SCOTTISH FAMILY HEALTH STUDY

CRF

INSTRUCTIONS

Please respond to each question by entering numbers carefully inside the boxes or, where applicable, indicate response by entering an X in the relevant box.

FOR OFFICE USE ONLY

Researcher Name _____

_____

Researcher Code ☐☐☐

Date ☐☐ ☐☐ ☐☐☐☐
d d m m y y y y

Place barcode sticker here

SF ☐ Geographical Site

Funded by Scottish Executive Health Department, Chief Scientist Office

A. CONSENT

1. Has informed consent been obtained for Generation Scotland Scottish Family Health Study? ☐ Yes ☐ No

   If Yes, please give date signed ☐☐ ☐☐ ☐☐☐☐ (d d m m y y y y)

2. Has pre-clinic questionnaire been completed for Generation Scotland? ☐ Yes ☐ No

3. Has informed consent been obtained for 21CGH? ☐ Yes ☐ No ☐ N/A

   If Yes, please give date signed ☐☐ ☐☐ ☐☐☐☐ (d d m m y y y y)

B. URINE SAMPLING

1. Urine sample obtained for storage? ☐ Yes ☐ No
2. Willing to provide a 24 hour urine collection if asked? ☐ Yes ☐ No ☐ N/A

C. VITAL SIGNS

1. Blood Pressure and Heart Rate
   Ask the subject to sit quietly for 5 minutes before recording BP/Pulse
   Take recordings 3 minutes apart

Time of recording (24hr clock)	Blood Pressure (mmHg) Systolic / Diastolic	Not obtained	Heart Rate (bpm)	Not obtained
1. ☐☐:☐☐	☐☐☐ / ☐☐☐	or ☐	☐☐☐	or ☐
2. ☐☐:☐☐	☐☐☐ / ☐☐☐	or ☐	☐☐☐	or ☐

2. Height ☐☐☐.☐ cm or ☐ Not obtained
3. Weight ☐☐☐.☐ kg or ☐ Not obtained
4. Waist ☐☐☐.☐ cm or ☐ Not obtained
5. Hips ☐☐☐.☐ cm or ☐ Not obtained
6. Body Fat Composition ☐☐☐.☐ % or ☐ Not obtained

D. SPIROMETRY

Please remember to give clear instructions on technique
Take recordings 1 minute apart

Time of recording (24hr clock)	FEV1	Not obtained	FVC	Not obtained	FEF 25-75	Not obtained
1. ☐☐:☐☐	☐.☐☐ (l)	or ☐	☐.☐☐ (l)	or ☐	☐.☐☐ (l/s)	or ☐
2. ☐☐:☐☐	☐.☐☐ (l)	or ☐	☐.☐☐ (l)	or ☐	☐.☐☐ (l/s)	or ☐
3. ☐☐:☐☐	☐.☐☐ (l)	or ☐	☐.☐☐ (l)	or ☐	☐.☐☐ (l/s)	or ☐

E. LABORATORY BLOOD TESTS

1. Was blood collected ☐ Yes ☐ No

If blood collected,

(a) Was subject fasting ☐ Yes ☐ No

(b) Time of Sample ☐☐:☐☐ (24 hour clock)

Give details of bottles obtained:

Number of bottles required	Colour	No. of bottles obtained (Enter O if none)
1	9ml x purple top	☐
2	4ml x purple top	☐
3	5ml x gold top	☐
1	2ml x grey top	☐

(c) Was blood also collected for 21 CGH sample? ☐ Yes ☐ No ☐ N/A

If 21 CGH blood collected, give details of bottles obtained:

Number of bottles required	Colour	No. of bottles obtained (Enter O if none)
1	9ml x purple top	☐
1	9ml x green top	☐

If No blood collected:

(a) Whatman FTA Card collected ☐ Yes ☐ No

(b) Buccal Cell Collection ☐ Yes ☐ No

F. ANKLE-BRACHIAL PRESSURE INDEX

Always remember to use Systolic pressure measurements

	Brachial Pressure	Not obtained	Dorsalis Pedis Pressure	Not obtained	Posterior Tibial Pressure	Not obtained
LEFT	☐☐☐ or	☐	☐☐☐ or	☐	☐☐☐ or	☐
RIGHT	☐☐☐ or	☐	☐☐☐ or	☐	☐☐☐ or	☐

G. ECG

1. ECG performed ☐ Yes ☐ No

If Yes, ECG saved on machine ☐ Yes ☐ No

H. COGNITIVE FUNCTION TESTING

1. Eysenck Personality Questionnaire — **Total N** ☐☐ **Total E** ☐☐ **or** ☐ refused

2. Logical Memory I — **Total Correct** ☐☐ /25 **or** ☐ refused

3. Digit-Symbol Coding — **Total Correct** ☐☐☐ **or** ☐ refused

4. Verbal Fluency — **C** ☐☐ **F** ☐☐ **L** ☐☐ **Total** ☐☐☐ **or** ☐ refused

5. Mill Hill Vocabulary — **Total Correct** ☐☐ /44 **or** ☐ refused

6. Logical Memory Delay — **Total Correct** ☐☐ /25 **or** ☐ refused

7. General Health Questionnaire

GHQ Scoring		**Likert Scoring**	
A	☐☐	**A**	☐☐
B	☐☐	**B**	☐☐
C	☐☐	**C**	☐☐
D	☐☐	**D**	☐☐
Total	☐☐	**Total**	☐☐

or ☐ refused

I. SCID INTERVIEW

Ask the subject the following questions:

1. Have you ever seen anybody for emotional or psychiatric problems?
   Yes ☐ → *Complete SCID questionnaire*
   No ☐ → *go to question 2*

2. Was there ever a time when you, or someone else, thought you should see someone because of the way you were feeling or acting?
   Yes ☐ → *Complete SCID questionnaire*
   No ☐ → *Interview concluded*

3. Status of SCID interview (if applicable) ☐ Complete ☐ Incomplete ☐ Refused

   If SCID complete or incomplete

   (a) Psychiatric diagnosis given? ☐ Yes ☐ No

   If Yes, (i) diagnosis _____

   (ii) age at onset of first episode ☐☐ years old

   (iii) Number of episodes ☐☐☐ episodes

   (b) Interviewer's impression of reliability and completeness of SCID? ☐ Very Poor ☐ Poor ☐ Fair ☐ Good ☐ Very Good

J. COMMENTS (Protocol deviations, abnormal values)

Procedure	Comments / Action taken