BRITISH REGIONAL HEART STUDY

Datasheet 2018 Assessment

NAME:
STUDY ID:
DOB:
AGE
GP Details:

Please amend details if incorrect

British Regional Heart Study, Department of Primary Care & Population Health, UCL Medical School, Royal Free Campus, Rowland Hill Street, London NW3 2PF Tel: 0207 7830 2335

British Regional Heart Study, Department of Primary Care & Population Health, UCL Medical School, Royal Free Campus, Rowland Hill Street, London NW3 2PF Tel: 0207 7830 2335

STATION 1

Affix Label: Serno/batch

Observer Initials ☐☐ Time ☐☐:☐☐ (24 hr)

Chair rise (5 times)
If No – : 1= refused 2= disability ☐ Secs: ☐☐.☐☐ N at 30 sec? ☐ Used hands? (Yes=1) ☐

Gait speed (walk 3 meters)
If No – : 1= refused 2= disability ☐ Secs: ☐☐.☐☐ Used w/aid ☐ Incomplete at 30 secs (Yes=1) ☐

MEASUREMENTS

				Problem P=person T=technical
Calf circ 1(cm)	☐☐☐.☐			Problem ☐ P/T
Waist circ 1	☐☐☐.☐	waist circ2	☐☐☐.☐	Problem ☐ P/T
Hip circ 1	☐☐☐.☐	Hip circ 2	☐☐☐.☐	Problem ☐ P/T
Arm circumf	☐☐☐.☐			Problem ☐ P/T
Triceps 1	☐☐.☐	Triceps 2	☐☐.☐	Problem ☐ P/T
Subscapular 1	☐☐.☐	Subscap 2	☐☐.☐	Problem ☐ P/T

BLOOD PRESSURE

Cuff size : Arm circ < 22 cm = **1** (small) 22-32 cm = **2** (medium) >32 cm = **3** (large)

Cuff used ☐ Instrument ☐ Problem ☐ P/T

Blood pressure	Sitting 1		Sitting 2	
Systolic (mmHg)	☐☐☐		☐☐☐	
Diastolic (mmHg)	☐☐☐		☐☐☐	
Heart Rate (per min)	☐☐☐		☐☐☐	

Room temp(^{0}C) ☐☐.☐ Ethnicity ☐ **1**=WE **2**=BAC **3**=SA **4**= Ch/J/O **5**= Other

Grip Instrument ☐

	1	2	3		
Grip strength (Right hand) kg	☐☐	☐☐	☐☐	R Dominant (Yes=1) ☐	Problem ☐ P/T
Grip strength (Left hand) kg	☐☐	☐☐	☐☐	L Dominant (Yes=1) ☐	Problem ☐ P/T

British Regional Heart Study, Department of Primary Care & Population Health, UCL Medical School, Royal Free Campus, Rowland Hill Street, London NW3 2PF Tel: 0207 7830 2335

STATION 2: ORAL HEALTH

Observer initials ☐☐ No examination ☐ REASON: 1=Refusal, **2**= unable to open mouth, **3**=other

	UPPER			LOWER		
Dentures	Yes	No	Yes/Not worn	Yes	No	Yes/Not worn
(please tick)	1	2	3	1	2	3
Wears a denture?						
Full denture ?						
Partial denture ?						
Implant retained denture ?						
Complete overdenture?						
Denture/s examined?						

PARTIAL DENTURE(S) PRESENCE OF TEETH ON

	18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
UPPER																
	48	**47**	**46**	**45**	**44**	**43**	**42**	**41**	**31**	**32**	**33**	**34**	**35**	**36**	**37**	**38**
LOWER																

1 = Tooth replaced on partial denture Blank = Teeth not replaced by partial denture

FUNCTIONAL PAIRS	**RIGHT**								**LEFT**							
Posterior	**8D**	**8M**	**7D**	**7M**	**6D**	**6M**	**5**	**4**	**4**	**5**	**6M**	**6D**	**7M**	**7D**	**8M**	**8D**

	RIGHT		
Anterior	**13**	**12**	**11**

LEFT		
21	**22**	**23**

1=Contact present 9=Absent

☐☐ **Number of natural posterior teeth (upper or lower) with no opposing natural tooth**

