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

Researchers Name

Researcher Code

Date

Geographical Site

Place barcode sticker here
A. CONSENT
1. Has informed consent been obtained for Generation Scotland Scottish Family Health Study? □ Yes □ No
   If Yes, please give date signed □ □ □ □ □ □ □
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 □ □ □ □ □ □ □

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*

<table>
<thead>
<tr>
<th>Time of recording</th>
<th>Blood Pressure</th>
<th>Heart Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>(24hr clock)</td>
<td>(mmHg)</td>
<td>(bpm)</td>
</tr>
<tr>
<td>1. □ □ : □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □</td>
</tr>
<tr>
<td>2. □ □ : □ □</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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*

<table>
<thead>
<tr>
<th>Time of recording (24hr clock)</th>
<th>FEV1 (l or □)</th>
<th>Not obtained</th>
<th>FVC (l or □)</th>
<th>Not obtained</th>
<th>FEF 25-75 (l/s or □)</th>
<th>Not obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. □ □ : □ □</td>
<td>□ □ □ □ □ □ □</td>
<td>□ □ □ □ □ □ □</td>
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<td>2. □ □ : □ □</td>
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<td>3. □ □ : □ □</td>
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</tbody>
</table>
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:**

<table>
<thead>
<tr>
<th>Number of bottles required</th>
<th>Colour</th>
<th>No. of bottles obtained (Enter O if none)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9ml x purple top</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>4ml x purple top</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>5ml x gold top</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>2ml x grey top</td>
<td></td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th>Number of bottles required</th>
<th>Colour</th>
<th>No. of bottles obtained (Enter O if none)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>9ml x purple top</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>9ml x green top</td>
<td></td>
</tr>
</tbody>
</table>

   **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

<table>
<thead>
<tr>
<th></th>
<th>Brachial Pressure</th>
<th>Not obtained</th>
<th>Dorsalis Pedis Pressure</th>
<th>Not obtained</th>
<th>Posterior Tibial Pressure</th>
<th>Not obtained</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEFT</td>
<td></td>
<td>or □</td>
<td></td>
<td>or □</td>
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<td>or □</td>
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<tr>
<td>RIGHT</td>
<td></td>
<td>or □</td>
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<td>or □</td>
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<td>or □</td>
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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
   A: [ ]
   B: [ ]
   C: [ ]
   D: [ ]
   Total: [ ]

   Likert Scoring
   A: [ ]
   B: [ ]
   C: [ ]
   D: [ ]
   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)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Comments / Action taken</th>
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