by GP	1	Drug Code						
	Acute presc by GP	2							
	Presc at outpatients (on GP repeat)	3							
	Presc at outpatients (not on GP repeat)	4							
	Presc foll in-patient stay (on GP repeat)	5							
	Presc foll in-patient stay (not on GP repeat)	6							
	Presc by other (SPECIFY)	7							
	Unclear from records	9							
	Omitted in error	0							
1.									31-37
2.									38-44
3.									45-51
4.									52-58
5.									59-65

**NOTES:**



Drug	Repeat presc by GP	1	Drug Code						
	Acute presc by GP	2							
	Presc at outpatients (on GP repeat)	3							
	Presc at outpatients (not on GP repeat)	4							
	Presc foll in-patient stay (on GP repeat)	5							
	Presc foll in-patient stay (not on GP repeat)	6							
	Presc by other (SPECIFY)	7							
	Unclear from records	9							
	Omitted in error	0							
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

**Were there more than 15 medications?**

- If yes, please enter details in the 'Extra Medications' document.

Yes..... 1  
 No.....2



**C.KEY DIAGNOSES: NEW DIAGNOSES AND EVENTS BETWEEN PHASE 4**

**REFERENCE DATE AND PHASE 5 REFERENCE DATE**

0	4	11-12
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	D	D	M	M	Y	Y	
<b>Phase 3 reference date</b>							13-18

	D	D	M	M	Y	Y	
<b>Phase 4 reference date</b>							19-24

**Interviewer Instructions:**

- Record all new diagnoses/events occurring between Phase 4 reference date (including Phase 4 reference date) and day before Phase 5 reference date
- Record all new diagnosis of **heart failure** between Phase 4 reference date (including Phase 4 reference date) and day before Phase 5 reference date
- Where more than one event is allowed and there is evidence of multiple events, enter in chronological order with event 1 the earliest event recorded. Leave blank any event boxes not required.
- If there is no evidence of a key diagnosis/event enter 8888 in the boxes. Where more than one event is allowed and there is no evidence of any event, enter 8888 in the first event boxes only; leave the other event boxes blank.
- If month is missing, enter 77 in MM boxes.

See additional training notes: 'key diagnosis' for this section – page 49 of this document.

**1. CARDIOVASCULAR**

Date of event/diagnosis

**Heart Failure** .....

D	D	M	M	Y	Y	
						25-30

*Left ventricular failure (LVF/LHF), right ventricular failure (RVF/RHF), cor pulmonale, congestive cardiac failure, pulmonary oedema.*

## NOTES:

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

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

<b>Angina</b> .....	<b>M M Y Y</b>	31-34
Ischaemic heart disease (NOS)	<input type="text"/>	<input type="text"/>
<b>Myocardial infarction</b> .....	<b>M M Y Y</b>	35-38
MI / Heart attack / acute coronary syndrome	<input type="text"/>	<input type="text"/>
<b>Event 1</b> .....	<input type="text"/>	<input type="text"/>
<b>Event 2</b> .....	<input type="text"/>	39-42
<b>Event 3</b> .....	<input type="text"/>	<input type="text"/>
<b>Event 4</b> .....	<input type="text"/>	43-46
<b>Event 5</b> .....	<input type="text"/>	<input type="text"/>
<b>Event 5</b> .....	<input type="text"/>	47-50
<b>Event 5</b> .....	<input type="text"/>	<input type="text"/>
<b>Event 5</b> .....	<input type="text"/>	51-54
<b>Coronary angioplasty / coronary stent</b> .....	<b>M M Y Y</b>	55-58
<b>Event 1</b> .....	<input type="text"/>	<input type="text"/>
<b>Event 2</b> .....	<input type="text"/>	59-62
<b>Event 3</b> .....	<input type="text"/>	<input type="text"/>
<b>Event 3</b> .....	<input type="text"/>	63-66
<b>Coronary artery bypass graft (CABG)</b> .....	<b>M M Y Y</b>	67-70
<b>Event 1</b> .....	<input type="text"/>	<input type="text"/>
<b>Event 2</b> .....	<input type="text"/>	71-74
<b>Atrial fibrillation</b> .....	<b>M M Y Y</b>	75-78
AF	<input type="text"/>	<input type="text"/>
<b>Atrial Flutter</b> .....	<b>M M Y Y</b>	79-82
	<input type="text"/>	<input type="text"/>
<b>Hypertension</b> .....	<b>M M Y Y</b>	83-86
High blood pressure/HBP	<input type="text"/>	<input type="text"/>
<b>Systolic BP&gt;140 or diastolic &gt;90 and treatment started</b> .....	<b>M M Y Y</b>	87-90
	<input type="text"/>	<input type="text"/>
<b>Pacemaker</b> .....	<b>M M Y Y</b>	91-94
	<input type="text"/>	<input type="text"/>
<b>Peripheral vascular disease:</b> .....	<b>M M Y Y</b>	95-98
Intermittent claudication / rest pain, limb ischaemia, relevant surgery/intervention	<input type="text"/>	<input type="text"/>