☐☐ **Number of natural posterior teeth (upper or lower) opposed only by denture**

NATURAL TEETH

TOTAL UPPER

TOTAL LOWER

PRESENCE OF NATURAL TEETH

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
48	**47**	**46**	**45**	**44**	**43**	**42**	**41**	**31**	**32**	**33**	**34**	**35**	**36**	**37**	**38**

Reference
9=Missing; 1=Present; 2=Implant; 3=rootstump

PERIODONTAL MEASURES

	17	17	16	16	15	15	14	14	13	13	12	12	11	11
	D	M	D	M	D	M	D	M	D	M	D	M	D	M
LA														
PD														
GB														

	21	21	22	22	23	23	24	24	25	25	26	26	27	27
	M	D	M	D	M	D	M	D	M	D	M	D	M	D
LA														
PD														
GB														

	47	47	46	46	45	45	44	44	43	43	42	42	41	41
	D	M	D	M	D	M	D	M	D	M	D	M	D	M
LA														
PD														
GB														

	31	31	32	32	33	33	34	34	35	35	36	36	37	37
	M	D	M	D	M	D	M	D	M	D	M	D	M	D
LA														
PD														
GB														

LA=Loss of attachment **PD**=pocket depth **GB**=Gingival bleeding

GB score: **0**=No **1**=yes **8**=unscorable **9**=Missing tooth

Clinical oral dryness score (please tick)		**Yes**	**No**
		1	2
1	Mirror sticks to buccal mucosa		
2	Mirror sticks to tongue		
3	Frothy saliva		
4	Saliva pooling in floor of mouth		
5	Tongue shows loss of papillae		
6	Altered/smooth gingival architecture		
7	Glassy appearance of other mucosa, especially palate		
8	Tongue lobulated/ fissured		
9	Active or recently restored (last 6 months) cervical caries >2 teeth		
10	Debris on palate (excluding under dentures)		

Soft tissue lesion(s) (please tick)		**Yes**	**No**
		1	2
1	None		
2	Angular cheilitis		
3	Denture stomatitis		
4	Denture hyperplasia		
5	Ulcer associated with denture trauma		
6	Other		

Reference
LA/PD score
0 = 0 to 0.5 mm
1 = 0.6 to 3.5 mm
2 = 3.6 to 5.5 mm
3 = 5.6 to 8.5 mm
4 = 8.6 to 11.5 mm
8=Unscorable
9 = Missing tooth

British Regional Heart Study, Department of Primary Care & Population Health, UCL Medical School, Royal Free Campus, Rowland Hill Street, London NW3 2PF Tel: 0207 7830 2335

STATION 2 : SPIROMETRY

Observer Initials ☐☐

Contraindications:

	YES
Collapsed lung/pneumothorax in last 6 weeks?	☐
Heart attack or Stroke in last 6 weeks?	☐
Ear, Eye, chest or abdominal surgery in last 6 weeks	☐

Do <u>not</u> proceed to spirometry if YES to ANY of the above.

SPIROMETRY **Instrument** ☐ **Time 24h** ☐☐:☐☐

	YES
Chest Infection in last 6 weeks	☐
Inhaler used in last 24 hours	☐

BTV % ☐☐·☐

Problem ☐ **P/T**

P= participant performance
T= instrument problem

SPIROMETRY DATA **Please staple printout HERE**	
⬇	Ref number ☐☐☐ N blows ☐☐ BTV % ☐☐☐ FVC ☐☐☐ FEV1 ☐☐☐ FEV0.5 ☐☐☐ PEF ☐☐☐ FEF25-75% ☐☐☐ FEF75-85% ☐☐☐ FEF25% ☐☐☐ FEF50% ☐☐☐ FEF75% ☐☐☐

British Regional Heart Study, Department of Primary Care & Population Health, UCL Medical School, Royal Free Campus, Rowland Hill Street, London NW3 2PF Tel: 0207 7830 2335

STATION 3

Observer Initials ☐☐

Problem
P=person T=technical

Height (cm) ☐☐☐.☐ Problem? ☐ P/T

Weight
TBC weight – set to automatically subtract 1kg for clothes

Pacemaker? No ➡ TANITA BODY COMPOSITION ☐☐☐.☐ **(kg)** Problem? ☐ P/T

Yes ➡ SCALES ☐☐☐.☐ **(kg)** Problem? ☐ P/T

BLOODS

Time (blood test) ☐☐:☐☐ (24hour)

Fasting instructions followed? ☐ **1**=YES **2**=NO **3**=DIABETIC

Time last eaten? ☐☐:☐☐ (24hour)

Day last eaten? ☐ **1**=TODAY **2**= YESTERDAY

ID AFFIX BLOOD LABEL HERE

Blood Test Success? ☐ FULL=**2** PART=**1** NONE=**0** Problem? ☐ **1**=REFUSAL **2**=TECHNICAL

IF blood sample is incomplete (ie "PART" sample) – mark complete tubes with **1**

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

A B C DE FJ K LN PS T

British Regional Heart Study, Department of Primary Care & Population Health, UCL Medical School, Royal Free Campus, Rowland Hill Street, London NW3 2PF Tel: 0207 7830 2335

Station 3: **BIOIMPEDANCE DATA**

Please staple BIOIMPEDANCE printout here	**BIOIMPEDANCE DATA** TANITA BODY COMPOSITION ANALYSER – (Print out stapled)
⇩ **Staple here** **Staple here**	Date DD MM YYYY Time (24hr) □□□□ Body type Standard=1/Athletic=2 □ Gender Female=1/Male=2 □ Age □□ Height □□□ cm Weight □□□ □ kg BMI □□ □ kg/m2 BMR □□□□ kJ □□□□ Kcal Fat % □□ □ % Fat mass □□ □ kg FFM □□ □ kg TBW □□ □ kg Visceral fat rating □□ --- IMPEDANCE Whole Body □□□□ Right leg □□□□ Left leg □□□□ Right arm □□□□ Left arm □□□□ Segmental Analysis Right leg Fat % □□ □ % Fat mass □□ □ kg FFM □□ □ kg Predicted Muscle Mass □□ □ kg Left leg Fat % □□ □ % Fat mass □□ □ kg FFM □□ □ kg Predicted Muscle Mass □□ □ kg Right arm Fat % □□ □ % Fat mass □□ □ kg FFM □□ □ kg Predicted Muscle Mass □□ □ kg Left arm Fat % □□ □ % Fat mass □□ □ kg FFM □□ □ kg Predicted Muscle Mass □□ □ kg Trunk Fat % □□ □ % Fat mass □□ □ kg FFM □□ □ kg Predicted Muscle Mass □□ □ kg

Station 3: BRHS CONSENT FORM

Affix Label: Serno/batch

BRITISH REGIONAL HEART STUDY ASSESSMENT 2018

Please write your initials inside the box to indicate if you agree with each statement, or leave blank if you disagree.

	AGREE
1. I have read and understand the Information Leaflet, and have had the opportunity to ask questions**.**	
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.	
3. I give permission for the results of the blood tests and the clinical measurements made today to be available to my doctor.	
4. I give permission for long-term storage and use of my blood samples for health-related research purposes (even after my incapacity or death).	
5. I am willing to continue with existing permissions for access to my medical and other health-related records*, and for long-term storage and use of this and other information about me, for **health-related research purposes** (even after my incapacity or death).	
6. I give permissions for linkage to my dental care records	

I agree to allow the Research Team to continue to study my health in accordance with the criteria above. I understand that any details recorded will be treated in complete confidence.

Signed _____

Print name _____ Date: _____

Researcher: Initials _____ Date: _____

*Medical and other health-related records from agencies related to the National Health Service: NHS Digital Hospital Episode Statistics (HES), Minimum Mental Health Dataset (MMHDS)- Diagnostic Imaging Dataset (DIDS)-, the General Register Office, Cancer Registry, Primary Care Patient Registration Service.

British Regional Heart Study, Department of Primary Care & Population Health, UCL Medical School, Royal Free Campus, Rowland Hill Street, London NW3 2PF Tel: 0207 7830 2335