**NOTES:**

**Interviewer Instructions:**

- Where more than one event is allowed and there is evidence of multiple events, enter in chronological order with event 1 the earliest event recorded. Leave blank any event boxes not required.
- If there is no evidence of a key diagnosis/event, enter 8888 in the boxes. Where more than one event is allowed and there is no evidence of any event, enter 8888 in the first event boxes only; leave the other event boxes blank.
- If month is missing, enter 77 in MM boxes.

		M M Y Y				
<b>Stroke</b> .....	<b>Event 1</b> .....					99-102
Cerebrovascular accident	<b>Event 2</b> .....					103-106
	<b>Event 3</b> .....					107-110
	<b>Event 4</b> .....					111-114
	<b>Event 5</b> .....					115-118

		M M Y Y				
<b>Transient ischaemic attack</b> .....	<b>Event 1</b> .....					119-122
TIA	<b>Event 2</b> .....					123-126
	<b>Event 3</b> .....					127-130
	<b>Event 4</b> .....					131-134
	<b>Event 5</b> .....					135-138

		M M Y Y				
<b>Carotid endarterectomy</b> .....	<b>Event 1</b> .....					139-142
CEA	<b>Event 2</b> .....					143-146

**2. CANCER**

**Interviewer Instructions:**

- Where more than one event is allowed and there is evidence of multiple events, enter in chronological order with event 1 the earliest event recorded. Leave blank any event boxes not required.
- 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.
- If month is missing, enter 77 in MM boxes.
- See additional training notes: 'coding' for this section – page 49 of this document.

	Site (specify)	Site code	Date diagnosed					
			M	M	Y	Y		
1.	.....							147-152
2.	.....							153-158
3.	.....							159-164
4.	.....							165-170
5.	.....							171-176

**NOTES:**



### 3. ENDOCRINE

Date diagnosed

#### DIABETES

Type 1.....  
*Insulin dependent diabetes mellitus (IDDM)*

<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	13-16

Type 2 .....  
*Non insulin dependent diabetes mellitus (NIDDM)*  
*Maturity onset DM*

<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	17-20

Type unspecified.....

<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	21-24

Impaired glucose tolerance *without documented DM*.....

<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	25-28

Interviewer instructions:

Complete either DM categories or impaired GTT or neither

#### THYROID DISEASE

Hyperthyroid.....  
*Thyrotoxicosis / Graves' Disease*

<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	29-32

Hypothyroid.....  
*Myxoedema*

<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	33-36

**NOTES:**

#### 4. EYE DISEASE

**Cataracts** ..... 

M	M	Y	Y

 37-40

- Enter most recent date if more than one event

**Cataract surgery** ..... 

M	M	Y	Y

 41-44

- Enter most recent date if more than one event

**Diabetic eye disease:** *diabetic retinopathy (background, pre-proliferative, proliferative), diabetic maculopathy* ..... 

M	M	Y	Y

 45-48

**Retinopathy: other (specify)** ..... 

M	M	Y	Y

 49-52

**Retinopathy: Not otherwise specified** ..... 

M	M	Y	Y

 53-56

**Maculopathy: Not otherwise specified** ..... 

M	M	Y	Y

 57-60

**Age related macular degeneration:** *ARMD, Senile macular degeneration, MD* ..... 

M	M	Y	Y

 61-64

**Glaucoma** ..... 

M	M	Y	Y

 65-68

**Registered partially sighted**..... 

M	M	Y	Y

 69-72

Reason (specify)..... 

Code	

 73-74

**Registered blind** ..... 

M	M	Y	Y

 75-78

Reason (specify)..... 

Code	

 79-80

**NOTES:**

# 5. FRACTURES

**Interviewer Instructions:**

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- Where more than one event is allowed and there is evidence of multiple events, enter in chronological order with event 1 the earliest event recorded. Leave blank any event boxes not required.
- If no fractures recorded, enter 8 in the site code and cause boxes and 8888 in the date boxes for line 1 only and leave the rest blank.
- If month is missing, enter 77 in MM boxes.

Fracture site (specify site and cause)	Site	Cause	Date				
	Code		M	M	Y	Y	
1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13-18
2.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	19-24
3.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	25-30
4.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	31-36
5.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	37-42
6.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	43-48
7.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	49-54
8.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	55-60
9.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	61-66
10.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	67-72
11.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	73-78
12.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	79-84
13.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	85-90
14.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	91-96

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15. ....

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97-102

**NOTES:**

6. **MUSCULOSKELETAL DISEASE**

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**Date of diagnosis**

**Osteoarthritis**

M M Y Y

Hip OA					
Left .....					13-16
Right .....					17-20
Knee OA					
Left.....					21-24
Right .....					25-28
Hand OA					
Left .....					29-32
Right .....					33-36
Generalised OA .....					37-40

<b>Cervical spondylosis</b> .....					41-44
<i>Neck OA</i>					

<b>Lumbar spondylosis</b> .....					45-48
<i>Back OA / Spine OA</i>					

<b>Degenerative arthritis (not otherwise specified)</b>					49-52
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<b>Rheumatoid arthritis</b> .....					53-56
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<b>Ankylosing spondylitis</b> .....					57-60
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<b>Psoriatic arthropathy</b> .....					61-64
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<b>Other Arthritis (specify) .....</b>					65-68
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<b>Arthritis: Not otherwise specified</b> .....					69-72
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<b>Osteoporosis</b> .....					73-76
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<b>Kyphosis/kyphoscoliosis</b> .....					77-80
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**NOTES:**

**Interviewer Instructions:**

- Where more than one event is allowed and there is evidence of multiple events, enter in chronological order with event 1 the earliest event recorded. Leave blank any event boxes not required.
- If there is no evidence of a key diagnosis/event enter 8888 in the boxes. Where more than one event is allowed and there is no evidence of any event, enter 8888 in the first event boxes only; leave the other event boxes blank.
- If month is missing, enter 77 in MM boxes.

**Joint replacement / Arthroplasty:**

		M	M	Y	Y	
Left hip .....	Event 1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	81-84
	Event 2 .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	85-88
Right hip.....	Event 1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	89-92
	Event 2.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	93-96
Left knee.....	Event 1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	97-100
	Event 2.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	101-104
Right knee.....	Event 1.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	105-108
	Event 2.....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	109-112

**7. NEUROLOGICAL DISEASE**

**Date of diagnosis**

	M	M	Y	Y	
Parkinson's disease .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	113-116

**8. PSYCHIATRIC DISEASE**

**Date of diagnosis**

	M	M	Y	Y	
Dementia / Alzheimer's disease .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	117-120

**9. DEPRESSION**

9a. Has there been any (GP or hospital), contact for depression between Phase 4 reference date and day before Phase 5 reference date?

Yes.....1  
 No.....2 Skip 9b

121

9b. If yes, enter date of most recent contact (between Phase 4 reference date and day before Phase 5 reference date).

- If no contacts enter 888888 in date boxes.

D	D	M	M	Y	Y	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	122-127

**NOTES:**

# 10. RESPIRATORY DISEASE

## Date of diagnosis

	M	M	Y	Y	
Asthma .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	128-131
Chronic bronchitis .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	132-135
Emphysema .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	136-139
Chronic obstructive pulmonary disease (COPD) / <i>Chronic obstructive airways disease (COAD)</i> .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	140-143
Bronchiectasis .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	144-147
Pulmonary fibrosis .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	148-151
Fibrosing alveolitis .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	152-155
Asbestosis .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	156-159
Pneumoconiosis ( <i>coal miner's lung / black lung</i> ).....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	160-163
Tuberculosis (TB) .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	164-167

**NOTES:**

**D. KEY DIAGNOSES: 'EVENTS IN LAST 12 or 6 MONTHS'**

**Interviewer instruction:**

- All questions refer to diagnoses made in the past 12 or 6 months apart from Questions 4 and 6 which are diagnosis between Phase 4 and Phase 5.

D D M M Y Y

<b>Phase 5 reference date</b>						
-------------------------------	--	--	--	--	--	--

168-173

<b>A. Date 12 months prior to phase 5 reference date</b>						
--	--	--	--	--	--	--

174-179

*If Phase 4 reference date is 03/10/11, date 12 months prior is 03/10/10*

<b>B. Date 6 months prior to phase 5 reference date</b>						
---	--	--	--	--	--	--

180-185

*If Phase 4 reference date is 03/10/11, date 6 months prior is 03/04/11*

**1. Blood pressure check in last 12 months i.e. between date A (including date A) and day before Phase 5 reference date?**

Yes.....1  
 No.....2 186

**Most recent value:**

*Up to day before Phase 4 reference date*    SYS ..... 

--	--	--

187-189

DIAS ..... 

--	--	--

190-192

Date ..... 

D	D	M	M	Y	Y

193-198

**2. Influenza vaccination in last 12 months i.e. between date A (including date A) and day before Phase 5 reference date?**

Yes.....1  
 No.....2 199

**3. Medication review in the last 6 months i.e. between date B (including date B) and day before Phase 5 reference date? *Medication review must be explicit within GP records see additional training notes:- coding pg 49 of this document***

Yes.....1  
 No.....2 200

**NOTES:**

**4. Does the participant have ischaemic heart disease?**

*(Ischaemic heart disease (not specified), angina, myocardial infarction, heart attack, acute coronary syndrome, coronary angioplasty or stent, coronary artery bypass grafts).*

- NB This includes diagnosis made between phase 4 and phase 5 references

Yes .....1  
No .....2 Skip 5

201

**5. Have they had an IHD check in the last 12 months?**

- i.e. between date A (including date A) and the day before Phase 5 reference date.

Yes .....1  
No .....2  
Not Applicable.....8

202

**6. Does the participant have diabetes?**

- NB This includes diagnosis made between phase 4 and phase 5 references

Yes .....1  
No .....2 Skip 7

203

**7. Have they had a DM check in the last 12 months?**

- i.e. between date A (including date A) and the day before Phase 5 reference date.

Yes .....1  
No .....2  
Not Applicable.....8

204



**NOTES:**

# E. CONSULTATIONS IN PREVIOUS 12 MONTHS

Phase 5 reference date	D	D	M	M	Y	Y	

13-18

<b>A. Date 12 months prior to Phase 5 reference date</b>							
--	--	--	--	--	--	--	--

19-24

*If Phase 4 reference date is 03/10/16, date 12 months prior is 03/10/15*

### Interviewer Instructions:

- Please enter details of all consultations documented between date A (including date A) and day before Phase 5 reference date.
- Where more than one event is allowed and there is evidence of multiple events, enter in chronological order with event 1 the earliest event recorded. Leave blank any event boxes not required.
- 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.
- See additional training notes: 'consultations' for this section – page 49 of this document

	<b>Date</b>	<b>Professional seen</b>	<b>Type</b>	
	D D M M Y Y	GP: any (01) Other (10) Not specified (11) Not completed-error (90)	Surgery attendance (01) Home Visit (02) Telephone contact (03) Letter contact (04) e-mail contact (05) Other ( <b>specify</b> ) (06) Not specified (09) Not completed-error (90)	
C1	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	25-34
C2	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	35-44
C3	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	45-54
C4	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	55-64
C5	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	65-74
C6	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	75-84
C7	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	85-94
C8	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	95-104
C9	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	105-114
C10	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	115-124
C11	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	125-134
C12	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> .....	135-144

**NOTES:**

**Date**

**Professional seen**

**Type**

GP: any (01)  
 Other (10)  
 Not specified (11)  
 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)

D D M M Y Y

C13	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	13-22
C14	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	23-32
C15	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	33-42
C16	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	43-52
C17	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	53-62
C18	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	63-72
C19	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	73-82
C20	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	83-92
C21	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	93-102
C22	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	103-112
C23	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	113-122
C24	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	123-132
C25	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	133-142
C26	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	143-152
C27	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	153-162
C28	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	163-172
C29	<input type="text"/>	<input type="text"/>	.....	<input type="text"/>	.....	173-182

**NOTES:**

**Date**

**Professional seen**

GP: any (01)  
 Other (10)  
 Not specified (11)  
 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)

D D M M Y Y

C30	<div style="width: 15px;"></div> <div style="width: 15px;"></div> <div style="width: 15px;"></div> <div style="width: 15px;"></div>	<div style="width: 20px;"></div> <div style="width: 20px;"></div>	.....	<div style="width: 20px;"></div> <div style="width: 20px;"></div>	.....	13-22
C31	<div style="width: 15px;"></div> <div style="width: 15px;"></div> <div style="width: 15px;"></div> <div style="width: 15px;"></div>	<div style="width: 20px;"></div> <div style="width: 20px;"></div>	.....	<div style="width: 20px;"></div> <div style="width: 20px;"></div>	.....	23-32
C32	<div style="width: 15px;"></div> <div style="width: 15px;"></div> <div style="width: 15px;"></div> <div style="width: 15px;"></div>	<div style="width: 20px;"></div> <div style="width: 20px;"></div>	.....	<div style="width: 20px;"></div> <div style="width: 20px;"></div>	.....	33-42
C33	<div style="width: 15px;"></div> <div style="width: 15px;"></div> <div style="width: 15px;"></div> <div style="width: 15px;"></div>	<div style="width: 20px;"></div> <div style="width: 20px;"></div>	.....	<div style="width: 20px;"></div> <div style="width: 20px;"></div>	.....	43-52
C34	<div style="width: 15px;"></div> <div style="width: 15px;"></div> <div style="width: 15px;"></div> <div style="width: 15px;"></div>	<div style="width: 20px;"></div> <div style="width: 20px;"></div>	.....	<div style="width: 20px;"></div> <div style="width: 20px;"></div>	.....	53-62
C35	<div style="width: 15px;"></div> <div style="width: 15px;"></div> <div style="width: 15px;"></div> <div style="width: 15px;"></div>	<div style="width: 20px;"></div> <div style="width: 20px;"></div>	.....	<div style="width: 20px;"></div> <div style="width: 20px;"></div>	.....	63-72

**Were there more than 35 consultations?**

- If yes, please enter details in the 'Extra Consultations' document.

Yes..... 1  
 No..... 2

**NOTES:**

**4. Are there any unresolved issues with GPRR?**

Yes ..... 1  
No ..... 2 Skip 5

**5. Enter details of any unresolved problems in the text box (discuss with Karen).**

**Interviewer instruction:**

- Do not include problems already documented elsewhere. Include details of the relevant section number, question and page number.
- For consultations use relevant number e.g. C13=consultation 13.
- Make list of all unresolved issues in box below
- If then resolved cross through date and initial include any necessary comments
- If all issues become resolved then change Q4 from yes to no response



## **PHASE 5 GPRR: ADDITIONAL TRAINING NOTES**

### **Practice Information**

Q24: Start/end registered period dates

- These should be dates within the Phase 4 to Phase 5 timeframe i.e. for 1<sup>st</sup> practice – we don't need the date they were 1<sup>st</sup> registered with that practice, it's the Phase 4 reference date and for the last practice it's the Phase 5 reference date. The aim is to ensure that the entire Phase 4 to Phase 5 period is accounted for.

### **Paper Records**

Q25:

- If all/some of the paper records were not reviewed this may affect the integrity of the data gathered. To consider this on a case by case basis please record PID and problem i.e. some/all paper records missing in 'all problems' excel file.
- If review of paper records is delayed i.e. held by CSA due to death then DO NOT complete paper records section. Instead leave blank and record 'participant RIP required to review records at CSA' in the text box for any unresolved issues pg 47. You must also document on all problems excel file back in office. This will allow a list to be collated in order to review RIP records in batches at the CSA.
- If review of paper records is delayed i.e. ALL held by another practice then DO NOT complete paper records section. Instead leave blank and record 'ALL paper records held at other practice' in the text box for any unresolved issues pg 47. This can then be crossed out and marked 'completed' with signature and date.

### **Computer Records**

Q31, 32, 33: **relevant** computer records

- It may be that you can't review the computer records for the entire period between Phase 3 and Phase 4, e.g. if they changed practice to an 'out of area' one for part of the time.

This may be a problem for some sections including.....

- Section B: Medications – need the 6 months prior to Phase 5 reference date.
- Section C: Key diagnoses between Phase 4 and Phase 5 – need the entire period.
- Section E: Consultations in last 12 months – need the 12 months prior to Phase 5 reference date.

## **Key Diagnoses/Events**

### *Missing dates:*

- If a missing month means you cannot tell whether the diagnosis fits within the Phase 4 to Phase 5 period, enter it anyway, with the missing month and this can be sorted out at the analysis stage.

## **Coding**

- *General practice code:* may need to add further practices please liaise with whole team so as not to duplicate.
- *Medication code:* Pauline will do this coding for Phase 5, but include as much detail as possible e.g. preparation and route as for some drugs e.g. Docusate Sodium is given as one prep as a laxative and a different prep for the softening of ear wax.
- *Cancer code:* code to primary site where possible.
- Medication Review Code: only code this as completed if it is explicit within the GP records – this will mean actually states ‘medication review’ or specific code/icon for medication review is displayed. You may need to check with the surgery as what protocol they follow.
- IHD and DM find out from staff where they would record this information and which codes they may use. Only record if definite diagnosis
- Depression – must be diagnosed as depression.

**NOTES:**

# Newcastle 85+ Study Participant change of address

## Interviewer Instruction:

- This form **must** be detached before completion. Upon completion follow change of address protocol once back at the office.

Participant Name:.....

New Address:.....

.....

Is this a care home? Yes.....

No.....

Unclear....

Old Address:.....

.....

Was this a care home? Yes.....

No.....

Unclear....

Notified of change by:....GP record review.....Date of GP record review:.....

Form completed by:.....Signature:.....

## Admin use only

New address recorded on demographics database (PID Links).

Signed..... Dated.....

# Newcastle 85+ Study Tracing Participant - Change of GP Surgery Form

**Interviewer Instruction:**

- This form **must** be detached before completion. Upon completion follow change of address protocol once back at the office.

Participant Name:.....

Address.....

.....

Date of Birth..... Date of Move if Known.....

Old G.P.Surgery:.....

Form completed by:.....Signature:..... Date .....

**Actions taken to trace participant**

Name of person contacted..... Date.....

Department/organisation.....

Outcome of contact – (i.e. new surgery details)

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Signature.....

Date.....

Admin use only

New GP info recorded on:

Demographics database (PID Links)

Participant database (GP Form)

Signature.....

Date.....

